

02/26/2014 14:03

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DIR ELEVATOR

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State of California

EDMUND G. BROWN JR., Governor

Department of Industrial Relations
 Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT
 San Diego District Office
 7575 Metropolitan Drive, Suite 203
 San Diego, CA 92108-4402
 Phone: 619-767-2050
 Fax: 619-767-2058

PRELIMINARY ORDER

November 7, 2013

Robobank N.A.
 Attn: RNA 92490-01
 P. O. Box 6002
 Arroyo Grande, CA 93421

PLEASE NOTE: Invoice Number E1140557SD is being sent to you by separate mail. If you do not receive an invoice within 10-days from the date of this Preliminary Order, please call this office immediately. All fees are due **IMMEDIATELY** upon receipt of the invoice. A **100% penalty** is assessed to all outstanding invoices for non-payment after 60-days from its issuance.

A survey of your Passenger Elevator, Pass 1, State Number 108262, Located at 1498 Main St, El Centro, was made on October 28, 2013, by ERT Engineer, R. Richter.
 Person Contacted: Sharon Compliance date: December 19, 2013

The conditions in need of correction are noted below, The numbers following the listed items refer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California.

1. A load test identifying the elevators running speed up and down, rated speed, working pressure, relief pressure, pressure switch operation(if applicable) and static pressure results shall be conducted on the elevator and the results submitted to the division. §3071(j)
2. A metal, fiber or plastic tag shall be securely attached to the elevator pumping unit in the machine room, with lettering not less than ¼ inch high on a contrasting background, indicating the Elevator State Number, the Elevator Company that conducted the load test and the Date of the load test. §3071(j)
3. The photo-eye bypass button shall be arranged to operate. §3041(b) - 3071
4. The telephone in the elevator shall be made to operate as intended. § 3041(a) , 3071(i)

Notification in writing that **each of the listed items** have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the **PERMIT TO OPERATE** will be issued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed.

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

*Note: The invoice is being sent by separate mailing.

 D. L. Barker, Senior ERT Engineer

/ht

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State of California

Department of Industrial Relations

Division of Occupational Safety and Health

ELEVATOR, RIDE, AND TRAMWAY UNIT

7575 Metropolitan Dr., Ste.# 203

San Diego, CA 92108

Phone: 619.767.2050

Fax: 619.767.2058

December 20, 2013

Robobank N.A
Attn: RNA 92490-01
P. O. Box 6002
Arroyo Grande, CA 93421

ORDER TO CORRECT UNSAFE CONDITIONS OR TO SHOW CAUSE

Our records indicate that you have not submitted proof of compliance in writing, as outlined on the Preliminary Order attached herewith, to this Division at its office noted above.

YOU ARE HEREBY NOTIFIED that an inspection of your Passenger Elevator State No. 108262 at a place of employment located at: 1498 Main St, El Centro was made on: October 28, 2013 by Safety Engineer: R. Richter and shows the existence of conditions that must be corrected. The Division has determined that these conditions must be corrected before a permit to operate will be issued.

THEREFORE, YOU ARE HEREBY DIRECTED to comply with the requirement(s) hereinafter set forth, and to notify this Division in writing of full compliance on or before January 19, 2014.

If compliance is not met, you must show good cause, in writing, on or before said date, to this Division at its office above, at which time the Division may grant an extension of time to comply with the requirement(s). Furthermore, if compliance is not met, nor a request for an extension granted by said date, an order shall be made by this Division to prohibit the use of said equipment for non compliance condition(s) and a notice to that effect will be attached to said equipment. The process of issuing an Order Prohibiting Use (OPU) will result in an **automatic fee of \$675**. This fee covers the costs of preparing the OPU and will be invoiced upon expiration of this Show Cause compliance date. If the Division receives proof of compliance and/or invoice fees after the OPU process is initiated, owners will still be responsible for this fee even if the OPU is ultimately not served. If the OPU is ultimately served and the unit is shut down, an additional fee will not be charged.

If you desire an oral hearing before this Division regarding said requirement(s), you are hereby directed to file a request in writing with the Division at its office noted above, for such oral hearing before said date.

The requirement(s) for the correction of these condition(s) appear on the attached sheet(s). The numbers following the requirement(s) listed refer to sections of the California Administrative Code, Title 8, Title 24 (T24), or the Labor Code (LC) of the State of California.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH**Dan Barker**

Dan Barker, Senior Safety Engineer

/ht

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DIR ELEVATOR

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KONE

10:18:18 a.m. 12-19-2013

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State of California

EDMUND G. BROWN JR., Governor

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT

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STATE OF CALIFORNIA NOTICE OF CONVEYANCE COMPLIANCE FORM			
CONVEYANCE LOCATION			
Address: 1498 W. Main St (40004781)		Inspection Date: 11-7-13	
City: El Centro (Rabobank #698-7)		Zip:	
State No: 108262		ONLY ONE CONVEYANCE PER FORM	
REQUIREMENT(S) COMPLETED			
Please list the requirement number(s) as they are shown on the Preliminary Order or Show Cause Order and resolution to each requirement:			
Req. # 1	Solution: Completed 12-18-13		
	CCCM: K. Smith	Cert: S36751	
Req. # 2	Solution: Completed 12-18-13		
	CCCM: K. Smith	Cert: S36751	
Req. # 3	Solution: Completed 12-18-13		
	CCCM: K. Smith	Cert: S36751	
Req. # 4	Solution: CUSTOMER TO COMPLETE - dead line		
	CCCM:	Cert:	
Req. #	Solution:	CCCM:	Cert:
Req. #	Solution:	CCCM:	Cert:
Req. #	Solution:	CCCM:	Cert:
Req. #	Solution:	CCCM:	Cert:
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Req. #	Solution:	CCCM:	Cert:
Req. #	Solution:	CCCM:	Cert:
Req. #	Solution:	CCCM:	Cert:
SIGNATURES			
I hereby certify that the statement I have given herein is true and complete to the best of my knowledge. A false statement will be cause for voiding this notice of compliance and may cause reinstatement of accumulating fines from the original date of notification.			
Signature:		Date: 12-19-13	
(Printed Name & Title) Barbara Van Andel		Phone Number: 58-578-5100	
Company (if applicable) KONE Inc.		Office Location: San Diego	

Doc. # EU-832

Rev. 8/3/2011

REC'D DEC 19 2013