State of California

Doc. # EU-632

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR, RIDE, AND TRAMWAY UNIT

GAVIN NEWSOM, Governor



Page ____ Of ___ CONVEYANCE LOCATION Address: 900 Fallon Street Inspection Date: City: Oakland ZIp: State No: 070722 ONLY ONE CONVEYANCE PER FORM REQUIREMENT(S) COMPLETED Please list the requirement number(s) as they are shown on the Preliminary Order or Show Cause Order and resolution to each requirement: Solution: The load test has been completed and form attached. CCCM#:M68479 Req. #2 Solution: The tag has been installed as required. CCCM#: M68479 Req. #3 Solution: GCCM#: Req. #4 Solution: The hoistway doors at the first floor have been adjusted as required. CCCM#: M68479 Solution: Req. # CCCM#: Req. # Solution: CCCM#: Req. # Solution: CCCM#: Req. # Solution: CCCM#: Solution: Req. # CCCM#: Req. # Solution: CCCM#: Req. # Solution: CCCM#: SIGNATURES I hereby certify that Me statement have given herein is true and complete to the best of my knowledge. A false statement will be cause for voiding this notice/of compliance and may cause reinstatement of accumulating lines from the original date of notification. Signature: Signature: License Expire CCCM 2nd CCCM Date: 01/18/2024 (Printed Nime) John D'McFarlin (Printed Name) Date: Signature; Date: 11/16/2023 (Arthited Name & Title) Lynne Garcia /service coordinator Phone Number: (510) 351-5141 Company (if applicable) KONE inc

Office Location: San Leandro





Onliand Datnet Office 1515 Clay Street, Suite Unit Onliand , CA 94612 Phone: 510.622,3026 Fac: 510.622,3045 May 26, 2023

STATE OF CALIFORNIA
DEPAREMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

PRELIMINARY ORDER

PERALTA COMMUNITY COLLEGE DISTRICT DIR OF FAC 333 E 8TH ST OAKLAND, CA 94606-2844

NOTE: Pay invoice E19684690A within 60 days from its issuance to avoid a 100% penalty assessment. All fees are due IMMEDIATELY upon receipt of the invoice.



A survey of your <u>Passenger</u>, <u>Hydroelectric</u>, <u>E BLDG</u>, <u>State Number 070722 located at 900 Fallon St</u>, <u>Oakland</u>, was made on <u>May 17, 2023</u> by <u>EU Engineer</u>, <u>T. Fernandez</u> Person Contacted: <u>FERNANDO</u>

The conditions in need of correction are noted below. The numbers following the listed items rafer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California.

- A load test identifying the elevators running speed up and down, rated speed, working pressure, relief
 pressure, pressure switch operation(if applicable) and static pressure results shall be conducted on the
 elevator and the results submitted to the division. subsection 3071(j)
- 2. A metal, fiber or plastic tag shall be securely attached to the elevator pumping unit in the machine room, with lettering not less than 1/4 inch high on a contrasting background, indicating the Elevator State Number, the Elevator Company that conducted the load test and the Date of the load test, subsection 3071(j)
- 3 The telephone in the elevator shall be made to operate as intended (CANNOT UNDERSTAND, BREAKS UP) subsection 3041(a) , 3071(i)
- The hoistway door(s) at the 1st floor(s) shall be arranged to close and lock automatically if the car, for any reason, leaves the landing zone. subsection 3020(b), 3057

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the PERMIT TO OPERATE will be issued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed.

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Department of General Barvess Parge Community College District

Dave Henderson, Senior Safety Engineer

NIN 0 7 2023

(v Pi) a isi

Page Inti

State of California

GAVIN NEWSOM, Governor

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT

NOV 1 6 2023



GROUP 2 FIVE YEAR HYDRAGHICLOAD TEST REPORT

To comply with the Elevator Safety Orders, 3071(j), this form shall be filled out and returned by the compliance date shown on the Preliminary Order. If repairs, adjustments or replacements are needed for code compliance, they are to be completed before returning this form. Submitting an incorrect report may cause another test to be required, witnessed by the Division, with additional fees. L.C. 7314 Purpose of Load Test Elevator State Number: Location of Elevator Elevator Rated Load as Shown on Crosshead Data Plate: 2000 Rated Speed as Shown on Data Plate; (Not greater than 110% of Cp Speed to ablum below) Elevator Up Speed with Rated Load: ______ FP Elevator Down Speed with Rated Load: Rated Car Speed Feet per Minute Buffer stroke in Inches 151 to 200 Working Pressure: Relief Valve Pressure (125% max.): Pit Shut off Valve Rating MR Shut off Valve Rating: OSV Tripping Speed: Outside Diameter of Ram: Relief Valve Sealed? Yes Maximum Centrifugal Pump Pressure: Movement of Elevator with Rated Load in 15 Minutes : (NOTE Movement greater than 250 meh without proper justification is unscreptable) Pressure Switch: Yes No Operational? Load Test Data Tag Attached: Yes 🛛 No 🗀 KONE, INC CC-03-012721 08/25/2025 **CQCC Performing Test** Company Name, Certification Number and Expiration 510-351-5141 COCC Telephone Number **CCCM Performing Test** Verification by COCC of Current Responsible Party John McFarin Dir of facility (Jason Busby) Printest' Name of Hesponsible Party 333 E 8th Street Mgodiure Address of Responsible Party M68479 1/18/2024 Oakland 209-601-2142 CCCM Certification Number CCCM Expiration Date

City of Responsible Party

DOKA FEE 471

Phone Number of Responsible Party

Farber, Tina@DIR

From:

Garcia Lynne <Lynne.Garcia@KONE.com>

Sent:

Thursday, November 16, 2023 10:38 AM

To: Cc: DIR BayArea Elevator

Subject:

DRESS JIM; Nunez Jose 900 Fallon Street 050152 OPU, 051537, 070722 OPU

Attachments:

900 FALLON STREET 050152 051537 070722.pdf

CAUTION: [External Email]

This email originated from outside of our DIR organization. Do not click links or open attachments unless you recog the sender and know the content is expected and is safe. If in doubt reach out and check with the sender by phone.

Hello,

Please see attached. Items pending below.
050152- item 1 telephone
051537- item 2 elevator pit lighting and item 3 machine room floor to be kept clean
070722- item 3 telephone

Best regards,

Lynne Garcia Service Coordinator-East Bay Bay Area Branch 380

KONE Americas 15021 Wicks Blvd San Leandro, CA 94577 Office (510) 351-5141 Lynne.Garcia@KONE.com

24/7 Dispatch: (877) 276-8691 / koneserviceusk@kone.com

CA Contractor #179166

www.kone.us



The information contained in this message or files attachments or files attachments. If you are not the exclusive use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, please note that the use, copying, any form of dissemination and any other corresponding action in respect of this communication is strictly prohibited. If you received this message in error, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautions to prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We only send and receive emails on the basis that we shall not be fiable for any loss or demage resulting from the opening of this message and/or attachments.

Please consider the environment before printing this email

								-									
1	10/31		TF42					Agency		Private City		County State	Offic	e-ID: 4	Elevato 0707	Number:	
2	2277777220022	FALLC	N S	Т			City:	(LAN	D		zip: 94	607	1	ng Name		LEGE	
3	KON!	Service Co.:			Company 316	/ ID	Survey 7	100	Permit	1 year 2 Year		mp. Constr	uction	Constitution of the	ermit Reinspect		ease mit:
4		equirements:		nber Of Req's	Alternate Procedure		Req.'s			2 1001		Inspectio		Hrs		ion Fee:	.00
								Site Co	ntact		-	1					
5	Recomm	nendations Ex	plained T	o: (Name)					Po	sition:							
						Res	sponsil	ble Par	ty Inf	ormatio	n						
6	Compan		CON	MUN	NTY C	OLL	EGE	<u> </u>				Attn: MIKE					
7	Address:	8TH ST	•											S	uite:		
8	City: OAKL									tate: CA				100	ip: 4606		
9	Prime Ph	none:				Alt. Ph	none:					Em	ail:				
10	Elevator	Company: [Send In	nvoice					Co	ompany ID:		Ele	vator Cor	mpany (Office loca	tion (City):	
								EV Da	ata								
11	Elevator	Model:			Controller M	lodel:	-	-	Ins	tall Group:		Alt	eration G	roun:	- 17	Alteration da	
	OTIS	3			HMC 1		PHO	2				"	cration o	гоар.	1	aiteration da	te:
12	Governo	r Model:		Safety Mod			Battery R			ab Flooring	g:	Cab Wa	alls:	Ca	b Ceiling:	5 Year	Check:
	XXX	XX		XXXX	XX	,	YES		V	CT 05	I	Raised P-la	m 02		Ceil 02	7/20	
13	Access K	eys: 14/GB		oture Valve	:	Speed:				acity:		No. 2	of landing	ţs:	Cla O(iss:	
			1:					scalato	1			_	_		00		
14	Escalator	Model:		Controlle	er Model:			Il Group:	2 4 20 2 7		Alter	ration Grou	n:		Alteration	on date:	
							100000					- 101			Aiterati	on date.	
15	Upper Impact	Right:	Cente	er: Le	ft: Vert	ical:	Missir	ng Step:	Lvl S	itep:	Seism	ic location:					
16	Lower	Right:	Cente	er: Let	ft: Vert	ical:	Missir	ng Step:	Lvl S	itep:	Hand	rail stall tim	e:		Min. Brai	ke Torque:	
	Impact						Com	ments	/ No	tes							
RE	D TAG	GED- N	ON C	OMPLI	ANCE	,						-		-			
							1										
		Show C	ause					Tag Or	der					V	alidation	1	R
Revisio	n 3/30/12																

State of California Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT Oakland District Office 1515 Clay Street, Suite 1301

Oakland , CA 94612 Phone: 510.622.3026 Fax: 510.622.3045

October 9, 2023

Peralta Community College District Department Of General Services 333 E 8th St Oakland, CA 94606-2844

DISPOSITION OF SC/TAG ORDER Check One

) Second in Person on.) Served by Certified Mail on.

