State of California
Department of Industrial Relations
Division of Occupational Safety and Health
Redding District Office
381 Hemsted Drive
Redding, CA 96002
Phone: (530) 224-4743 Fax: (530) 224-4747

CITATION AND NOTIFICATION OF PENALTY

To:
Spalding Community Services District
DBA Spalding Volunteer Fire Department
and its successors
502-907 Mahogany Way
Susanville, CA 96130

Inspection Site:
502-907 Mahogany Way
Susanville, CA 96130

Inspection #: 1885340
Inspection Date (s): 04/02/2026 - 07/29/2026
Issuance Date: 07/29/2026
CSHO ID: P1812
Optional Report #: 075-26
Reporting ID: 0950623

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/ investigation. **This Citation or a copy, including the enclosed multilingual employee notice, must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer**. Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

YOU HAVE A RIGHT to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, or online, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

Informal Conference - You may request an informal conference with the manager of the district office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation(s), classification of the violation(s), abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Cal/OSHA or the Division) and employs experienced administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board in writing, or by telephone, or online via the Board's OASIS system, within 15 working days from the date of receipt of a Citation.

After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, or online via the Board's OASIS system, for each contested Citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available to print online at: https://www.dir.ca.gov/oshab/appealform.pdf. You may also file the appeal through the Board's online OASIS system at: https://www.dir.ca.gov/oshab/. Hard copies can also be picked up from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board
2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833
Telephone: (916) 274-5751 or (877) 252-1987
Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. The appeal form also asks you to identify the grounds for your appeal. Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

Important: You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with Cal/OSHA or the Division **does not** constitute an appeal and **does not** stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, at (916) 274-5751 or (877) 252-1987.

PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the Citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying electronically, please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, inspection number, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to: **www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html** to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations
Cal/OSHA Penalties
P. O. Box 516547
Los Angeles, CA 90051-0595

Cal/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the district office listed on the Citation by submitting the Cal/OSHA 160 form with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for general violations has already been reduced by 50% on the presumption that the employer will correct the violations by the abatement date. The adjusted penalty for serious violations, if any, has already been reduced by 50% because abatement of those violations has been completed.

Note: Return the Cal/OSHA 160 form to the district office listed on the Citation and as shown below:

Division of Occupational Safety and Health
Redding District Office
381 Hemsted Drive
Redding, CA 96002
Telephone: (530) 224-4743
Fax: (530) 224-4747

EMPLOYEE RIGHTS

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

Employee Appeals - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a district office of the Division.

Employees Participation in Informal Conference - Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY - Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
Redding District Office
381 Hemsted Drive
Redding, CA 96002
Phone: (530) 224-4743 Fax: (530) 224-4747

Inspection #: 1885340
Inspection Dates: 04/02/2026 - 07/29/2026
Issuance Date: 07/29/2026
CSHO ID: P1812
Optional Report #: 075-26

Citation and Notification of Penalty

Company Name: Spalding Community Services District
Establishment DBA: Spalding Volunteer Fire Department and its successors
Inspection Site: 502-907 Mahogany Way
Susanville, CA 96130

Citation 1 Item 1 Type of Violation: **General**

T8 CCR 3203. Injury and Illness Prevention Program.
(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:
(7) Provide training and instruction:

Prior to and during the course of the inspection initiated by the Division on 04/02/2026, the employer failed to implement and ensure that employees received the minimum industry training standards for firefighters, as referenced in FEMA NIMS ICS 100, 200, 700, NFPA 1010, 1140, and 470.

Date By Which Violation Must be Abated: **Corrected During Inspection**
Proposed Penalty: **$600.00**

State of California
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Citation and Notification of Penalty

Company Name: Spalding Community Services District
Establishment DBA: Spalding Volunteer Fire Department and its successors
Inspection Site: 502-907 Mahogany Way
Susanville, CA 96130

Citation 1 Item 2 Type of Violation: **General**

T8 CCR 3410. Selection, Inspection, and Maintenance of Protective Ensembles for Wildland Fire Fighting.
(g) Recordkeeping.
(1) Training records demonstrating the implementation of subsection (e) shall be maintained for 3 years. Records shall include employee name or other identifier, training dates, type(s) of training; make (manufacturer), model, and serial number of assigned PPE.

Prior to and during the course of the inspection initiated by the Division on 04/02/2026, the employer failed to ensure that training records demonstrating the implementation of subsection (e) were maintained for 3 years.

