

State of California

Division of Occupational Safety and Health
Cal/OSHA Concord District Office (0950622; 4028)
1450 Enea Circle, Suite 525
Concord, CA 94520

Inspection Number: 311076459
Inspection Dates: 04/08/2010 - 10/04/2010
Issuance Date: 10/05/2010
CSHO ID: L5223
Optional Inspection Nbr: 061-10



Phone: (925) 602-6517 Fax: (925) 676-0227

Citation and Notification of Penalty

Company Name: SolarCity Corporation
Inspection Site: 2880 West Lane, San Pablo, CA 94806

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

T8 CCR 1509(a) - Injury and Illness Prevention Program

Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with section 3203 of the General Industry Safety Orders.

REFERENCE: T8 CCR 3203(a)(7)(F) - Provide training and instruction:

For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

On and before 04/07/10, the employer did not provide training for the supervisor to familiarize himself with fall hazards to which employees under his immediate direction and control may be exposed to while working at its jobsite located at 2880 West Lane, San Pablo, CA 94806.

Date By Which Violation Must be Abated:

Proposed Penalty:

Abated

\$ 750.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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Citation and Notification of Penalty

Company Name: SolarCity Corporation
Inspection Site: 2880 West Lane, San Pablo, CA 94806

Citation 1 Item 2 Type of Violation: General

T8 CCR 3203(b)(1) - Records of the steps taken to implement and maintain the Program shall include:

Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and

EXCEPTION: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

REFERENCE: T8 CCR 1509(a) - Injury and Illness Prevention Program:
Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with section 3203 of the General Industry Safety Orders.

On and before 04/07/10, the employer did not provide records of the steps taken to implement and maintain the fall protection program for its employees working at the roof top of a building located at 2880 West Lane, San Pablo, CA 94806. Three employees were working at the roof top approximately 43 feet above a concrete sidewalk without any fall protection. An inspection record was asked for in a formal Document Request and as of the issue date of this citation, none was provided.

Date By Which Violation Must be Abated: Abated
Proposed Penalty: \$ 750.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California

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Cal/OSHA Concord District Office (0950622; 4028)
1450 Enea Circle, Suite 525
Concord, CA 94520

Inspection Number: 311076459
Inspection Dates: 04/08/2010-10/04/2010
Issuance Date: 10/05/2010
CSHO ID: 1.5223
Optional Inspection Nbr: 061-10



Phone: (925) 602-6517 Fax: (925) 676-0227

Citation and Notification of Penalty

Company Name: SolarCity Corporation
Inspection Site: 2880 West Lane, San Pablo, CA 94806

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

T8 CCR 1670(a) - Personal Fall Arrest Systems, Personal Fall Restraint Systems and Positioning Devices.

Approved personal fall arrest, personal fall restraint or positioning systems shall be worn by those employees whose work exposes them to falling in excess of 7 1/2 feet from the perimeter of a structure, unprotected sides and edges, leading edges, through shaftways and openings, sloped roof surfaces steeper than 7:12, or other sloped surfaces steeper than 40 degrees not otherwise adequately protected under the provisions of these Orders.

The employer did not ensure that approved personal fall arrest, personal fall restraint or positioning systems were worn by those employees whose work exposed them to falling in excess of 7 1/2 feet from the perimeter of a structure, unprotected sides and edges, leading edges, through shaft ways and openings, sloped roof surfaces steeper than 7:12, or other sloped surfaces steeper than 40 degrees not otherwise adequately protected under the provisions of these Orders.

On and before 04/07/10, at a job site located at 2880 West Lane, San Pablo, CA 94806, three employees were assigned by the employer to work on the roof of a building 43 feet above a concrete sidewalk without any form of fall protection. An employee was fatally injured when he fell off the roof.

Date By Which Violation Must be Abated:

Abated

Proposed Penalty:

\$ 25000.00

Compliance Officer/District Manager
Ronald B. Aruaje/David A. Becker

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California

Division of Occupational Safety and Health
 Cal/OSHA District Office Index 4028
 1450 Finea Circle, Suite 525
 Concord, CA 94520

(925) 602-6517

NOTICE OF PROPOSED PENALTIES

Company Name: SolarCity Corporation
 Inspection Site: 2880 West Lane, San Pablo, CA 94806
 Mailing Address: 393 Vintage Park Drive, Suite 140, Foster City, CA 94404
 Issuance Date: 10/05/2010
 Reporting ID: 0950622
 Index Code: 4028

Summary of Penalties for Inspection Number 311076459

Citation 1, General	= \$	1500.00
Citation 2, Serious	= \$	25000.00
TOTAL PROPOSED PENALTIES	= \$	26500.00

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 by credit card (MasterCard and Visa): Please have this form on-hand when you are ready to make your payment. The company name, index code, 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 to access the secure payment processing site.

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
CASHIER, ACCOUNTING OFFICE
P. O. BOX 420603
SAN FRANCISCO, CA 94142-0603

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.

State of California
 Department of Industrial Relations
 Division of Occupational Safety and Health

Office: Cal/OSHA District Office
 1450 Enea Circle, Suite 525
 Concord, CA 94520
 Telephone: (925) 602-6517

NOTICE OF VERIFICATION OF ABATEMENT OF SERIOUS VIOLATIONS

SolarCity Corporation
 393 Vintage Park Drive, Suite 140
 Foster City, CA

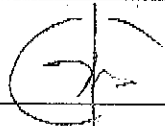
During the course of an inspection or reinspection at a place located at:

2880 West Lane
 San Pablo, CA 94806

The Division has verified abatement of the following Citation(s) alleging a serious violation or Special Order(s) or Order(s) to Take Special Action:

Citation or Order No.	Number of Instances	Date Division Verified Abatement
T8 CCR 1670(a) - Personal Fall Arrest Systems, Personal Fall Restraint Systems and Positioning Devices.	2	04/26/2010

Signature:



Safety Engineer/Industrial Hygienist

Date of Issuance: 10/5/2010

This notice is provided to the employer in accordance with the provisions of California Labor Code Section 6318(b). The employer is required to post this notice for three (3) working days at or near the location of the alleged violation.

2	2	311076459	LS223	061-10
Region	District	Inspection No.	Identification No.	Cal/OSHA Rpt. No. & Fiscal Year