LOSS CONTROL REPORT

Address: 5411 Renwick
City: Houston State: TX Zip: 77081
Prepared by: David G. Eaton, CSP, Loss Control Consultant
Date of Visit: September 10, 2002 Project No.: 100
Location Code: Millburn Visit Status: Initial
Visit ID #: 75451
Client No.: 26718700 No. of Employees: 35
Location Contact: Mr. Marc Katz, Proficiency Engineer
E-mail Address: marck@cosentinousa.com

This report summarizes the activities of the consultant during this visit and the opinions and recommendations resulting from those specific activities. The purpose of this consulting visit and report is to assist in management's responsibilities of establishing and maintaining an effective Loss Control Program. The consultant's activities and recommendations are not a substitute for any part of management's own safety responsibilities or activities. These activities and recommendations should not be relied upon in and of themselves to prevent accidents or losses.

INTRODUCTION

The consultant coordinated this visit through and completed it with Mr. Katz. The previously established objectives of the visit were to:

- Assist management in analyzing employee injury experience using the OSHA logs and injury reports to identify trends.
- Review the safety and health program using the NATLSCO Safety Management Insight # 20, “Developing an Effective Accident Prevention Program” and make recommendations to strengthen the program elements as needed.

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Δ Π EXHIBIT /9
Deponent Date/7/14/14
Datum RDU SC
Review the regulatory compliance programs using the NATLSCO “OSHA Written Program and Training Requirements” checklist (Addendum) and make recommendations to improve the programs as needed.

Review facility safety hazards using the NATLSCO “Facility Hazard Review” checklist (Addendum) and make recommendations to eliminate or reduce such hazards.

Develop a loss prevention service plan for the future using the NATLSCO “Loss Control Objectives Worksheet.” (Addendum)

The consultant completed all the objectives during the visit and discussed the findings and recommendations with Mr. Katz at the conclusion of the visit. He indicated the recommendations would receive adequate attention.

**SUMMARY**

- As the OSHA logs were not up to date and previous injury reports could not be located, the consultant could not conduct an adequate review. First Reports of Injury for this year, however, indicated four employee injuries thus far. Two of these involved improper slab handling.

- The review of safety and health program elements revealed the location does not have an active safety and health program. Mr. Katz has an old written safety program that he is considering rewriting; however, the consultant recommends he implement the Accident Prevention Plan for Small Businesses published by the Texas Workers’ Compensation Commission (TWCC) Workers’ Health and Safety Division.

- The regulatory compliance program review indicated that Silestone of Houston has not developed and implemented the following programs: hazard communication, lockout/tagout, emergency action plan, powered industrial truck, personal protective equipment (PPE), fire protection and respiratory protection. The consultant has addressed this matter in a recommendation below.

- The facility hazard review revealed unsafe electrical cords and outlets, unguarded grinders, lack of personal protective equipment, lack of chemical labeling, open chemical containers, excessive water on the floor, no emergency lighting, unmarked exits and unsatisfactory housekeeping.

**FUTURE OBJECTIVES**

See the Loss Control Objective Worksheet at the addendum.
DISCUSSION

Accident Analysis: Mr. Katz is relatively new to the company and could not locate employee injury reports and OSHA logs prior to this year. The consultant submitted a recommendation that Mr. Katz complete the OSHA 200 logs using injury reports for prior years, if he can locate them, beginning with 1998 - the year the company started business in Houston. In addition, Mr. Katz should complete the OSHA 300 log for this year. The consultant instructed Mr. Katz how to obtain the recordkeeping requirements and logs on the OSHA Website at www.osha.gov.

Four employee injuries and one near miss have occurred thus far in 2002. Mr. Katz and the operations manager investigated these accidents. Since two of them involved unsafe handling of slabs, Mr. Katz developed, implemented, and trained employees in the proper procedures for unloading, handling and storing the slabs.