Tag Order Served & Equip. Sealed On

SHOW CAUSE TAG ORDER NOT SERVED

ORDER PROHIBITING USE

) Extension Recommended /___ __ Days (See S-200)

) Further Legal Action Indicated

By Engineer

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Hydroelectric, E BLDG, State Number 070722, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: Date of Hearing at 10 a.m.: Location of Hearing: ____

DECLARATION OF SERVICE

AUTHORIZATION CHIEF OF THE DIVISION OCCUPATIONAL SAFETY & HEALTH

Declaration of Service Copy Left With:

Order Served by: Date:

02 DH

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs. Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez

continued on next page

ORDER PROHIBITING USE October 9, 2023

Elevator # 070722

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, E BLDG, NO. 070722 - CONTINUED

- A load test identifying the elevators running speed up and down, rated speed, 1. working pressure, relief pressure, pressure switch operation(if applicable) and static pressure results shall be conducted on the elevator and the results submitted to the division. subsection 3071(j)
- A metal, fiber or plastic tag shall be securely attached to the elevator pumping 2. unit in the machine room, with lettering not less than 1/4 inch high on a contrasting background, indicating the Elevator State Number, the Elevator Company that conducted the load test and the Date of the load test. subsection 3071(j)
- The telephone in the elevator shall be made to operate as intended. UNDERSTAND, BREAKS UP) subsection 3041(a) , 3071(i)
- 4. The hoistway door(s) at the 1st floor(s) shall be arranged to close and lock automatically if the car, for any reason, leaves the landing zone. subsection 3020(b), 3057

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Dan Barker

Lead Senior Safety Engineer

Elevator Unit

/tf

	1								1								
1	10/31	Inspection: 1/23	TF42					Agency		Private City		County State	Offic 04	e-ID: 4	Elevator 0707	Number:	
2		address:)N S	Т			City:	LANI		•	Zip: 94	607	100000000000000000000000000000000000000	IFY		LEGE	
3		Service Co.:			Compar	ny ID	Survey		7,000	■ 1 year	1000	mp. Constr			ermit	Relea	
	KONI				316		05		ermit			ther			Reinspect	Perm	
4	PROPERTY.	equirements Io Ye		mber Of Req's	Alternat Procedu		Req.'s					Inspectio	n Time: • 75	Hrs	Inspecti \$	on Fee:	.00
								Site Cor	itac	t						-	
5	Recomm	nendations Ex	cplained *	o: (Name)					Po	osition:							
	MIKE	=							N	TAINT						1	
						Re	esponsi	ble Part		formatio	n						
6	Compan	y:					-		- 2			Attn:					
		ALTA	CON	MUN	IITY (COL	LEGE					MIKE					
7	Address:	: : 8TH ST												5	Suite:		
8	City:	AND								State:					Zip: 14606		
9	Prime Ph	N. 197. 197				Alt. F	hone:					Em	ail:		1000		
10	Elevator	Company:	Send	nvoice					C	ompany ID:		Ele	vator Con	npany (Office locat	tion (City):	
								EV Da			le.						
11	Elevator				Controller			_	In	stall Group:		Alt	eration G	roup:	A	Iteration date	
	OTIS				НМС	1000				- 11							
12	Governo			Safety Mod			Battery F	Rescue:		Cab Flooring		Cab Wa	200.20		b Ceiling:	5 Year Cl	
13	Access K			XXXX pture Valve:	economic dec	Speed	YES		-	CT 05		Raised P-lar	m 02 of landing		Ceil 02	7/20	16
13	and the second	14/GB		V/A		125				000		2	or landing	3.	O(
							E	scalator	Dat	ta							
14	Escalator	r Model:		Controlle	r Model:		Insta	all Group:			Alter	ation Grou	p:		Alteration	on date:	
15	Upper Impact	Right:	Cent	er: Lef	t: Ve	rtical:	Missi	ng Step:	LvI	Step:	Seism	ic location:					
16	Lower	Right:	Cent	er: Lef	t: Ve	rtical:	Missi	ng Step:	Lvl	Step:	Hand	rail stall tim	ie:		Min. Brak	ke Torque:	
	Impact																
Agree .	115/01/10		ED 144	- Corner			Con	nments	/ No	otes							
YE	LLOW	TAGGE	D- NO	ON PAY	MENT		&	Kel	-	agge	0						
	0			A 19154	100												
1																	
		Show C	ause		T			Tag Ord	der			T		V	/alidatior	1	
																	A
Revisio	n 3/30/12																

1	Date of Inspection: 10/31/23	Inspector				Agency		Private City		County State	Office 04		Elevator Nun	nber:	
2	Location address: 900 FALLO	N ST	7)		City:	(LANI			Zip:	607		Name	COLLE	GE	
3	Elevator Service Co.: KONE			Company ID	Survey R1		ermit	1 year 2 Year			uction		ermit Reinspect	Release Permit:	
4	Safety Requirements:			Alternate Procedure	Req.'s					Inspectio	n Time:	Hrs	Inspection Fe	e:	.00
	<u> </u>					Site Cor	ntact	:							-
5	Recommendations Ex FERNANDO		: (Name)				N	osition:						-	
				R	esponsi	ble Part	y Inf	formatio	n						
6	Company: PERALTA	COM	IMUNI	TY COL	LEGI	E				Attn: MIKE					
7	Address: 333 E 8TH ST	•										S	uite:		
8	City: OAKLAND							State: CA					ip: 4606		
9	Prime Phone:			Alt.	Phone:					Em	nail:				
10	Elevator Company:	Send In	voice				Co	ompany ID:		Ele	vator Con	npany C	Office location (City):	
						EV Da	ta								
11	Elevator Model:			ntroller Model:			Ins	stall Group:		Alt	eration G	roup:	Altera	tion date:	
	SAME		1,000	ONTGO	MER	Y	1	ll l							
12	Governor Model: SAME	14.5%	Safety Model:		Battery I	Rescue:	1	Cab Flooring ther 06	1	Cab W Stainless sta		Ca T-bar	b Ceiling: 01	5 Year Che	ck:
13	Access Keys: EX514		ture Valve:	35			1	pacity:		No.	of landing	gs:	Class:		
						scalator				1.0					
14	Escalator Model:		Controller N	Model:	Inst	all Group:			Alter	ation Grou	p:		Alteration da	te:	
15	Right:	Cente	r: Left:	Vertical:	Missi	ng Step:	Lvl	Step:	Seism	ic location:					
16	Impact Right:	Cente	r: Left:	Vertical:	Missi	ng Step:	Lvi	Step:	Handi	rail stall tim	ie:		Min. Brake To	rque:	
	Impact				Con	nments	/ No	otes							
	RI ale	eve	10:	5, A.	Hac	hel	2	9		-					
							/	YI_							
	Show C	ause				Tag Or	der					V	alidation		
											201	24	12		
Revisio	n 3/30/12														



STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

PRELIMINARY ORDER

November 17, 2023

PERALTA COMMUNITY COLLEGE DISTRICT DEPARTMENT OF GENERAL SERVICES 333 E 8TH ST OAKLAND, CA 94606-2844 NOTE: Pay invoice E20124720A within 60 days from its issuance to avoid a 100% penalty assessment. All fees are due IMMEDIATELY upon receipt of the invoice.

A survey of your <u>Passenger</u>, <u>Overhead Traction</u>, <u>EV N</u>, State Number <u>051536</u>, located at <u>900 Fallon St</u>, <u>Oakland</u>, was made on <u>October 31</u>, <u>2023</u> by EU Engineer, <u>T</u>. <u>Fernandez</u>.

Person Contacted: FERNANDO Compliance date: January 01, 2024.

The conditions in need of correction are noted below. The numbers following the listed items refer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California.

1. Cab and hoistway doors shall fully open at all floors. Title 8, 3000(h)

Notification in writing that **each of the listed items** have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the **PERMIT TO OPERATE** will be issued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed.

