Inspection Report

**U.S. Department of Labor**
Occupational Safety and Health

Complaint Inv.
Reg: MO00017672
Region: 7
Other: Complaint
11-28-84

| MOD Date | 1. Reporting ID | 2. CSHO ID | 3. Optional Report Number | 4. Inspection Number (Identifies this Inspection) |
|---|---|---|---|---|
| | 725500 | J5153 | 149/00 | 1487651 |

| 5. Related Activity/ Activity Satisfied | 5.1 Type | Number | Satisfied | 5.2 Type | Number | Satisfied | 5.3 Type | Number | Satisfied | 6. Total Entries |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | ☐S ☐H | | | ☐S ☐H | | | ☐S ☐H | — |

7. Previous Activity
Has there been previous activity at this establishment? ☒ Yes ☐ No — If Yes, enter: Type 1 Number 217398239

8. a. ☐ Change? b. Establishment Name: Condaco, Inc.

9. Employer ID: [redacted]

10. a. ☐ Change? b. Site Address (Street, City, State, ZIP): 3161 Wyandotte, Kansas City, Mo. 64111

11. City Code: 4120 12. County Code: 095

13. Mailing Address (If different) (Street, City, State, ZIP): Same

14. Telephone Number:

15. Name of Controlling Corporation, Partner, or Owner: Same

16. Telephone Number (Site): (816) 756 0722

**Ownership**
17. a. ☒ Private Sector b. ☐ Local Government c. ☐ State Government d. ☐ Federal Agency/Code

18. Legal Entity (Optional): a. ☐ Corporation b. ☐ [redacted]

**Inspection Opening**
19. Was Advance Notice Given? ☐ Yes ☒ No

20. Opening Conference Date: 11-28-84

**Inspection Category**
21. Mark "X" in one box: ☒ Safety ☐ Health

22. Primary SIC: 3069 23. Secondary SIC: a. Guide —

**Inspection Type**
24. Mark "X" in one box
Unprogrammed
a. ☐ Fatality/Catastrophe
b. ☐ Complaint
c. ☐ Referral
d. ☐ Monitoring
e. ☐ Variance
f. ☐ Follow-up
g. ☐ Unprogrammed Related
Programmed
h. ☒ Planned
i. ☐ Programmed Related

25. Inspection Classification (Mark all that apply)
a. Safety Planning Guide: ☒ Manufacturing ☐ Construction ☐ Maritime
b. Health Planning Guide: ☐ Manufacturing ☐ Construction ☐ Maritime
c. ☐ Local Emphasis Program (specify)
d. ☐ National Emphasis Program (specify)
e. ☐ Migrant Farmworker Camp

**Employee Involvement**
26. Number of Employees Employed in Establishment: 28
27. Number of Employees Covered by Inspection: 28
28. Number of Employees Controlled by Employer: 28
29. a. ☐ Union b. ☒ Non-Union
30. a. ☐ Employee Exercised Walkaround Privilege? b. ☐ [redacted]

**OSHA-200 Data**
Copy below the OSHA-200 Log entries for the most current complete year.
31. Year: 1983 32. ☐ Data Not Available
33. LWDI Rate: 3.3

| Occupational Injury Cases (1) | (2) | (3) | (4) | (5) | (6) | Occupational Illness Cases (7) (a) | (b) | (c) | (d) | (e) | (f) | (g) | (8) | (9) | (10) | (11) | (12) | (13) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 1 | 10 | 10 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Scope of Inspection**
35. Scope (Mark "X" in one box) a. ☐ Comprehensive Inspection b. ☐ Partial Inspection c. ☒ Records Only Inspection d. ☐ No Inspection
36. Number of Days Site Visited: 1

37. Anticipatory Warrant/ Subpoena Served ☐ Yes
38. Date of Denial
39. Date Re-Entered
40. Date Re-Denied
41. Date Re-Entered

42. Optional Information

| Type | ID | Value | Type | ID | Value |
|---|---|---|---|---|---|
| N | 3 | 2 | | | |
| N | 2 | 11/28/84 | | | |

43. Total Entries: 2

44. a. ☒ Close b. ☒ No Citations Issued

45. If no inspection conducted, mark "X" in one box
a. ☐ Establishment Not Found
b. ☐ Employer Out of Business
c. ☐ Process To Be Inspected Not Active
d. ☐ Ten or Fewer Employees
e. ☐ Denied Entry
f. ☐ SIC Not on Planning Guide
g. ☐ Worksite Exempt Through Voluntary Program
h. ☐ Non-Exempt Consultation in Progress
i. ☐ Other

46. Closing Conference Date (On Site): 11/28/84

47. CSHO Signature: Andrew L. Jackson Date: 11/28/84

48. Reviewer Signature: [illegible] Date: 12-3-84

OSHA-1 (Rev. 1/84)

**CASE FILE COPY**