Safety and Health Program: This location does not have an active safety and health program. Mr. Katz has an old written program that requires updating but he indicated he would like to simplify this rather voluminous document. With this need for a simplified program and as this is a small facility, the consultant recommended management implement an accident prevention plan based on the TWCC Accident Prevention Plan for Small Businesses and e-mailed him the guideline for establishing such a plan.

Mr. Katz has implemented a good accident investigation program that is proving effective in eliminating or reducing accident causes.

Regulatory Safety Programs: The company has none of the required regulatory safety programs as indicated on the "OSHA Written Program and Training Requirements" checklist at the Addendum. The consultant reviewed the program requirements with Mr. Katz and e-mailed him sample written programs of most of them. Once completed, these should be made part of the Accident Prevention Plan as enclosures.

Facility Hazards Review: During the facility hazards review the consultant observed numerous unsafe conditions as addressed in recommendations below. These conditions have occurred due to the lack of an effective safety and health program, failure to implement the regulatory safety requirements and lack of employee safety training.

In addition, the facility has not been evaluated for employee exposure to silica, quartz, dust, the contaminants in the pigments and resin and noise. The consultant submitted a recommendation below for industrial hygiene and noise evaluations and included this as a loss control objective.
RECOMMENDATIONS

02-09-01 Accident Prevention Plan
In order to help reduce employee injuries and their associated costs, develop and implement a formal, written accident prevention plan using the TWCC "Accident Prevention Plan for Small Businesses Program Guide" that the consultant E-mailed to Mr. Katz. A good accident plan should include but not be limited to the following components:

- Management
- Recordkeeping
- Analysis
- Safety and Health Training
- Safety Audit/Inspection
- Accident/Hazard Investigation
- Accident Reporting & Investigation
- Periodic Review & Revision of Components
- Goals & Objectives
- Employee Involvement
- Disciplinary Policy

In developing the plan be specific as to what records are to be kept, who is to keep them, where they are to be kept, and how long they are to be kept. For reports, specify what reports should be submitted, who is to make the reports, who is to receive the reports, and the frequency of the reports. As to training, again be specific as to what training will be conducted, who is to do the training, who is to receive the training, what training records are to be kept and the frequency of training.

( ) Completed or ( ) Intended Action: ____________________________________________________________

_________________________ Estimated Completion Date: ___/___/___

Signed By: ___________________ Position: ___________________ Date: ___/___/___

02-09-02 Regulatory Compliance Programs
In order to help reduce employee injuries and their associated costs and to bring your facility into compliance, develop and implement the following regulatory compliance programs including documented employee training:

- Hazard Communication
- Lockout/Tagout
- Emergency Action Plan
- Respiratory Protection
- Powered Industrial Truck
- Fire Protection
- PPE
For guidance refer to the specific regulatory standard in each area. The appropriate standards can be located on the OSHA Website.

Note: The consultant E-mailed Mr. Katz sample written programs in all but fire protection.

( ) Completed or ( ) Intended Action: _____________________________

_________________________________________ Estimated Completion Date: __/__/__

Signed By: ___________________________ Position: ___________________________ Date: __/__/__

02-09-03 Industrial Hygiene Evaluation
In order to help reduce the potential for employee illnesses and their associated costs, conduct an industrial hygiene evaluation of the facility to include area and personal samples. Any such evaluation should be conducted by a certified industrial hygienist. Contact your workers' compensation insurance carrier, NATLSCO Loss Control Services, or an independent consultant to perform this work.

( ) Completed or ( ) Intended Action: _____________________________

_________________________________________ Estimated Completion Date: __/__/__

Signed By: ___________________________ Position: ___________________________ Date: __/__/__

02-09-04 Noise Evaluation
In order to help reduce the potential for employee hearing loss, conduct a noise evaluation of the facility to include noise level measurements and dosimetry. Any such evaluation should be conducted by a certified industrial hygienist. Contact your workers' compensation insurance carrier, NATLSCO Loss Control Services, or an independent consultant to perform this work.