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Dave	Henderson,	Senior	Safety	Engineer	

/tf

Elevator Unit Field Report

1	And the second second second	Inspection:	Inspect					Agones		Private		County	Offic	e-ID:	Elevator	Numb	er:	
_	10/3	1/23 address:	TF4	27			Leib	Agency		City		☐ State	0.		0515	36		
2	900	FALLC	ON S	Т			City: OAK	LANE)		1.53	607	LAN	NEY	COL	LEC	GE	
3	KON				316		Survey T		ermit	1 year 2 Year		mp. Constru Other	ction		ermit Reinspect		Release Permit:	
4	Safety R	equirements o Ye		mber Of Req's	Alternat Procedu	1 1	Req.'s					Inspection	Time:	Hrs	Inspection \$	on Fee		.00
							:	Site Con	tact									
5	1	nendations Ex NAND		Γο: (Name)					7000	sition: AINT								
						Re	sponsik	ole Part	y Inf	ormatio	n							
6	PER	y: ALTA	CON	MUI	VITY (COLI	LEGE	Ξ.				Attn: MIKE						
7	Address:	8TH S1	-											S	Suite:			
8	City: OAKL								100	tate:					Zip: 94606			
9	Prime Pl	none:				Alt. P	hone:					Ema	iil:					
10	Elevator	Company:	Send I	nvoice			-		Co	mpany ID:		Elev	ator Cor	npany (Office locat	ion (Cit	y):	
								EV Da	ta									
11	Elevator	Model:			Controller	Model:			Ins	tall Group:	-	Alte	ration G	roup:	I A	Iteratio	n date:	
	SAM	E			MON'	TGO	MER	Υ		П					1		m date.	
12	Governo			Safety Mo			Battery R	escue:	1	ab Flooring	g:	Cab Wa	ls:	Ca	b Ceiling:	5	Year Che	ck:
	SAM			SAM		10				her 06	!	Stainless stee		T-bar				
13	Access K			pture Valv V/A	e:	Speed 350			12.	acity:		10	f landing	ţs:	OC			
					Aren	1333		calator			-				00	,		
14	Escalato	Model:		Control	ler Model:		Insta	III Group:			Alter	ation Group	:		Alteration	n date	:	
15	Upper	Right:	Cent	er: L	eft: Ve	ertical:	Missin	ng Step:	Lvl S	tep:	Seism	ic location:						
16	Lower Impact	Right:	Cent	er: L	eft: Ve	rtical:	Missin	g Step:	Lvl S	tep:	Hand	rail stall time	1:		Min. Brak	e Torqu	ie:	
	impact						Com	ments	/ No	tes							_	
R1	WAS	COMPLI	ETED	t No. 33	Super a										-			
		Show C	ause					Tag Ord	ler					V	'alidation			
																	X	
Revisio	n 3/30/12					-												1

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT

Oakland District Office 1515 Clay Street, Suite 1301 Oakland , CA 94612 Phone: 510.622.3026 Fax: 510.622.3045

SHOW CAUSE TAG ORDER NOT SERVED

) Served in Person on_

Check One

By

DISPOSITION OF SC/TAG ORDER

) Served by Certified Mail on_

) Tag Order Served & Equip. Sealed On.

ORDER PROHIBITING USE

October 9, 2023

Peralta Community College District Department Of General Services 333 E 8th St Oakland, CA 94606-2844

Employer Compliance) Extension Recommended /_____Days (See S-200)) Further Legal Action Indicated Engineer

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Overhead Traction, EV N, State Number 051536, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested: Date of Hearing at 10 a.m.: Location of Hearing:

DECLARATION OF SERVICE

AUTHORIZATION CHIEF OF THE DIVISION OCCUPATIONAL SAFETY & HEALTH

-OR DH

Declaration of Service Copy Left With:

Order Served by: Date:

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs. Standard, Order or Code Requirements & Description of Hazard Violated*

> Inspector: T. Fernandez continued on next page

ORDER PROHIBITING USE October 9, 2023

Elevator # 051536

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Overhead Traction, EV N, NO. 051536 - CONTINUED

1. As the Division found your Conveyance to be out of service and your Permit to Operate has expired, you shall notify the Division when the conveyance can be inspected. If it is the intent to discontinue use of the conveyance it shall be properly landed and removed from service by a Certified Qualified Conveyance Company. Failure to notify the Division when the conveyance can be inspected or operation of a conveyance without a proper permit may subject you to fines up to \$1,000. Labor code 7320

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Dan Barker

Lead Senior Safety Engineer

Elevator Unit

/tf



Oakland District Office 1515 Clay Street, Suite 1301 Oakland, CA 94612

RETURN SERVICE REQUESTED

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

PERMIT TO OPERATE A CONVEYANCE

CONVEYANCE PERMIT

PERALTA COMMUNITY COLLEGE DISTRICT DEPARTMENT OF GENERAL SERVICES 333 E 8TH ST OAKLAND, CA 94606

Conveyance Number: 109982

Permit Expires: 05/17/2024

Inspection Date: 05/17/2023

Location: 900 FALLON ST

OAKLAND, CA 94607

Issue Date: 11/16/2023

Owner ID: WCL TH

California law requires that all conveyances shall have a valid permit posted conspicuously on the conveyance. (Labor Code Sections 7300-7324). Please detach your new permit at the dotted line and post on the conveyance. Retain this portion for your records.

STATE OF CALIFORNIA **Department of Industrial Relations Division of Occupational Safety & Health**

INSPECTION: 109982

Conveyance Number

LOCATION:

900 FALLON ST

Street Address

LOAD PERMISSIBLE:

Pounds

WCL TH

Owner's ID

05/17/2023

05/17/2024

Date of Inspection

Date Permit Expires

OAKLAND, CA 94607

City or Town

TF427

Persons

Inspector

DESCRIPTION:

WCL

AC 1 and 2 spd

Roped Hydro

Type of Conveyance

Power

Type of Machine

THIS PERMIT SHALL BE POSTED ON THE CONVEYANCE

GAVIN NEWSOM, Governor

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT

NOV 1 6 2023



DOSH / EV UNIT. OAKLAND Page ____ Of ___

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the second secon	CONTRACTOR OF THE PROPERTY OF	IN OFFICE	
		CONVEYANCE LOCATION	MAN AN ANNA MAN	
Marina Art Strand and Art Strand are serviced	00 Fallon Street	and the second s	Inspection Da	11A'
ity; Oakla	A CONTRACT C		Zip:	*** ** ** ****************************
State No:	109982	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DNLY ONE CONVEYANC	F PFP SAPA
		REQUIREMENT(S) COMPLETED		CONTRACTOR OF THE PARTY OF THE
lease tist the	na requirement number(s) a each requirement:	s they are shown on the Prelimina	ry Order or Show Cause	Order and
THE RESERVE THE PROPERTY AND PERSONS AND	THE RESERVE OF THE PARTY OF THE	r lift top landing hoistway door ha	s been adjusted to be se	elf closing
			CCCM#:M6	8479
eq. #	Solution:			
manus (n. 6.5. fr. (as Tananas and Santa		A + comp	CCCM#:	Mr. security and property and the security of
eq. # ' \$	Solution:	200 Carlo Ca		A Committee of the Comm
Market and the second s			CCCM#:	the same a second secon
eq.# 5	Solution:	× × × × × × × × × × × × × × × × × × ×	Particular	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	CCCM#:	
eq. # 5	Solution:	35	THE EXAMENSAL PROPERTY AND ADDRESS OF THE PARTY OF THE PA	
			CCCM#:	The sign of the sign control of the sign contr
9q.# S	Solution:			
		the same and the s	CCCM#:	The state of the s
9q.# S	Solution:		Control of the Colds and a little of the Colds and the Col	
	No No Northead		CCCM#:	The second desired and
q. # S	Solution:	Control of the second s		
			CCCM#:	of the statement of the William
q. # S	Solution:			A Part and the second s
	We district the game	The state of the s	CCCM#:	and physician the charge and properly physician part is about the 1936. I become
q. # S	Salution:		g O O Utilir.	
W 1007-04	The state of the s	Andrew grounds also also special manifestation and analysis and analysis and analysis and analysis and a decreasing	CCCM#:	refreshformation fifth on the part of the second of
q. # S	iolution:	The second secon	OOGHIP.	
			CCCM#:	
		SIGNATURES	OCCM#.	
ereby certify I volding this r	that the statement have given notice of compliance and may co	herein is true and complete to the best ause reinstalement of accumulating line	of my knowledge. A false st	atement will be cause
gnature: //	W-AMIT	Signature:	License Expire	unicanon.
CM (/w	CHOTAL.	2nd CCCM	Date: 01/18/2	024
inted Name)	John D McFarlin	(Printed Name)	Date:	.UZ-T
gnature	France (a)			
1/ //	me Ko		Jace. 11/	16/2023
Inted Name	& Title) Lynne Gar	cia /service coordinator	Phone Number: (510) 3	
mpany (if a	pplicable) KONE inc			
oc. # EU-632			Office Location: San L	eandro Rev.1 8/21/2018





Oakland Dutrict Office 1315 Clay Street, Soute 1301 Oakland CA 94012 Phone 310 622 3026 FAE 510 622 3045 May 26, 2023

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

PRELIMINARY ORDER

PERALTA COMMUNITY COLLEGE DISTRICT DIR OF FAC 333 E 8TH ST OAKLAND, CA 94506-2844

NOTE: Pay invoice E19684710A within 60 days from its assuance to avoid a 100% penalty assessment. All fees are due IMMEDIATELY upon receipt of the

A survey of your Wheelchair, Roped Hydro, WCL TH, State Number 109982 located at 900 Fallon St, Oakland, was made on May 17, 2023 by EU Engineer, T. Fernandez Person Contacted FERNANDO Compliance date July 17, 2023

The conditions in need of correction are noted below. The numbers following the listed items refer to the sections of the California Code of Regulations (Title 6), or the Labor Code (L.C.) of the State of California.

 The wheelchair lift top landing hoistway door shall be arranged to be self closing. subsection 3136, 3094.2. [REF. ASME 17.1 Rule 2000 1b(3) (1993)]

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dost/ElavatorPubs_forms.html before the PERMIT TO OPERATE will be assued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed.