Date By Which Violation Must be Abated: **Corrected During Inspection**
Proposed Penalty: **$200.00**

Kirk Chaney John Wendland
Compliance Officer / District Manager

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
Redding District Office
381 Hemsted Drive
Redding, CA 96002
Phone: (530) 224-4743 Fax: (530) 224-4747

NOTICE OF PROPOSED PENALTIES

Company Name: Spalding Community Services District
Establishment DBA: Spalding Volunteer Fire Department and its successors
Inspection Site: 502-907 Mahogany Way, Susanville, CA 96130
Mailing Address: 502-907 Mahogany Way, Susanville, CA 96130
Issuance Date: 07/29/2026
Reporting ID: 0950623
CSHO ID: P1812

Summary of Penalties for Inspection Number 1885340

Citation 1 Item 1, General	$600.00
Citation 1 Item 2, General	$200.00
TOTAL PROPOSED PENALTIES:	**$800.00**

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

If you are paying electronically: Please have this form on-hand when you are ready to make your payment. The company name, reporting ID and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to: **www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html** to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

DEPARTMENT OF INDUSTRIAL RELATIONS
CAL/OSHA PENALTIES
P. O. BOX 516547
LOS ANGELES, CA 90051-0595

Cal/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH – CAL/OSHA
Accounting Office - Cashiering Unit
Phone (415) 703-4325
Email: AccountingCalosha@dir.ca.gov

PENALTY REMITTANCE FORM

CIVIL PENALTY INFO	**INSPECTION NO.:**	1885340	**REPORTING ID:**	0950623
COMPANY NAME:	Spalding Community Services District		**FEIN/SEIN:**	
ESTABLISHMENT DBA:	Spalding Volunteer Fire Department			
CONTACT PERSON:	Frankie Muse			
PHONE NO.:	530-941-1330		**FAX NO.:**	
SITE ADDRESS:	502-907 Mahogany Way, Susanville, CA 96130			
MAILING ADDRESS:	502-907 Mahogany Way, Susanville, CA 96130			

CITATION INFORMATION:

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this Citation, remittance is still due on all items that are not appealed.

PAYMENT INSTRUCTIONS:

For check or money order: please make check or money order payable to Department of Industrial Relations. Write the inspection number and total amount enclosed on the payment coupon below and on the check or money order.

For credit card or EFT payment, go to: www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html

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----- Detach here and return bottom portion with check or money order payment -----

PAYMENT COUPON

DIR EST. 1927 State of California Department of Industrial Relations

Inspection No.: 1885340

Amount Enclosed: $ _____

Mail payment to:

DEPARTMENT OF INDUSTRIAL RELATIONS
CAL/OSHA PENALTIES
P.O. BOX 516547
LOS ANGELES, CA 90051-0595

For credit card or EFT payment, go to:
www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html

English

MULTI-LINGUAL EMPLOYEE NOTIFICATION– Post as required by LC § 6318(c)

Cal/OSHA investigated the workplace and found one or more workplace safety or health violations. This investigation resulted in one or more citations or orders, which the employer must post **at or near the place of the violation for three working days**, or until the unsafe condition is corrected, whichever is longer. Your employer is required to communicate any hazards at the workplace in a language and manner you understand. You can contact Cal/OSHA at **833-579-0927**. You can search for citations Cal/OSHA issued against your employer at https://www.osha.gov/ords/imis/establishment.html

Español

NOTIFICACIÓN A LOS EMPLEADOS MULTILINGÜES– Publicar según lo requerido por LC § 6318(c)

Cal/OSHA investigó el lugar de trabajo y encontró una o más violaciones de seguridad o salud en el lugar de trabajo. Como resultado de esta investigación se generaron una o más citaciones u órdenes, que el jefe debe fijar **en o cerca del lugar de la violación por tres días laborables** o hasta que se corrija la condición insegura, cualquiera que sea el caso que se prologue más. Su jefe está obligado a comunicarle cualquier peligro en el lugar de trabajo en los términos y de una forma que le sean claros. Puede contactar a Cal/OSHA al número de teléfono **833-579-0927**. Puede buscar citaciones que Cal/OSHA haya emitido en contra de su jefe en https://www.osha.gov/ords/imis/establishment.html