( ) Completed or ( ) Intended Action: _____________________________

_________________________________________ Estimated Completion Date: __/__/__

Signed By: ___________________________ Position: ___________________________ Date: __/__/__
02-09-05  Eye Protection
To help reduce the likelihood of serious eye injuries and as determined in the personal protective equipment assessment recommended in Recommendation 02-09-02, require the wearing of approved eye protection. At a minimum, require the saw operators and grinders to wear safety glasses with side shields. Ideally, the entire facility should be designated an eye protection required workplace.

( ) Completed or ( ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: __/___/___

Signed By: ___________________________ Position: _________________________ Date: __/___/___

02-09-06  Foot Protection
To help reduce the likelihood of serious foot injuries and their associated costs and as determined in the personal protective equipment assessment recommended in Recommendation 02-09-02, implement a foot protection program in the facility. Require the wearing of steel-toed safety shoes with metatarsal protection for all shop employees, management and visitors.

( ) Completed or ( ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: __/___/___

Signed By: ___________________________ Position: _________________________ Date: __/___/___

02-10-07  Grinder Safeguarding
To reduce the likelihood of serious injuries and their associated costs and as determined in the personal protective equipment assessment recommended in Recommendation 02-09-02 provide and require safeguarding for the hand-held grinders in the fabrication area. Include this as an area to check during plant safety inspections.

( ) Completed or ( ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: __/___/___

Signed By: ___________________________ Position: _________________________ Date: __/___/___
02-09-08 Wet Floors
As the saw, grinding and polishing operations require water for cooling and dust control, the
floors are constantly wet. Wet floors increase the potential for slips and falls and electrical
injuries. Curbs, floor drains and frequent use of squeegees help but do not eliminate the
problem. To the maximum extent possible, provide additional curbs, floor drains and over spray
protection at all wet operations to capture and drain excess water.

( ) Completed or ( ) Intended Action: __________________________________________

_________________________________________ Estimated Completion Date: ___/___/___

Signed By: ___________________________ Position: ___________________________ Date: ___/___/___

02-09-10 Electrical Cords
During the facility hazard review, the consultant observed electrical extension cords for power
tools and fans on the wet floor increasing the potential for serious electrical injuries. In addition
locally repaired extension cords and fan cords were observed. Make the following improvements:

- Where possible install overhead electrical drops and additional retractable cord reels.
- Ensure all retractable cord reels operate properly.
- Ensure all electrical outlets and switches in wet areas are approved for such areas.
- Destroy all extension cords that have been locally repaired and discontinue this practice
  in the future.
- Have all fans and other electrical equipment with cords that have been locally repaired
  re-corded by a qualified service company or replaced.
- Make all electrical cords, outlets, switches, fixtures, appliances and cord reels items to
  check during the monthly safety inspection.

( ) Completed or ( ) Intended Action: __________________________________________

_________________________________________ Estimated Completion Date: ___/___/___

Signed By: ___________________________ Position: ___________________________ Date: ___/___/___
02-09-11 New Employee Orientation Program
Develop and implement a new employee safety orientation program. Document this initial training using a checklist or other suitable form in order to ensure continuity of the information covered. Items to include during the orientation are the safe work rules, accident reporting procedure, personal protective equipment requirements, hazard communication, lockout/tagout procedures, emergency action plan and other safety issues pertinent to the operations.

(  ) Completed or (  ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: __/__/____

Signed By: ___________________________ Position: ___________________________ Date: __/__/____

02-09-12 Safe Work Rules
Develop a set of safe work rules for the facility and make them a part of the Accident Prevention Plan. Communicate them in writing to all existing employees and to all new employees during the initial safety orientation. Require each existing and new employee to sign a statement that he/she has read and understands the rules.