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Dave Henderson, Senior Safety Engineer

M

Department in General Services Persits Community Cologe District

JUN 0 7 IIII

EV 1973 (3-15)

Page 1 of 1

1	10/31		TF42					Agency		Private City		Count State			1099	or Number	er:	
2	(avaxvever.)-7e.sv	address: FALLC	N S	Γ			City:	(LAN	D		Zip: 94	607	Buildin		COL	LEC	SE.	
3	Elevator KONI	Service Co.:			Company 316	ID	Survey 05	200	Permit	1 year 2 Year			ruction		ermit Reinspec	t 🔲	Release Permit:	
4		o Ye		nber Of Req's	Alternate Procedure		Req.'s					Inspection	on Time:	Hrs	Inspect	tion Fee:		.00
								Site Co	444			Noc	havee	For	- A	(and	Tea	
5	MIKE	endations Ex	kplained T	o: (Name)					N	Sition:		Who	harge or Sca	No	Q je) fu	Ked	la
						Re	sponsil	ble Par	ty in	formatio	n						2	/
6	PER	y: ALTA	CON	MUN	ITY C	OLI	LEGE	Ξ	*			Attn:	=				X	1
7		8TH ST	-											S	uite:			
8	City:	AND								State: CA					ip: 4606			
9	Prime Ph					Alt. P	hone:					Er	mail:		1000			
10	Elevator	Company:	Send Ir	nvoice					c	ompany ID:		El	evator Com	npany C	Office loca	ition (Cit	у):	
								EV D	ata									
11	Elevator			1	Controller M				In	stall Group:		Al	teration Gr	oup:	1	Alteratio	n date:	
	POR	CH LIF		Safety Mode	PORC	HL	V 1		1	 Cab Flooring								
12	XXX		1	XXXXX			Battery R	vescue:		etal 04		Cab W Other 08		None	b Ceiling: 00	5	Year Chec	:k:
13	Access K	eys:		oture Valve:		Speed 15	i:			pacity:		No. 2	of landing	s:	1:	ass:		3000
						-	Es	scalato										
14	Escalator	Model:		Controller	r Model:		Insta	all Group:			Alter	ation Gro	up:		Alterati	ion date:		
15	Upper	Right:	Cente	er: Left	t: Vert	ical:	Missi	ng Step:	Lvl	Step:	Seism	ic location	1:					
16	Lower	Right:	Cente	er: Left	t: Vert	ical:	Missir	ng Step:	Lvl	Step:	Handi	rail stall tir	me:	T	Min. Bra	ke Torqu	ie:	
169	Impact	12	Material .				Con	nments	/ No	otes								
YE	LLOW	TAGGE	D- NC	N PAY	MENT	4												
		1000		Talen Sales													-	
		Show C	ause					Tag O	rder					V	'alidatio	n	1	0
Revisio	on 3/30/12														_			

1	Date of I	nspection:	Inspecto	rs ID:				Camornia		0.00000000	-	F7	Offi	ce-ID:	Elevator	Mirronla	200	
	10/31	/23	TF42					Agency		Private City		County State	0	4	1099		er:	
2	(2000 CO. (1000	address: FALLC	N ST	Г			City: OAK	LANE)		zip: 94	607		ng Name	COL	LEG	SE	
3	KON	Service Co.:			316	ıy ID	Survey T 05		ermit	1 year 2 Year		mp. Constr Other	uction		ermit Reinspect		Release Permit;	
4	Safety R	o Ye		ber Of Req's	Alternate Procedur		Req.'s					Inspectio		Hrs	Inspection \$	on Fee:		.00
								Site Con	tact									
5	Recomm	endations Ex	plained To	o: (Name)					10-122	sition:								
						Re	sponsik	le Party	y Inf	ormatio	n							
6	Company	,. ALTA	COM	MUN	IITY C	OLI	EGE	Ξ.				Attn: MIKE	:					
7	Address: 333 E	8TH ST	-											9	Suite:		,	
8	City: OAKL	AND								State: CA					^{2ip:} 94606			
9	Prime Ph	one:				Alt. P	hone:	7				Em	ail:					
10	Elevator	Company: [Send In	voice					Co	ompany ID:		Ele	vator Co	mpany (Office locat	on (Cit	y):	
								EV Dat	ta	-								
11	Elevator	Model:		T	Controller N	Model:				stall Group:		Al+	eration G	roun	1.			
11		CH LIF	-T		PORC		IFT		Ins	III		AIL	eration G	roup:	A	teratio	n date:	
12	Governo		Charles and the	Safety Mod			Battery R	escue:		Cab Flooring	g:	Cab Wa	alls:	Ca	b Ceiling:	5	Year Chec	-k·
	XXX	XX)	XXXX	XX		N		M	etal 04		Other 08		None				
13	Access Ke	eys:		ture Valve:		Speed 15	:		75	oacity:		No. 2	of landin	gs:	15		1	
							Es	calator	Dat	a								
14	Escalator	Model:		Controlle	er Model:		Insta	ll Group:			Alter	ration Grou	p:		Alteratio	n date:		
15	Upper Impact	Right:	Cente	r: Lef	ft: Vei	rtical:	Missin	g Step:	Lvl S	Step:	Seism	nic location:						
16	Lower	Right:	Cente	r: Lef	ft: Ver	rtic <mark>al:</mark>	Missin	g Step:	Lvl S	Step:	Hand	rail stall tim	ie:		Min. Brak	e Torqu	e:	
					中心军物	ties	Com	ments	/ No	otes								
REI	O TAG	GED- N	ON C	OMPLI	ANCE													
		Show C	ause					Tag Ord	der					٧	'alidation		1	M
Revisio	n 3/30/12																	0

State of California	Gavin Newsom, Governor
Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT	DISPOSITION OF SC/TAG ORDER Check One
Oakland District Office 1515 Clay Street, Suite 1301 Oakland, CA 94612 Phone: 510.622.3026 Fax: 510.622.3045	() Served in Person on () Served by Certified Mail on (Tag Order Served & Equip. Sealed On or
	SHOW CAUSE TAG ORDER NOT SERVED
ORDER PROHIB	ITING"USE
October 9, 2023	() Employer Compliance () Extension Recommended /Days (See S-200) () Further Legal Action Indicated
Peralta Community College District Department Of General Services	Engineer TRY27 Date Lo/31/23
333 E 8th St Oakland, CA 94606-2844	

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Wheelchair, Roped Hydro, WCL TH, State Number 109982, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested:	
Date of Hearing at 10 a.m.:	
Location of Hearing:	
DECLARATION OF SERVICE	AUTHORIZATION
	CHIEF OF THE DIVISION
Declaration of Service Miles Copy Left With:	OCCUPATIONAL SAFETY & HEALTH
Copy Left With:	20011
Order Served by: 15427	
Date:	BUU, FOR DH
10/31/23	

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.

Standard, Order or Code Requirements & Description of Hazard Violated*

 ORDER PROHIBITING USE October 9, 2023

Elevator # 109982

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Wheelchair, Roped Hydro, WCL TH, NO. 109982 - CONTINUED

1. The wheelchair lift top landing hoistway door shall be arranged to be self closing. subsection 3136 , 3094.2 : [REF. ASME 17.1 Rule 2000.1b(3) (1993)]

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Dan Barker

Lead Senior Safety Engineer Elevator Unit

/tf

Elevator Number 051536

Req.	# Requirements
1	3000(h) CAB AND HOISTWAY DOORS SHALL FULLY OPEN @ ALL FLOORS
- 16	
	X .

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR, RIDE, AND TRAMWAY UNIT

RECEIVED



Page	Of	NOV	1 6 2023	62
		OUSH / EV UNI	T, OAKLAND OFFICE	CEE .
Addes	000 F-H 0	CONVEYANCE LOCATION	OFFICE	
City: Oal	900 Fallon Street		Inspection Date	7
State No:		The second secon	Zip:	
State No.	U5U15Z	The state of the s	NLY ONE CONVEYANCE	PER FORM
Please list	the requirement number(s)	REQUIREMENT(S) COMPLETED		
resolution	to each requirement:	as they are shown on the Preliminar	y Order or Show Cause Or	rder and
Req. # 1	Solution:			
ے وسورتوارم میں مسالہ کا		The second secon	CCCM#:M684	79
Req. #2	Solution: The operation of	of the elevator under earthquake ha	s been checked and worl	ks properly
			CCCM#: M68	3479
Req. # 3	Solution: The hoistway d	oors at the 5th, 7th, and 9th have be	een adjusted and working	as required.
Mary San Street Street Street	N. 18 . 18 . 18 . 18 . 18 . 18 . 18 . 18		CCCM#: M68	well to see a statement have a see a see a
Req. # 4	Solution: The light/alarm I	bell operates as intended.		
		Str	CCCM#: M68	3479
Req. #	Solution:	A 79 10000000 To Annual Tournament (Annual Tournament)		
			CCCM#:	services on regards have been also become
Req. #	Solution:	The control of the co		
· · · · · · · · · · · · · · · · · · ·			CCCM#:	and the second s
Req. #	Solution:			
			CCCM#:	A management
Req. #	Solution:			
	***************************************		CCCM#:	COLUMN TOWNS TO SERVICE THE SERVICE THE SERVICE STREET, SERVIC
Req. #	Solution:	\$1.00 pages 100 page		
			CCCM#:	The second secon
Req. #	Solution:			
			CCCM#:	
Req.#	Solution:			The second secon
			CCCM#:	
I hozaku as-ti	(u that iff a state of the control o	SIGNATURES		- up
for volding th	is notice of compliance and may	n herein is true and complete to the best of cause reinstatement of accumulating lines	of my knowledge. A false state	imant will be cause
Signature:	111-1111	Signature:	License Expire	micalion.
CCCM /	Wester	2nd CCCM	Date: 01/18/20	24
(Printed Nam	NJohn D-McFarlin	(Printed Name)	Date:	
Signature	Mar DI		D-1-	0.10000
	Wine // >			6/2023
(Printed Na		rcia /service coordinator	Phone Number: (510) 35	1-5141
Company (i	applicable) KONE inc		Office Location: San Lea	



DIR OF FAC

333 E 8TH ST

Childred Destruct Office 1515 Chr Street Suite 1301 Danlard CA 95012 Phone SIGALL WIS Fax: 510:022.4045 May 26, 2021

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

PRELIMINARY ORDER

PERALTA COMMUNITY COLLEGE DISTRICT OAKLAND, CA 94606-2844

NOTE: Pay invoice E1968161OA within 60 days from its issuance to avoid a 100% penalty assessment. All fees are due IMMFDIATELY upon receipt of the



A survey of your Passenger, Overhead Traction, EV 2, State Number 050152 located at 900 Fallon St. Oakland was made on May 17, 2023 by EU Engineer, T. Fernandez Person Contacted FERNANDO Compliance date July 17, 2023.