Punjabi

ਬਹੁ-ਭਾਸ਼ੀ ਕਰਮਚਾਰੀ ਅਧਿਸੂਚਨਾ – LC § 6318(c) ਦੀ ਲੋੜ ਅਨੁਸਾਰ ਪੋਸਟ ਕਰੋ

Cal/OSHA ਨੇ ਕਾਰਜ-ਸਥਾਨ ਦੀ ਜਾਂਚ ਕੀਤੀ ਅਤੇ ਕਾਰਜ-ਸਥਾਨ 'ਤੇ ਇੱਕ ਜਾਂ ਜ਼ਿਆਦਾ ਸੁਰੱਖਿਆ ਜਾਂ ਸਿਹਤ ਸੰਬੰਧੀ ਉਲੰਘਣਾਵਾਂ ਪਾਈਆਂ। ਇਸ ਜਾਂਚ ਦਾ ਸਿੱਟਾ ਇੱਕ ਜਾਂ ਵਧੇਰੇ ਹਵਾਲਿਆਂ ਜਾਂ ਆਦੇਸ਼ਾਂ ਦੇ ਰੂਪ ਵਿੱਚ ਨਿਕਲਿਆ, ਜਿੰਨ੍ਹਾਂ ਨੂੰ ਰੁਜ਼ਗਾਰਦਾਤਾ ਨੂੰ ਲਾਜ਼ਮੀ ਤੌਰ 'ਤੇ **ਉਲੰਘਣਾ ਵਾਲੇ ਸਥਾਨ 'ਤੇ ਜਾਂ ਇਸਦੇ ਨੇੜੇ ਤਿੰਨ ਕੰਮਕਾਜੀ ਦਿਨਾਂ ਵਾਸਤੇ**, ਜਾਂ ਜਦੋਂ ਤੱਕ ਅਸੁਰੱਖਿਅਤ ਅਵਸਥਾ ਨੂੰ ਠੀਕ ਨਹੀਂ ਕਰ ਲਿਆ ਜਾਂਦਾ, ਦੋਹਾਂ ਵਿੱਚੋਂ ਜੋ ਵੀ ਲੰਬਾ ਹੋਵੇ, ਪੋਸਟ ਕਰਨਾ ਲਾਜ਼ਮੀ ਹੈ। ਤੁਹਾਡੇ ਰੁਜ਼ਗਾਰਦਾਤਾ ਤੋਂ ਉਮੀਦ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਉਹ ਕਾਰਜ-ਸਥਾਨ 'ਤੇ ਕਿਸੇ ਵੀ ਜ਼ੋਖਮ ਬਾਰੇ ਅਜਿਹੀ ਭਾਸ਼ਾ ਅਤੇ ਤਰੀਕੇ ਨਾਲ ਸੰਚਾਰ

ਕਰਨ, ਜਿਸਨੂੰ ਤੁਸੀਂ ਸਮਝਦੇ ਹੋ। ਤੁਸੀਂ **833-579-0927** 'ਤੇ Cal/OSHA ਨਾਲ ਸੰਪਰਕ ਕਰ ਸਕਦੇ ਹੋ। Cal/OSHA ਵੱਲੋਂ ਤੁਹਾਡੇ ਰੁਜ਼ਗਾਰਦਾਤਾ ਦੇ ਖਿਲਾਫ਼ ਜਾਰੀ ਕੀਤੇ ਹਵਾਲਿਆਂ ਲਈ ਤੁਸੀਂ https://www.osha.gov/ords/imis/establishment.html 'ਤੇ ਦੇਖ ਸਕਦੇ ਹੋ।

Vietnamese

THÔNG BÁO CHO NHÂN VIÊN ĐA NGÔN NGỮ- Đăng theo yêu cầu của LC § 6318(c)

Cal/OSHA đã điều tra nơi làm việc và phát hiện một hay nhiều vi phạm về an toàn hoặc sức khỏe tại nơi làm việc. Cuộc điều tra này đã dẫn đến việc đơn vị sử dụng lao động phải niêm yết một hay nhiều mệnh lệnh hoặc lệnh tại hoặc gần nơi vi phạm trong ba ngày làm việc hoặc cho đến khi tình trạng không an toàn được khắc phục, tùy theo thời gian nào lâu hơn. Đơn vị sử dụng lao động của bạn được yêu cầu thông báo về mọi mối nguy hiểm tại nơi làm việc bằng ngôn ngữ và cách thức mà bạn có thể hiểu. Bạn có thể liên hệ với Cal/OSHA theo số điện thoại **833-579-0927**. Bạn có thể tìm kiếm mệnh lệnh mà Cal/OSHA ban hành cho đơn vị sử dụng lao động của bạn tại https://www.osha.gov/ords/imis/establishment.html