(  ) Completed or (  ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: __/__/____

Signed By: ___________________________ Position: ___________________________ Date: __/__/____

02-09-13 OSHA Recordkeeping
Bring this location into compliance with the regulatory recordkeeping requirements by completing the OSHA 300 log for 2002. In addition, complete the OSHA 200 logs for calendar years 1998 through 2001 using the First Reports of Injury, TWCC-1. The recordkeeping requirements and logs are available on the OSHA Website at www.osha.gov.

(  ) Completed or (  ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: __/__/____

Signed By: ___________________________ Position: ___________________________ Date: __/__/____

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02-09-14 Exit Signs
Mark all exits from the building with exit signs so employees can readily and safely exit the building in an emergency situation. Ideally, provide illuminated exit signs since employees work at night.

( ) Completed or ( ) Intended Action: ____________________________

_________________________________________ Estimated Completion Date: ___/___/___

Signed By: ___________________________ Position: ___________________________ Date: ___/___/___

02-09-15 Emergency Lighting
Provide emergency lighting units in the office area, office stairway, and production area so employees can readily and safely exit the building in an emergency situation.

( ) Completed or ( ) Intended Action: ____________________________

_________________________________________ Estimated Completion Date: ___/___/___

Signed By: ___________________________ Position: ___________________________ Date: ___/___/___

02-09-16 Housekeeping
During the facility hazards review, the consultant observed unsatisfactory housekeeping in the production areas. Maintain a high standard of housekeeping throughout the facility to reduce the likelihood of employee injury. Make good housekeeping an item to check during monthly safety inspections.

( ) Completed or ( ) Intended Action: ____________________________

_________________________________________ Estimated Completion Date: ___/___/___

Signed By: ___________________________ Position: ___________________________ Date: ___/___/___
02-09-17 Exposed Razor Blades
During the facility hazards review the consultant observed numerous exposed, used razor blades on the workbench in the QC area. Employees use these double-edged blades to trim lacquer by hand. To reduce the likelihood of serious employee cuts make the following improvements:

- Provide and require employee to use safety blade holders.
- Provide a metal container with a slotted lid for the safe disposal of used blades.
- Remove all the used blades stuck to the side of the table.
- Make these areas to check during the monthly safety inspection.

( ) Completed or ( ) Intended Action: ____________________________

_________________________________________ Estimated Completion Date: ___/___/____

Signed By: __________________________ Position: __________________________ Date: ___/___/____

02-09-18 Open Lacquer and Solvent Containers
During the facility hazards review the consultant observed numerous open lacquer and solvent containers on the workbench in the QC area. Vapors escaping from these containers may expose employees to contaminants. Make the following improvements in this operation:

- Keep all lacquer containers covered with aluminum foil shaped to cover the dipsticks and con openings when not in actual use.
- For the solvents use approved flammable liquid dip cans properly labeled.
- Dispose of all flammable rags or wipes in approved flammable disposal step-cans.
- Ensure all containers are properly labeled in accordance with the labeling scheme of the hazard communication program.
- Discontinue using empty resin drums as slab drying tables. Place these drums outside the facility for recycling and provide adequate tables or benches for drying slabs.

( ) Completed or ( ) Intended Action: ____________________________

_________________________________________ Estimated Completion Date: ___/___/____

Signed By: __________________________ Position: __________________________ Date: ___/___/____
02-09-19 Confined Space Marking
Mark the manhole covers to the water re-circulation unit as “Confined Space – Do Not Enter.”

( ) Completed or ( ) Intended Action: ____________________________________________

_________________________________________ Estimated Completion Date: ___/___/____

Signed By: ___________________________ Position: ______________________ Date: ___/___/____

ENCLOSURES: Addendum – OSHA Written Programs and Training Requirements
Checklist
Addendum – Facility Hazards Review Checklist
Addendum – Loss Control Objective Worksheet