The conditions in need of correction are noted below. The numbers following the listed items refer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California

The telephone in the elevator shall be made to operate as intended subsection 3041(a) , 3071(i)

The operation of the elevator under earthquake or other emergency conditions shall be checked for proper operation subsection 3041(d)

The horstway door(s) at the 5th, 7th and 9th floor(s) shall be arranged to close and lock automatically if the car, for any reason, leaves the landing zone subsection 3020(b) , 3057

Since it was not possible to test the emergency light and bell on the emergency power source, verification that the light/alarm bell operates as intended shall be submitted to the DIVISION. subsection 3034(g) , 3064

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the PERMIT TO OPERATE will be issued. Failure to Notify the Division within the allotted time may result in additional Penalties being assessed

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Department of General Services Pereltal Continuity College Dissect

Dave Henderson, Senior Safety Engineer

AN 07 III

LY POLITIES

Page Lof I

1

Farber, Tina@DIR

From:

Garcia Lynne < Lynne. Garcia @ KONE.com >

Sent: To:

Thursday, November 16, 2023 10:38 AM

Cc:

DIR BayArea Elevator DRESS JIM; Nunez Jose

Subject:

900 Fallon Street 050152 OPU, 051537, 070722 OPU

Attachments:

900 FALLON STREET 050152 051537 070722.pdf

CAUTION: [External Email]

This email originated from outside of our DIR organization. Do not click links or open attachments unless you recog the sender and know the content is expected and is safe. If in doubt reach out and check with the sender by phone.

Hello,

Please see attached. Items pending below. 050152- item 1 telephone

051537- item 2 elevator pit lighting and item 3 machine room floor to be kept clean 070722- item 3 telephone

Best regards,

Lynne Garcia Service Coordinator-East Bay Bay Area Branch 380

KONE Americas 15021 Wicks Blvd San Leandro, CA 94577 Office (510) 351-5141 Lynne.Garcia@KONE.com

24/7 Dispatch: (877) 276-8691 / koneserviceusk@kone.com

CA Contractor #179166

www.kone.us



The information contained in this message or files attached to it are intended for the exclusive use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, please note that the use, copying, any form of dissemination and any other corresponding action in respect of this communication is strictly prohibited. If you received this message in error, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautions to prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We only send and receive emails on the basis that we shall not be liable for any loss or damage resulting from the opening of this message and/or attachments.

Please consider the environment before printing this email.

1	Date of	Inspection:	Inspect					Agency	•	Private		□ _{Cot}		Office-		Elevator		er:	
2		address:	1142				City:			City	Zip:	☐ Sta	Bu Bu	04 uilding	Name	0501	52		
		FALLO	NS.	T		14	OAK	LANI)			607	L	AN		COL	LEC	βE	
3	KONI				316		Survey 05		ermit	1 year 2 Year			nstruction	n	No Pe Until	ermit Reinspect		Release Permit:	
4	Safety R	equirements:		mber Of Reg's	Alterna Procedi		Req.'s					Inspe	ction Tim	ne: 50	Hrs	Inspection \$	on Fee:		.00
								Site Cor	itaci	:							-		
5	Recomm MIKE	endations Ex	plained T	o: (Name)						sition:									
					-	Re	sponsil	ble Part	y Inf	ormatio	n								
6	PER	y: ALTA	CON	/MUN	VITY (COLI	LEGE	=				Attn:	ΚE						
7	Address:	8TH ST													Si	uite:			
8	City: OAKL	AND								State:						р: 4606			
9	Prime Ph	one:				Alt. P	hone:						Email:						
10	Elevator	Company: [Send I	nvoice					Co	ompany ID:			Elevator	Comp	oany O	ffice locat	ion (Cit	y):	
								EV Da	ta	-	-								
11	Elevator	Model:			Controller	Model:			Ins	stall Group:			Alteratio	on Gro	up:	ΙΔ	teratio	n date:	
	SAM	E			MON	TGO	MER	Υ		11						"	cordio	ruate.	
12	Governo			Safety Mo			Battery R	lescue:	1	Cab Flooring			Walls:		Cab	Ceiling:	5	Year Che	ck:
13	SAM Access Ke			SAME pture Valve		Speed	ı.			her 06			s steel 03		F-bar ()1 Clas			
13	EX5			N/A		350			1 - 3	500		1	0.011	iuiiigs.		00			
No.							Es	scalator	Dat	а									
14	Escalator	Model:		Controll	er Model:		Insta	all Group:			Alter	ation G	roup:			Alteratio	n date:		
15	Upper Impact	Right:	Cent	er: Le	eft: V	ertical:	Missir	ng Step:	Lvl S	Step:	Seism	ic locati	ion:						
16	Lower	Right:	Cent	er: Le	eft: V	ertical:	Missir	ng Step:	Lvl S	Step:	Hand	rail stall	time:			Min. Brak	e Torqu	e:	
	impace						Con	ments	/ No	ites				-					
RE	D TAG	GED- N	ON C	OMPL	IANCE	ANN.													
See April	described in	O CANADA AND AND AND AND AND AND AND AND AN	- Tresupplication		S. S	-												-	
-																	+		

		Show C	ause					Tag Ord	ler						Va	alidation		1	A
Revisio	n 3/30/12																		M

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office 1515 Clay Street, Suite 1301 Oakland, CA 94612 Phone: 510.622.3026 Fax: 510.622.3045 DISPOSITION OF SC/TAG ORDER

Check One

Served in Person on.

() Served by Certified Mail on_

Tag Order Served & Equip. Sealed On.

Sealed On 16/31

ORDER PROHIBITING USE TAG ORDER NOT SERVED

Engineer

October 9, 2023

Peralta Community College District Department Of General Services 333 E 8th St Oakland, CA 94606-2844 () Employer Compliance () Extension Recommended / ____ Days (See S-200) () Further Legal Action Indicated By

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Overhead Traction, EV 2, State Number 050152, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested:

Date of Hearing at 10 a.m.:

Location of Hearing:

DECLARATION OF SERVICE

AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

Declaration of Service

Copy Left With:

Order Served by:____

right Bollow

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.

Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez

continued on next page

FOR DH

ORDER PROHIBITING USE October 9, 2023

Elevator # 050152

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Overhead Traction, EV 2, NO. 050152 - CONTINUED

- 1. The telephone in the elevator shall be made to operate as intended. subsection 3041(a) , 3071(i)
- 2. The operation of the elevator under earthquake or other emergency conditions shall be checked for proper operation. subsection 3041(d)
- 3. The hoistway door(s) at the 5th, 7th and 9th floor(s) shall be arranged to close and lock automatically if the car, for any reason, leaves the landing zone. subsection 3020(b), 3057
- 4. Since it was not possible to test the emergency light and bell on the emergency power source, verification that the light/alarm bell operates as intended shall be submitted to the DIVISION. subsection 3034(g), 3064

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Dan Barker

Lead Senior Safety Engineer

Elevator Unit

/tf

_																			
1	Date of 10/31	Inspection: 1/23	Inspect TF42					Agenc	y	Private City		Count Count		ce-ID:	Elevato 0501		er:		
2	1005-000031500	FALLC	N S	Т			City:	(LAN	ID		Zip: 94	607	Buildi	ing Nam	COL	LFC	3F		
3	KON	Service Co.:			Compan	y ID	Survey 05	Type:	Permit			mp. Const	_	No F	ermit I Reinspect		Release		
4	and the same of th	equirements O Ye		mber Of Req's	Alternate		Req.'s			— 2 Teal			on Time:	Hrs	Inspecti	on Fee:	N	.00	
							-	Site Co	ontac	t					THE PARTY OF	1	No. of		
5	Recomm MIKE	nendations Ex	oplained T	o: (Name)					- 60	osition:									
	-					Re	sponsi	ble Pa	rty In	formatio	n								
6	PER	y: ALTA	CON	MUN	IITY C	OLI	LEGI	Ξ				Attn:	=						
7	Address:	8TH ST													Suite:				
8	City: OAKL	AND		0						State:					zip: 94606				
9	Prime Ph	none:				Alt. P	Phone:					Er	nail:		34000				
10	Elevator	Company:	Send I	nvoice			-		c 	ompany ID:		Ele	evator Co	mpany	Office locat	ion (Cit	y):		
								EV D	ata					100	-				
11	Elevator SAM				Controller N		MER	Υ	In	stall Group:		Al	teration (Group:	A	Iteratio	n date:	-	
12	Governo		1	Safety Mod			Battery F	Rescue:	- 1	Cab Flooring		Cab W Stainless st		Ca T-bar	ab Ceiling:	5	Year Che	ck:	
13	Access K			oture Valve:		Speed 350				pacity:		No.	of landin	gs:	Cla				
					8 - C - S			scalato						00					
14	Escalator	Model:		Controlle	r Model:		Insta	all Group	:	Alterat			ıp:		Alteration	on date:			
15	Upper	Right:	Cente	er: Lef	t: Ver	tical:	Missi	ng Step:	Lvl	Step:	Seism	ic location							
16	Impact Lower Impact	Right:	Cente	er: Lef	t: Ver	tical:	Missir	ng Step:	Lvi	Step:	Hand	rail stall tir	ne:		Min. Brak	e Torqu	e:		
	mpact						Con	nment	s/N	otes			-						
YE	LOW	TAGGE	D- NC	N PAY	MENT														
		Show C	ause					Tag O	rder					\	/alidatior	1	1	1	
Revisio	n 3/30/12																	W	