Korean

다국어로 된 직원대상 알림– **LC § 6318(c)** 의거 명령에 따라 게시

Cal/OSHA 가 작업장을 조사한 결과 하나 이상의 작업장 안전 또는 보건관련 위반 사항을 **발견했습니다.** 그 결과 하나 이상의 소환장 또는 명령이 내려졌으며, 이에 따라 고용주는 **위반** 장소나 그 근처에 근무일 기준 **3** 일 동안, 또는 불안전한 상태가 시정될 때까지(둘 중 더 긴 기간 적용) 이를 게시해야 합니다. 귀하의 고용주는 귀하가 이해할 수 있는 언어와 방식으로 작업장에서 일어날 수 있는 위험을 전달해야 합니다. 귀하는 **833-579-0927** 로 Cal/OSHA 에 연락하실 수 있습니다. 또한 https://www.osha.gov/ords/imis/establishment.html 에서 귀하 고용주를 대상으로 발행된 Cal/OSHA 소환장을 검색하실 수 있습니다.

Armenian

ԲԱԶՄԱԼԵԶՈՒ ԱՇԽԱՏԱԿՑԻ ԾԱՆՈՒՑՈՒՄ – Գրառում, ինչպես պահանջվում է LC § 6318(c) կողմից

Cal/OSHA-ն ուսումնասիրել է աշխատավայրը և հայտնաբերել աշխատավայրի անվտանգության կամ առողջության մեկ կամ մի քանի խախտում: Այս ուսումնասիրությունը հանգեցրել է նրան, որ գործատուն պետք է տեղադրի մեկ կամ մի քանի ծանուցում կամ **երեք աշխատանքային օրվա ընթացքում** կարգադրություն տեղադրի **խախտման վայրում կամ վայրի մոտ** կամ մինչև անապահով պայմանը շտկվի, որն ավելի երկար կտևի: Ձեր գործատուից պահանջվում է տեղեկացնել Ձեզ աշխատավայրում ցանկացած վտանգի մասին Ձեզ հասկանալի լեզվով և ձևով: Դուք կարող եք կապվել Cal/OSHA-ի հետ **833-579-0927** հեռախոսահամարով: Դուք կարող եք փնտրել Ձեր գործատուի դեմ տրված Cal/OSHA

ծանուցումները հետևյալ կայքում՝ https://www.osha.gov/ords/imis/establishment.html

Tagalog

ABISO SA EMPLEYADO NA NASA MARAMING WIKA– Ipaskil ayon sa Kinakailangan ng LC § 6318(c)

Inimbestigahan ng Cal/OSHA ang lugar ng trabaho at may nakitang isa o higit pang mga paglabag sa kaligtasan sa lugar ng trabaho o kalusugan. Nagresulta ang imbestigasyon na ito ng isa o higit pang pagbanggit o pag-uutos, na dapat ipaskil ng amo **sa o malapit sa lugar ng paglabag sa loob ng tatlong araw ng trabaho**, o hanggang sa maiwasto ang hindi ligtas na kondisyon, alinman ang mas matagal. Kinakailangan ng iyong amo na sabihin ang anumang panganib sa lugar ng trabaho sa wika at paraan na nauunawaan mo. Maaari kang makipag-ugnay sa Cal/OSHA sa **833-579-0927**. Maaari mong hanapin ang mga pagbanggit na ibinigay ng Cal/OSHA laban sa iyong amo sa https://www.osha.gov/ords/imis/establishment.html

Simplified Chinese

根据 LC § 6318(c) 的要求发布多语言雇员通知

Cal/OSHA 对工作场所进行了调查，发现了一项或多项工作场所安全或健康违规行为。这项调查导致一份或多份传讯或命令，雇主必须**在违规地点或附近张贴三个工作日，或者直到不安全状况得到**纠正，以时间较长者为准。你的雇主必须以你理解的语言和方式传达工作场所的任何危险。你可以通过 **833-579-0927** 联系 Cal/OSHA。**你可以搜索** Cal/OSHA 发布针对你的雇主的传讯，就在 https://www.osha.gov/ords/imis/establishment.html

Traditional Chinese

根據 LC § 6318(c) 的要求發佈多語言雇員通知

Cal/OSHA 對工作場所進行了調查，發現了一項或多項工作場所安全或健康違規行為。這項調查導致一份或多份傳訊或命令，雇主必須**在違規地點或附近張貼三個工作日，或者直到不安全狀況得到糾正，以時間較長者為准。你的雇主必須以你理解的語言和方式傳達工作場所的任何危險。你可以通過撥打 833-579-0927 聯繫** Cal/OSHA。**你可以搜索** Cal/OSHA **發佈針對你的雇主的傳訊，就在** https://www.osha.gov/ords/imis/establishment.html