The following were sent electronically:
TWCC “Accident Prevention Plan Program Guide for Small Businesses”
Sample Written Hazard Communication Program
Sample Written Lockout/Tagout Program
Sample Written Personal Protective Equipment Program
Sample Written Powered Industrial Truck Program
Sample Written Emergency Action Plan
Sample Respiratory Protection Guidelines
## OSHA WRITTEN PROGRAM AND TRAINING REQUIREMENTS

<table>
<thead>
<tr>
<th>SUBPART</th>
<th>OSHA STANDARD</th>
<th>WRITTEN PROGRAM</th>
<th>TRAINING RECORDS</th>
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<td>1910.95</td>
<td>Occupational Noise Exposure (a.k.a. Hearing Conservation) <strong>To be determined</strong></td>
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<td>1910.120</td>
<td>Hazardous Waste Operations and Emergency Response (a.k.a. HAZWOPER)</td>
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<td>1910.134</td>
<td>Respiratory Protection</td>
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<td>1910.146</td>
<td>Permit Required Confined Space Entry</td>
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<td>1910.147</td>
<td>The Control of Hazardous Energy (Lockout/Tagout)</td>
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<td>1910.331-335</td>
<td>Electrical – Safety-Related Work Practices</td>
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<td>1910.1200</td>
<td>Hazard Communication</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>1910.1030</td>
<td>Bloodborne Pathogens</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>1910 Subpart L (.155-.165)</td>
<td>Fire Protection</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>1910.1025</td>
<td>Lead</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1910.178</td>
<td>Powered Industrial Vehicles*</td>
<td>NA</td>
<td>NA</td>
<td>X</td>
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<tr>
<td>1910.132</td>
<td>Personal Protective Equipment*</td>
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<td>NA</td>
<td>X</td>
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<td>1910.213</td>
<td>Woodworking Machinery*</td>
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<td>1910.217</td>
<td>Mechanical Power Presses*</td>
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<td>1910.151</td>
<td>Medical Services and First Aid*</td>
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<tr>
<td>1910.252</td>
<td>Welding, Cutting, Brazing*</td>
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<td>1910.179</td>
<td>Overhead and Gantry Cranes*</td>
<td>NA</td>
<td>NA</td>
<td>X</td>
</tr>
</tbody>
</table>

* A written general compliance program is not required, however it is considered a loss control “Best Practice”.

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FACILITY HAZARDS REVIEW

The items commented on in this checklist were randomly observed during a walkthrough of the specified department or areas of the facility. This was not an in-depth safety inspection. Rather, the items on the checklist are some basic safety issues and repeated deficiencies of these items would indicate a need for improvement in your internal inspection and hazard control program.

Date: 09/10/02 Department/Area(s) visited: Slab unloading, slab storage, sample, saw, fabrication, edge finishing, QC and shipping areas

