

UNITED STATES OF AMERICA  
OCCUPATIONAL SAFETY & HEALTH REVIEW COMMISSION

SECRETARY OF LABOR,

Complainant,

v.

OSHA Inspection No. 1473911

New Jersey Addiction Treatment Center LLC  
d/b/a Sunrise House

Respondent.

**STIPULATED SETTLEMENT AGREEMENT**

Based upon the following recital, the Complainant and the Respondent herein agree to the following as a conclusion of this matter:

1) The Secretary hereby amends the citations to reflect abatement due dates of March 2, 2021, and amends the notification(s) of proposed penalty to amend the total proposed penalty to \$17,000.00, to be apportioned as follows:

Citation & Item	Original Proposed Penalty	Amended Proposed Penalty
Citation 1, Item 1	\$13,494.00	\$8,500.00
Citation 1, Item 2	\$13,494.00	\$8,500.00
<b>Total:</b>	<b>\$26,988.00</b>	<b>\$17,000.00</b>

2) Respondent affirmatively states that:

- All violations alleged in the citation(s) have been abated.
- It will comply in the future with the Occupational Safety and Health Act.

3) Respondent will pay the amended proposed penalty of \$ 17,000.00 in eight (8) payments of \$ 2,125.00 each due on: 4/2/2021, 7/2/2021, 10/4/2021, 1/3/2022, 4/4/2022, 7/4/2022, 10/3/2022 and 1/2/2023.

The preferred method of payment is via [www.Pay.gov](http://www.Pay.gov) . The direct link to make your payment is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>

In the alternative, respondent may also make payments by forwarding a checks made payable to the “Occupational Safety and Health-Labor” to the U.S. Department of Labor – OSHA, 6 Upper Pond Rd., Second Floor, Parsippany, NJ 07054

4) Each party hereby agrees to bear its own fees and other expenses incurred by such party in connection with any stage of this proceeding.

5) Respondent withdraws its notice of contest in this matter, and agrees that the citation(s), penalties, and abatement measures (as set forth and amended herein by this Stipulated Settlement) shall become a final order of the Commission on the same date that the Order Terminating Proceeding becomes a final order, as set forth in the Notice of Docketing issued by the Executive Secretary of the Commission.

6) During the twelve months following the execution of this Informal Settlement Agreement, Respondent agrees to review its written Respiratory Protection Program each quarter to determine whether the provisions in the program are being effectively implemented.

7) By entering into this agreement, the respondent does not admit that it violated the cited standards for any litigation or purpose other than a subsequent proceeding under the Occupational Safety and Health Act.

Date: \_\_\_\_\_

*(Note: OSHA inserts date above.)*

EXECUTED BY:

  
\_\_\_\_\_  
NAME: Jim Zawansky

TITLE: CEO

On behalf of Respondent,

New Jersey Addiction Treatment Center LLC  
d/b/a Sunrise House

\_\_\_\_\_  
NAME: Kris E. Hoffman

TITLE: Area Director

On behalf of Complainant,

Secretary of Labor.

## **RESPONDENT'S CERTIFICATIONS FOR POSTING AND SERVICE**

### **1. POSTING**

Respondent certifies that on the following date: \_\_\_\_\_, a copy of this Stipulated Settlement was posted where affected employees may see it, and will remain posted for at least 14 days thereafter.

### **2. AUTHORIZED EMPLOYEE REPRESENTATIVE(S)?**

*(Mark "X" next to Option 1 OR Option 2 as appropriate)*

*Option 1*

Respondent certifies that there is no authorized employee representative for the employees affected by the action which is the subject of this Stipulated Settlement.

OR

*Option 2*

Respondent certifies that there is one or more authorized employee representatives for the employees affected by the action which is the subject of this Stipulated Settlement.

The names and addresses of the authorized employee representative(s) are as follows:

### **SERVICE ON AUTHORIZED EMPLOYEE REPRESENTATIVE(S)**

*(Complete ONLY if Option 2 above is selected)*

Respondent certifies that this Stipulated Settlement was served on the authorized employee representative(s) of the affected employees on the following date: 2/1/2021 to

CORTADO CO TUMACCO, by the following method(s) of service (i.e. first-class mail, overnight delivery, personal delivery): CERTIFIED MAIL.

**CERTIFIED BY** [Respondent print name and title]: