

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

Monrovia District Office
750 Royal Oaks Drive, Suite 104
Monrovia, CA 91016
Phone: 626.471.6911
Fax: 626.471.6921

**PRELIMINARY
ORDER**

April 23, 2014

Rabobank
Attn: Management
P. O. Box 6002
Arroyo Grande, CA 93421

PLEASE NOTE: Invoice: E1175647MR 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 assessed to all outstanding invoices for non-payment after 60-days from its issuance

A survey of your Passenger, Hydroelectric, State Number 073079, located at 2739 Santa Maria Wy, Santa Maria, was made on April 18, 2014 by ERT Engineer, T. Navarro.
Person Contacted: Cecilia M. Compliance date: June 09, 2014.

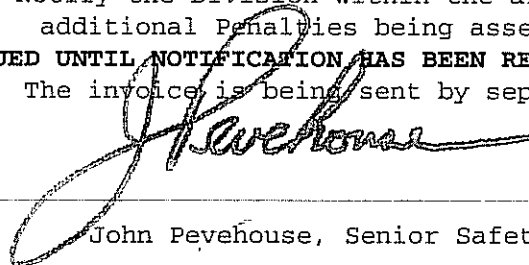
The conditions in need of correction are noted below. The numbers following the listed items refer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California.

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. subsection 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 1/4 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. subsection 3071(j)
3. All elevators provided with firefighters emergency operation, shall be subjected to monthly Phase I recall testing by use of the main floor key switch. If provide a minimum of one-floor operation while on Phase II to assure the system is maintained in proper operating order shall be performed. Any Deficiencies shall be corrected and a written record of findings shall be documented on the monthly firefighters recall log. subsection 3000(h) : [REF. ASME 17.1 Rule 1206.7 (1996)]

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.



John Pevehouse, Senior Safety Engineer

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Department of Industrial Relations
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GROUP 2 FIVE YEAR HYDRAULIC LOAD TEST REPORT

To comply with the Elevator Safety Orders, 3071(j), this form shall be filled out and returned by the compliance date shown on the Preliminary Order. If repairs, adjustments or replacements are needed for code compliance, they are to be completed before returning this form. Submitting an incorrect report may cause another test to be required, witnessed by the Division, with additional fees. L.C. 7314

Purpose of Load Test _____

Elevator State Number _____ Date of Test _____

Location of Elevator _____
Street _____

City _____ Zip _____

Elevator Rated Load as Shown on Crosshead Data Plate _____

Rated Speed as Shown on Data Plate (Not greater than 110% of Up Speed as shown below) _____

Elevator Up Speed with Rated Load _____ Elevator Down Speed with Rated Load _____

Rated Car Speed Feet per Minute	Buffer stroke in Inches
100 or less	1 1/2
101 to 150	2 1/4
151 to 200	4

Working Pressure _____ Relief Valve Pressure (125% max.) _____

Pit Shut off Valve Rating _____ MR Shut off Valve Rating _____

OSV Tripping Speed _____ Outside Diameter of Ram _____

Relief Valve Sealed? Yes ☐ No ☐ Maximum Centrifugal Pump Pressure _____

Movement of Elevator with Rated Load in 15 Minutes _____
(NOTE: Movement greater than 250 inch without proper justification is unacceptable)

Pressure Switch: Yes ☐ No ☐ Operational? ☐ Load Test Data Tag Attached: Yes ☐ No ☐

CQCC Performing Test _____
Company Name, Certification Number and Expiration

CQCC Telephone Number _____

CCCM Performing TestVerification by CQCC of Current Responsible Party

Printed Name _____ Name of Responsible Party _____

Signature _____ Address of Responsible Party _____

Title _____ CCCM Certification Number _____ City of Responsible Party _____ Phone Number of Responsible Party _____

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT HQS
6980 Santa Teresa Boulevard, Suite 130
San Jose, CA 95119
Phone: 408.362.2120
Fax: 408.362.2131



June 22, 2010

CIRCULAR LETTER E-10-05

**TO: Installers, Manufacturers of Conveyances and Related Equipment and,
Other Interested Parties**

SUBJECT: FEE INCREASE Notification

Pursuant to the Labor Code sections 7300 through 7324.2, the Division is charged with establishing and administering a state system for the permitting and inspection of conveyances to assure the safety of the riding public and the workers who repair and service them. The Division is authorized to collect fees for the inspection of conveyances, as it deems necessary, to cover the actual costs it incurs in having the inspection performed by a Division safety engineer, administrative costs, and the costs related to regulatory development.

This is to inform you that the permitting and inspection fees have increased effective June 22, 2010. You may access the fee schedule by using the following web address:
<http://www.dir.ca.gov/dosh/344%2030%20Text.pdf>

Elevators require a current permit to operate in the State of California. Permits cannot be issued unless compliance has been met and all applicable fees have been paid. It is crucial that elevator owners understand the importance of abating safety requirements and providing the elevator district office with proof of compliance on or before the compliance date set forth in Preliminary Order or Show Cause correspondence received from a District office. It is equally important that any and all invoice fees are paid on time. Invoices are sent separately from the Preliminary Order or Show Cause letters.

Please be aware that failure to comply with the requirements and/or pay any associated invoice fees in a timely manner will oblige the District office to issue an Order Prohibiting Use (OPU). The process of issuing an 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 the 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.

Significant change has also occurred regarding the consultation fee. The Division currently incurs additional unnecessary costs when inspectors travel to new and alteration inspection sites only to find that the elevator companies are either not prepared for the scheduled inspections or not available on site. The Division is then forced to duplicate its limited time and resources to inspect the conveyance at another time. This needless use of time significantly impacts the Division's ability to ensure the safety of other conveyances in a timely manner. The consultation fee has increased to \$450 per hour, or any fraction thereof. If the distance to the job site is more than 50 miles from the District Elevator Unit Office, the actual travel time to and from the location will be added to the inspection time in order to obtain the final charge.

We appreciate all your efforts to maintain and operate safe equipment, and it is our fervent hope that you will continue to assist the DOSH Elevator Unit in our mission to ensure the safety of the elevator mechanics and the riding public.

Debra Tudor
Principal Engineer
~~DOSH-Elevator Unit-HQS~~