<table>
<thead>
<tr>
<th>FACILITY HAZARDS REVIEW</th>
<th>DEFICIENCY</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
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<tr>
<td>Chemicals</td>
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<tr>
<td>Container labeling</td>
<td>X</td>
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<tr>
<td>Flammables containers</td>
<td></td>
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<tr>
<td>Compressed gas cylinders/Air</td>
<td>X</td>
</tr>
<tr>
<td>MSDS'S</td>
<td>X</td>
</tr>
<tr>
<td>Employee Actions</td>
<td></td>
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<tr>
<td>Vehicle speed/Operations</td>
<td></td>
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<tr>
<td>Lifting/Pushing/Pulling/Carrying</td>
<td>X</td>
</tr>
<tr>
<td>Use of hand tools</td>
<td></td>
</tr>
<tr>
<td>Lockout procedure use</td>
<td></td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td></td>
</tr>
<tr>
<td>Eyes/face</td>
<td>X</td>
</tr>
<tr>
<td>Hands</td>
<td></td>
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<tr>
<td>Respiratory</td>
<td></td>
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<tr>
<td>Hearing</td>
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<tr>
<td>The facility requires a noise evaluation.</td>
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<tr>
<td>Head/foot</td>
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<tr>
<td>Fall Protection NA</td>
<td>X</td>
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<tr>
<td>Special clothing</td>
<td></td>
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<tr>
<td>Fire Protection &amp; Prevention - Life Safety</td>
<td></td>
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<tr>
<td>Portable extinguishers</td>
<td></td>
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<tr>
<td>Sprinkler risers/Valves NA</td>
<td></td>
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<tr>
<td>Exits/Signs</td>
<td></td>
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<tr>
<td>Emergency lighting</td>
<td></td>
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<tr>
<td>Welding/Hot Work NA</td>
<td></td>
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<tr>
<td>Warehousing &amp; Housekeeping</td>
<td></td>
</tr>
<tr>
<td>Aisles/Housekeeping</td>
<td>X</td>
</tr>
<tr>
<td>Stacked material/Pallets/Skids</td>
<td></td>
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<tr>
<td>Lift trucks</td>
<td>X</td>
</tr>
<tr>
<td>Trailer chocking</td>
<td></td>
</tr>
<tr>
<td>Battery charging/charging area</td>
<td></td>
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<tr>
<td>Walking/Working Surfaces</td>
<td></td>
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<tr>
<td>Ladders/Portable stairs</td>
<td></td>
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<tr>
<td>Stairways/Floors</td>
<td></td>
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<tr>
<td>Platforms &amp; guardrails</td>
<td></td>
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<tr>
<td>Room to work</td>
<td></td>
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<tr>
<td>Electrical Safety</td>
<td></td>
</tr>
<tr>
<td>GFCI’s</td>
<td>X</td>
</tr>
<tr>
<td>Panel boxes &amp; breakers</td>
<td></td>
</tr>
<tr>
<td>Outlets &amp; junction boxes</td>
<td>X</td>
</tr>
<tr>
<td>Extension cords &amp; temporary wiring</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Bench grinders NA</td>
<td>X</td>
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<tr>
<td>Drill presses NA</td>
<td></td>
</tr>
<tr>
<td>Trash compactors NA</td>
<td></td>
</tr>
<tr>
<td>Conveyor systems NA</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Whenever an "X" has been marked in the "YES" DEFICIENCY column, the consultant should provide a comment/recommendation for the item in the body of the report.
FACILITY HAZARDS REVIEW is limited to observations for the following types of deficiencies by category. Facility personnel should conduct a thorough inspection for safety hazards beyond those on the checklist on a regular basis.

**TOPIC - Deficiencies**

**Chemicals**
- Container labeling - Per OSHA HAZCOM - Containers not labeled describing contents and hazards.
- Flammables containers - Safety cans and safety cabinets not properly used for transporting and storage. Flammable liquids containers not grounded/bonded.
- Compressed gas cylinders/Air - Gas cylinders not chained or fixed securely, away from truck aisles and exits. O2 cylinders not separated from fuel gas, caps not on, emptied not marked. Compressed air not regulated to 30 PSI and/or no special nozzles (air regulation must be verified with location maintenance). When used for cleaning not limited to 10 PSI.
- MSDS - Not available for specific chemicals randomly selected.

**Employee Actions**
- Vehicle speed/Operation - Excessive speed or unsafe maneuvering of vehicles. Seat belts not used, when provided.
- Lifting/Pushing/Pulling/Carrying - Awkward postures or positioning.
- Use of hand tools - Used for which not designed.
- Lockout procedure use - Not following facility's lockout procedure.

**Personal Protective Equipment**
- Eye/Face - Safety glasses, face shields, other protection not worn as required by safety program. Eyewash inaccessible and or blocked.
- Hands - Proper type of protective gloves not used per facility safety program.
- Respiratory - Respirators not used as required by facility safety program. Not cleaned/stored per program.
- Hearing - Ear protection not worn in areas as required by facility safety program.
- Head/Foot - Foot protection not worn as required by facility safety program.
- Fall Protection - Not used on high lift stock pickers as required by facility safety program.
- Special clothing - Protective wear such as wristlets, sleeves, apron etc. not used where required by safety program.