1		spection: /2023	TF42					Agency		Private City		County State	Office-	-ID:	Elevator I	Number: 050152	
2	Location a	ALLO	N S	Г			City:	(LANI			Zip:	607	Building				
3		ervice Co.:			Compar	ny ID	Survey			■ 1 year		np. Construc		No Pe		Releas	
	KONE	f.			316	Á	07		ermit			ther			Reinspect	Permi	
4	Printer and the	quirements:		nber Of Req's	Alternati Procedu	1 1	Req.'s					Inspection		Hrs	\$ 450		.00
					•			Site Cor	ntac	t		7.44			1907		
5	Recomme	ndations Ex	plained T	o: (Name)					Po	osition:							
						Re	sponsil	ble Part	y Int	formatio	n						
6	Company:	ALTA	CON	MUN	IITY (COLL	LEGE	Ξ.				Attn:					
7	Address:	BTH ST												Si	uite:		
8	City: OAKLA	AND								State:					p: 4606		
9	Prime Pho	ne:				Alt. P	hone:					Ema	il:				
10	Elevator C	ompany: [Send in	nvoice					Co	ompany ID:		Eleva	ator Comp	pany O	ffice locatio	n (City):	
								EV Da	ta								
11	Elevator N	lodel:		1	Controller I	Model:			Ins	stall Group:	-	Alter	ation Gro	oup:	Δit	eration date:	
	SAME	Ξ		5	SAME					П			IV		l Aid	eration date.	
12	SAME			Safety Mod			Battery R		(Cab Flooring	:	Cab Wall	s:	Cab	Ceiling:	5 Year Ch	eck:
13	Access Key			oture Valve:		Speed 350		no	Cap	pacity:	<u> </u>	No. of	landings:		Class	: 00	
						000		scalator	Dat		0		10		_	00	
14	Escalator N	Model:		Controlle	r Model:			all Group:	Dat		Altera	ation Group:			Alteration	data:	
															riteration	uate.	
15	Upper Impact	Right:	Cente	er: Lef	t: Ve	rtical:	Missir	ng Step:	LvIS	Step:	Seismi	ic location:					1
16		Right:	Cente	er: Lef	t: Ve	rtical:	Missir	ng Step:	LvI S	Step:	Handr	ail stall time	;		Min. Brake	Torque:	
	Impact						Com	ments	/ No	otes							
NE	W DOO	R OPE	RATC	R	Pas	Sel	M	00)								
				Re	27	kaa	0	For	Vo	u C	sell N	limece					
			E	otska	lina	1	UNDO	16	E	V# 1	35		PY	low	Tang	2	
		Show Ca	ause					Tag Ord	der						alidation		
													20	12	34	2	
Revisio	n 3/30/12								-				-				

Office	Variance #	Elevator Unit Data Report – Cable	Gr	oup:
04		State of California DIR/DOSH	 Install	/ IV

Group:	Elevator Number
II / IV	050152

													Access to the second		
1	900 FAL		Т		I	OAI	City:	D	94	zir 4607			Nearest I		tion:
2	#Units Owner 14	er's I.D.		New Alt/Mod	Revis		Date Insp	oected: 0/31/	2023	3	Inspec	ted By: - 27	•		
3	Class: Pass		ARMO		Code		Installation 01/01		Mad	ch Type:		Capacity:	00	# of Pa	assengers 16
4	Speed:	Rise:		Landings:	# Openi	ngs:	Control:	Opera	ation:	Install KO		dernization	Co.:		Code: 316
5	Machine Room	Machine Ro	oom Location				Key I	ocation:					Access:	(Clearance:
6	Ropes Hoisting	No. Si	ze Mate	rial	Date Ir	nstall	R/S	Rope		No.	Size	Material	V The second sec	Da	ite Install
7	Drum CWT.							Cwt.	Gov.			-			•
8	Car CWT							Comp	,						
	Roping:	-						Metho	od:						
9	Hoistway		Type: ning Two S Door/Gate Ty		Code:	Interloc				Code		70	ary interlock – Type:		Oper By:
	Entrance				Code:	Interloc		· · · · ·		Code		Secondar	idal y IIIteriock-1		Oper By:
		Inter Force:	Stroke	: Cam Le	In	erce:	Stroke: In	Yes	ay Access No	s Acc	ess Keys	:			
10	Doors &	Width: F 42 R	In F		Force: F 15	#	Closing Ti F 3.9 R	me: Sec	Nudgir F 6.0 R	ng: Sec	4In Z	□ F		F: (tact: OK
	Gates	Car Door/Ga F Side Op R	2000		Code: F 05		Fire Labe		corative (No K	360		Retainers:
11		Width:		Depth:		Emerg	ency Exit:		1			ergency A		Over 6	OFt
=	Car		Ft In		Ft In			Х	_	In	□ Be	one Be		Comm Yes	No
		CWT Weigh	t: #	Car Weight:	#	Cab Floori	ng/Code:		Cab V	Valls/Co	de:		Cab Ceiling	/Code:	
12	Clearances	Crosshead:	Car Top	CWT. C)H: Near	est Strike:	Pit De	pth:	Botton	n Runby	:	cv	VT. Runby:	W	alk in Pit
12	11-64	Mach Room	In Hall:	In Car:	In Pit:		In Character Ca	In				In	In		s No
13	Lighting				FIL.		Sheave Sp	ace: C	Car Top:	En	nerg. Lig	nt: Eme	rg. Light Ma	ınufactı	irer:
14	Florado I	Disconnect: V: A:	Voltage:		Drive Mo	otor: N	IG Motor:	Groun	d: P	hoto Eye		eopen evice:	Car top (Yes N	ו כ	lon-Inter:
	Electrical	Elevator Mo	odel:		Controlle	er Model:		Sof	ftware Ve	ersion:		Electric	al Code:	Batter	y Rescue:
		SAM	E		SAI	ME							- Joues	Ye	
15	Electrical	Stop Switches:	Car:	Pit:	Crosshead:	Sheav	e Space:	Other:			X	In	or Zone:	Lev	vel Zone:
	Switches	Safety Switches:	Safety:	Comp:	Tape: Buffers		s: Slack Rope:		Norma Top: Bot:	p: Top:		:	Emerg: Top: Bot:		Other:

Elevator Number

1.0	Cuida Balla	Car Size:	Cwt	Cizo: T	Other:	-	Max	Com								IJZ			
16	Guide Rails	Car Size.	CWL	SIZE.	Other.		Bracket	Car:		10	WT:			ntermedi	ate Brack	ets:			
		#	#	#			Spacing		Ft	In	F	t	In			Ft Ir			
17	Governor	Make:			Code	:	Model:			P/T:	: T	ripping	Speed:	Slow D	own:	Stop Sw.:			
							SA	ME						UP:		š.			
18		Make:				Code		Model/Type:			# Cardas		Fpm	DN:					
10	Safety	Make.				Couc	-				Code:	K	elease:	Mark:	Shoe	: Slide:			
	Salety						SA	AME								(
		Safety Te		Date:		Inertia	Test:	CWT Model/T	ype:			\neg	# Code:	Mark:	n I Shoe	n Ir : Slide:			
		Yes	No										10.000	, mark.	31106	. Slide:			
		Ву													n I	n Ir			
19		Make:			Code:		iffer Test:	Date:	Bumper /	Spring	1	Ca	r	#		In In			
	Buffers					By	Yes [No)			Rating	Cw	/t	#	Stroke				
		Oil: N	/lodel/Ty	pe:			-	Stroke: Ca	r/CWT		7	Car	7-		#To				
									In /	In	Ratings	Cwt			# To	#			
20	Emergency	Phase I		all Swite	ch Locatio	on:	Keying:	Sensor:	Floor	lo.'s:	Fire Signs	1 1	nstr. Sign	n's Ph	nase 2:	Fire Test Date:			
	&															rife rest Date:			
	Earthquake	Yes No EQ. Test D			65 55 55			Emrg. Op.:			T c =		ase I Pha	The state of the s					
					ismic Sw	=	railment	Lillig. Op	Snag Gu	arus:	Car Top	OP.:	Med En	nerg. Car		erg Bldg. PWR			
				LEC	Reset	L Co	llision Sw.		Yes No										
Macl	nine Room				M	achi	na Das	m Cont	Pit Cont.										
Machine RoomMachine Room Cont. $OK / N/a$ $OK / N/a$ \Box / \Box Machine Room Key \Box / \Box Ascending Car - Rope Gripper/E-Bra																			
	☐ Machine Ro	oom Ke	V					ding Car –	Rone Gr	inner/	F-Brake	OK /	IN/a	untown	iolali C				
	☐ Ventilation					/ [Uninte	ended Car I	Movemen	ippei/ it	L-Di ake			Mt Guar	rd Oper	Juard			
	Car Light S	witch						s Switch W					E C	vt Run	by Data	n Diete			
	(Dedicated & N	umbered)									<u> </u>	☐ Sa	fety Pl	ank Dat	a Plate				
	Fire Recall				$\mathbf{H}\mathbf{c}$	istw	ay					11.5			d Test Tag				
	Code Data							s Limit Sw	ttom		□ Bı	ıffer Te	est Data	Тао					
	No Stop Sw		У			/	Vent (As Per Building	g Code)				□ Но	oist Ro	pe Data	Tag			
	Smoke Dete	ector						ler Head G											
	Shunt Trip							etector Or		itch		Car Interior							
	Sprinkler G							Door & S			\square Gl	ass (Yes	/ No)						
	G.F.C.I Out		200					p Refuge		/		NSI Z9	7.1 Lab	el (All Glass)					
<u> </u>	Disconnect		3		<u>L., i</u>	/ <u>L.</u>		umber on X		<u>Li</u> /	LI Ca	pacity	Plate						
5 /1	(2 or More Unit Disconnect		at #		(2 Or More Units) / High Temp. Wire (Door Locks)								L Er	nergen	cy ID#	(2 or More)			
	Drive Sheav			1				t Hoistway				<u> /</u> /	LIKE	eyed St	op Swit	ch			
	Drive Sheav							ay Recess				1		uminate	ed Alar	m Button			
	Nip Points (41 45				Projections				1	<u>ll</u> C.	Q. Disp	olayed i	n Car			
	Drive Sheav			ners															
	Floor Letter				☐ / ☐ Seismic Fish Plates ☐ / ☐ Governor Rope Data Tag Fire Service														
-	(No Machine Be		7.0			25.49	. 001011	ioi Rope L	ata rag						o D1:1-	- 1(D			
\Box / I	Gov. Sheave		Retaine	er .	Pit	,						☐ / ☐ Fire Hat to Blink on M.R.							
	Gov. Adjust				-		Floor I	Orain				or Hoistway Smoke ☐ / ☐ Phase II Fire Panel Top							
	All Equipt.			O.				Pump Outs	ide Pit			Land 1	<u></u>	av 6E+ 1	From C	el l'op			
	M. R. Seism							ler Head G					☐ 3"	Identif	ication	ab Floor Number			
	E.Q. Reset I			l				4 Fittings				<u> </u>	at	Design	ated Le	vel			
	All Seismic			Safe				I. Outlet						or More C		Y 61			
	Door Lock l					/ <u>[</u>	Refuge	Space (<24	" Red/White	e Stripp	ing)		N		,				
	All Door By					/ <u> </u>	Additio	onal Stop S	W. (Pit >67	7" Dept	h)								
	M. R. Inspec	ction SV	V. (Yes/	No)	[]	/ <u>[</u>	T.C. &	Comp Ch	ain Snag	Guar	ds								
Notes	:GAL MOVF	R - DO	OR O	PERA	ATOR														

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR, RIDE, AND TRAMWAY UNIT

REQUEST FOR INSPECTION NEW INSTALL OR MODERNIZATION



TODAY'S DATE: 10/18/23	
DATE OF LETTER OF INTENT: 1	0/18/23 EXECUTED CONTRACT DATE: 07/25/23
LOCATION	
Name of Building:	Laney College
Street Address:	900 Falloon St
City:	Oakland
Cross Street(s)	7th street
REQUESTOR	
Company:	Kone Elevator
Office:	San Leandro
Requestor's Name:	Tahj Smith
Telephone Number:	
Mechanic performing in	Rich Gomez
Mechanic's Telephone	Number:
REQUESTED DATE FOR INSPECT	TION: 10/19/23
EQUIPMENT INFORMATION	2 # UNITS DUPLEX
Type of Equipment: Kon	e Installation Group Number: 2
Variance # (If applicable):	State Number (If Issued): 050152
TYPE OF INSPECTION REQUEST	
NEW MODERN	IZATION Re-INSPECT
IS THE GENERAL CONTRACTOR	100% READY FOR INSPECTION? ✓ YES NO
IS THE ELEVATOR COMPANY 10	0% READY FOR INSPECTION? ✓ YESNO
HAS ALL FLS TESTING BEEN PERI	FORMED BY CQCC & FIRE ALARM COMPANY? YES NO
	This section is for DIR use:
ASSIGNED TO: Tony	Fernandez
DATE OF INSPECTION: 10/3	1/23 _{TIME:} 7am
мог	

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT

ALTERATION INTENT TO INSTALL FORM



Today's date 10/18/2023 Pursuant to section 3001(a)(1) and section 3001(a)(4) of California Code of Regulations Title 8 Elevator Safety Orders. Accept this letter as notice. Drawings and submittals may be necessary. Kone Inc Elevator Company Name 15021 Wicks Blvd., San Leandro CA 94577 Billing Address 5102958742 Telephone Number COCC # CC-03-012721 Address of Alteration of Elevator: Street: 900 Fallon ST City: Oakland Zip Code: 94607 **Building Name:** Laney College Tower Number of Units: 1 Permitted California Electrical Code of Record: CEC 2016 Controller model: Kone Y Observation car or Glass installed in/or on cab wall: No if yes drawings shall be submitted to the Division before installation. 50152 California State ID Number Check one Check one Complete 2500 Passenger Cable Traction Rated Load Freight Hydroelectric 350 Rated speed Dumbwaiter Roped Rise Escalator Hydroelectric Control type Wheelchair lift Overhead Drum VRC Basement Drum LULA Screw Drive Special Purpose Chain/Belt Escalator Other Rack & Pinion Other List Below the applicable Requirements of 8.7 and 8.4 ASME A17.1-2004 7.2.13 Req # 8. Description Door Operator Replacement Req # 8. Description Reg # 8. Description Req # 8. Description Reg # 8. Description

Prepared by: Tahj Smith Estimate

The elevator shall be 100% complete before requesting an inspection.

Estimated completion Date: $\frac{10/18/2023}{10/18/2023}$

Page <u>1</u> of <u>1</u>

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT

10/18/2023

Tahj Smith

Prepared by:

Doc# EU-237

Today's date

ALTERATION INTENT TO INSTALL FORM



Pursuant to section 3001(a)(1) and section 3001(a)(4) of California Code of Regulations Title 8 Elevator Safety Orders. Accept this letter as notice. Drawings and submittals may be necessary. Kone Inc Elevator Company Name 15021 Wicks Blvd., San Leandro CA 94577 **Billing Address** 5102958742 Telephone Number CQCC# CC-03-012721 Address of Alteration of Elevator: Street: 900 Fallon ST City: Oakland Zip Code: 94607 Laney College Tower Building Name: Number of Units: 1 Permitted California Electrical Code of Record: CEC 2016 Controller model: Kone Observation car or Glass installed in/or on cab wall: No if yes drawings shall be submitted to the Division before installation. 50152 California State ID Number Check one Check one Complete 2500 Passenger Cable Traction Rated Load Freight 350 Hydroelectric Rated speed Dumbwaiter Roped Rise Escalator Hydroelectric Control type Wheelchair lift Overhead Drum VRC Basement Drum LULA Screw Drive Special Purpose Chain/Belt Escalator Other Rack & Pinion Other List Below the applicable Requirements of 8.7 and 8.4 ASME A17.1-2004 Req # 8. 7.2.13 Door Operator Replacement Description Req # 8. Description Reg # 8. Description Req # 8. Description Req # 8. Description The elevator shall be 100% complete before requesting an inspection. Page 1 of 1

10/18/2023

Estimated completion Date:

	12-1								T								
1	10/3		TF4	tors ID: 27				Agency		Private City		Count State	0	ce-ID:	0593	or Number: 308	
2	0.70.000.000.000.000.000	FALLC	N S	Т			City:	(LAN	D		Zip: 94	607		ng Nam		LEGE	
3	KON	Service Co.:			Compar 316	ıy ID	Survey 1		ermit			emp. Consti		No F	Permit I Reinspec	Rele	
4	and browning	equirements lo Ye		ımber Of Req's	Alternate		Req.'s						on Time:	Hrs		tion Fee:	.00
								Site Co	ntac	t	Re	26	Yell	كعاه	Tan	· al	
5	Recomm	nendations Ex	plained	To: (Name)						osition:			L		1099	B S	
						Re	sponsil	ble Part	y In	formatio	n				1		
6	Compan	y: ALTA	COI	MMU	VITY C	OLI	LEGE	=				Attn: MIKE	=				
7	Address:	8TH ST												1	Suite:		
8	City:	AND								State:					Zip: 94606		
9	Prime Ph	none:				Alt. P	hone:				En	Email:					
10	Elevator	Company: [Send	Invoice					C	ompany ID:		Ele	evator Cor	mpany (Office loca	tion (City):	
								EV Da	ta		1100						
11	Elevator				Controller I				Ins	stall Group:		Al	teration G	iroup:	1	Alteration date	2:
	SAM				HMC	1000	0 400 1000		L	11							
12	Governo			Safety Mo			Battery R YES	lescue:		Cab Flooring		Cab W Other 08	alls:	Other	ab Ceiling: 06	5 Year 0	
13	Access Ke			ipture Valve	e: .	Speed 125				pacity:		No. 5	of landing	gs:	CIa O(ass:	
								scalator						-	100		
14	Escalator	Model:		Control	er Model:		Insta	all Group:			Alter	ration Grou	ıp:		Alterati	on date:	
15	Upper Impact	Right:	Cent	ter: Le	eft: Ver	tical:	Missir	ng Step:	Lvis	Step:	Seism	nic location	:				
16	Lower	Right:	Cent	er: Le	eft: Ver	tical:	Missir	ng Step:	Lvis	Step:	Hand	rail stall tin	ne:		Min. Bral	ke Torque:	
	Impacc						Com	ments	/ No	otes							
YEI	LLOW	TAGGE	D- NO	ON PA	YMENT	in .		W 3/4					-				
15 pt 14	dentify 12%	AND THE PARTY OF THE	and the first		erasylle.	THE CONTRACTOR OF THE CONTRACT			_		-				-		
															,		
	-	Show C	21100					Tan Ou					-				
		SHOW C	ause					Tag Ord	uer					V	alidation/		0
Revisio	n 3/30/12																1