**Fire Protection & Prevention - Life Safety**
- Portable extinguishers - Not mounted, inaccessible, not marked for visibility, out of date inspection tag(s).
- Sprinkler risers/Valves - Impeded access, valves not indicated as open or tagged if closed.
- Exits/Signs - Exits obstructed, exit signs not illuminated, doors locked/block to exit.
- Emergency lighting - Lights don't work when tested or none provided where needed.
- Forklift Work - Weaving curtains not used where needed. No 36" combustible clearance or fire watch provided.

**Wares/Storage/Housekeeping**
- Aisles/Storage - Obstructed aisles, accumulation of debris and inadequate containers provided.
- Stacked materials/Pallets/Boxes - Unstable piles, leaning items, etc. Pallets stored on end or stacked too high. Broken pallets in use.
- Lift trucks - Not provided with horns, warning lights, or posted load limits. Fluid leakage.
- Trailer CHECKING - Trailers not secured for loading/unloading.
- Battery changing/charging area - Gloves, aprons, eyeshield or emergency shower not provided or in close proximity.

**Walking/Working Surfaces**
- Ladders/Portable stairs - No safety feet, not stored lying down or chained up. Damaged rungs or covered with oil and grease.
- Stairs/Floors - Stairs dimly lit, not in good repair, evidence of debris/equipment, slippery or improper surfaces. Floors have obvious slip/trip hazards, i.e. holes, damaged boards, water, oil, obstructions.
- Platforms & guards - Guards not provided where level below is 4 feet or more (should be 42" high with midrail and toeboard). Loads not posted for raised platforms.
- Room to work - Workstations obstructed, cluttered, aisles to workstations not available or clear.

**Electrical Safety**
- GFCI's - Ground-Fault Circuit Interrupters - Outlet/Receptacles not protected by GFCI's in areas subject to wash down or liquid.
- Panel boxes & breakers - No clearance of at least 30", breakers switches not labeled, exposed wiring.
- Outlets & junction boxes - Missing covers, exposed wiring.
- Extension cords & temporary wiring - Exposed or frayed wires, used for permanent wiring. Cords or wiring connected or wrapped around building members/supports and racks.

**Equipment**
- Bench grinders - Tools rests not 1/8" spacing, upper tongue guard not 1/4" clearance, wheel not dressed square, RPM not on
- Drill presses - Bench or floor stand not anchored to prevent movement during use.
- Trash compactors - No "dead man" type operating controls or interlocked guard rail at opening.
- Conveyor systems - Emergency stops or pull cords not functioning (must test to determine) or not readily available. No overhead protection for aisles and work areas to prevent falling objects.

Ckm/ FAC/HAZ Rev.doc  
Revision 02/01

C&C/RODRIGUEZ 000449
# LOSS CONTROL OBJECTIVE WORKSHEET

<table>
<thead>
<tr>
<th>OBJ. NO. &amp; STATUS</th>
<th>OBJECTIVE</th>
<th>PERSON(S) RESPONSIBLE</th>
<th>TARGET COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-01</td>
<td>Request the current workers' compensation insurance carrier, NATLSCO Loss Control Services or an independent industrial hygiene consultant conduct an industrial hygiene evaluation of the facility to include air sampling of potential contaminants, noise level testing and noise dosimetry.</td>
<td>Mr. Katz</td>
<td>10/31/02</td>
</tr>
<tr>
<td>02-02</td>
<td>When the recommendations contained in this letter have been implemented, request the current workers' compensation insurance carrier, NATLSCO Loss Control Services or an independent safety consultant conduct a loss control visit to evaluate the effectiveness of the accident prevention plan, regulatory compliance programs and facility hazards controls.</td>
<td>Mr. Katz</td>
<td>12/31/02</td>
</tr>
</tbody>
</table>

C&C/RODRIGUEZ 000450
INTERNAL

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