Elevator Unit Field Report

_							orate of	Camornia										
1	10/3	Inspection:	TF42					Agency	-	Private City		County State	Offi	ce-ID:	Elevato 0593	Number:		
2	2000	FALLO	N ST				City:	LANE		0.01	Zip:	607	35 86 85	ng Nam	e:	LEGE		
3		Service Co.:			Compan	y ID	Survey T	ype:	ermit	1 year	Te	emp. Constr		No P	Permit I Reinspec	Rel	ease mit:	
4	Safety R	equirements:		er Of Req's	Alternate		Req.'s			2 Year		Inspectio	n Time:	Hrs		ion Fee:	.00	
							1 (ite Con	tact				. 50		7 0		.00	
5	Recomn	nendations Exp	plained To	: (Name)				nte con		sition:								
"	MIKI			,,					10000	AINT								
						Re	sponsib	le Party			n							
6	Compan	y:					-					Attn:						
	PER	ALTA	COM	MUN	IITY C	OLI	_EGE					MIKE						
7	Address 333 E	8TH ST												5	Suite:			
8	City: OAKL	AND							2015	ate: A					Zip: 94606			
9	Prime Ph	ione:				Alt. P	hone:					Em	ail:					
10	Elevator	Company:	1 Send Inv	roice					Co	mpany ID:		Flo	vator Co	mnany	Office I	N (6:-)		
10		_							inpully 10.		Lie	vator co	прапу	ny Office location (City):				
								EV Dat	ta									
	Elevator	Madali			C													
11	SAM				Controller M HMC 1		PHC		Inst	all Group:		Alt	eration G	iroup:	A	Iteration dat	e:	
12	Governo		Is	afety Mod			Battery Re		0	II ab Flooring	, T	Cab Wa	lle:	C-2	b Ceiling:	Tev.		
	XXX	XX	-	XXX			YES			T 05		Other 08	1113.	Other		5 Year 1/20		
13	Access K		Rupt	ure Valve:		Speed			The Charles	icity:		No.	of landing	gs:	Cla		,	
	EX5	14	0	K		125	·		30	00		5			00)		
							Es	calator	Data									
14	Escalator	Model:		Controlle	r Model:		Instal	l Group:			Alte	ration Group):		Alteration	on date:		
15	Upper	Right:	Center	: Lef	t: Vert	ical:	Missin	g Step:	Lvl St	ep:	Seism	nic location:						
16	Impact	Right:	Center	: Lef	t: Vert	ical:	Missing	z Step:	Lvl St	en:	Hand	rail stall tim	٥٠		Min Brot	- T		
10	Lower Impact							, crop.	4,10		riuna	ran stan tim			Willi, Drai	ke Torque:		
	Impact						Com	ments /	/ Not	es								
RFI	D TAG	GED- NO	ON CC	MPLL	ANCE													
- NO.				71411 -17	THE STATE OF THE S							1 100						
				*														
		Show Ca	use					Tag Ord	er					1/	alidation			
								•							andation	`	A	
Revisio	n 3/30/12																	

10/31/23

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

Oakland District Office 1515 Clay Street, Suite 1301 Oakland, CA 94612 Phone: 510.622.3026 Fax: 510.622.3045

SHOW CAUSE TAG ORDER NOT SERVED

Dag Order Served & Equip. Sealed On.

DISPOSITION OF SC/TAG URDER

) Served by Certified Mail on_

) Served in Person on_

Check One

ORDER PROHIBITING USE

() Employer Compliance

October 9, 2023

Peralta Community College District Department Of General Services 333 E 8th St Oakland, CA 94606-2844 () Extension Recommended / Days (See S-200)
() Further Legal Action Indicated

By

Engineer TPM7

Upon an inspection and/or investigation on May 17, 2023, the Division has determined that Passenger, Hydroelectric, TH'TER, State Number 059308, located at 900 Fallon St, Oakland, is not in compliance with Title 8, Elevator Safety Orders, and is being operated without a valid permit.

THEREFORE USE IS PROHIBITED (California Labor Code) Section 7301, 7302, 7305 and 7320.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN THAT IF YOU SO REQUEST YOU WILL BE PROVIDED A HEARING OF THIS ORDER PROHIBITING USE ON THE VALIDITY OF THIS ORDER. IN THE EVENT THIS ORDER PROHIBITING USE HAS NOT BEEN REVOKED OR VACATED PRIOR THERETO, YOU ARE HEREBY NOTIFIED THAT YOU WILL BE PROVIDED A HEARING BY THE CHIEF OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OR HER OR HIS DESIGNEE.

Hearing Requested:

Date of Hearing at 10 a.m.:

Location of Hearing:

DECLARATION OF SERVICE

AUTHORIZATION
CHIEF OF THE DIVISION
OCCUPATIONAL SAFETY & HEALTH

Declaration of Service
Copy Left With:
Order Served by:

Order Served by: Date:

5541

FOR DH

D. Henderson, Senior EU Engineer

NOTICE (Red Tags) prohibiting use were attached and shall not be removed except as authorized by the Division. The Labor Code prohibits use except with the Division's knowledge and permission. Contact the local elevator unit office prior to removing tag or attempting repairs.

Standard, Order or Code Requirements & Description of Hazard Violated*

Inspector: T. Fernandez

continued on next page

ORDER PROHIBITING USE October 9, 2023

Elevator # 059308

Address: 900 Fallon St, Oakland

REQUIREMENTS FOR Passenger, Hydroelectric, TH'TER, NO. 059308 - CONTINUED

- 1. The elevator car lighting diffuser panels or panel frame structure shall be properly secured/supported in place to prevent them from falling. subsection $3034\,(g)$, 3064
- 2. The elevator car lighting shall be repaired, so that a minimum of two lamps or bulbs providing not less than 5 fc of illumination at the elevator threshold with the doors closed is provided. subsection $3034\left(g\right)\left(1\right)$, 3064
- 3. The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03. California Labor Code subsection 7318 : [Ref. Circular Letter E-01-03]

It is further ordered that the aforesaid shall be corrected and you are admonished to prohibit the use and operation of the affected unsafe device until said conditions have been rectified; and the Legal Bureau and/or any employee of the Division are hereby authorized to attach notice of said prohibition to said unsafe device and to institute any civil or criminal proceedings in the Courts which may be necessary to adequately enforce this order.

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Dan Barker

Lead Senior Safety Engineer

Elevator Unit

/tf

Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR, RIDE, AND TRAMWAY UNIT





Page ____ Of ___ DOSH/EVUNIT, OAKLAND OFFICE CONVEYANCE LOCATION Address: 900 Fallon Street Inspection Date: City: Oakland Zip: State No: 051537 ONLY ONE CONVEYANCE PER FORM REQUIREMENT(S) COMPLETED Please fist the requirement number(s) as they are shown on the Preliminary Order or Show Cause Order and Solution: The emergency battery lowering device has been tested and works properly as required. Req. # 1 CCCM#:M68479 Req. #2 Solution: CCCM#: Req. #3 Solution: CCCM#: Req. # Solution: CCCM#: Req. # Solution: CCCM#: Solution: Req. # CCCM#: Req. # Solution: CCCM#: SIGNATURES I hereby certify that Me statement have given herein is true and complete to the best of my knowledge. A false statement will be cause for voiding this notice of compliance and may cause reinstatement of accumulating lines from the original date of notification. Signature: Signature: License Expire CCCM 2nd CCCM Data: 01/18/2024 (Printed Mame) John D McFarlin (Printed Name) Date: Signalyíré: Date: 11/16/2023 (Printed Name & Title) Lymné Garcia /service coordinator Phone Number: (510) 351-5141 Company (if applicable) KONE inc Office Location: San Leandro Doc. # EU-632



Oakland Destrict Office 1515 Clay Street, Suite 1301 Oakland CA Wat? Phone Hanti Min Fax: 510-622-3045 May 26, 2023

Student Service

STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

> PRELIMINARY ORDER

PERALTA COMMUNITY COLLEGE DISTRICT DIR OF FAC 333 E 8TH ST OAKLAND, CA 94606-2844

NOTE Pay invoice E1968451OA within 60 days from its issuance to avoid a 100% penalty assessment. All fees are due IMMEDIATELY upon receipt of the



A survey of your Passenger, Hydroelectric, EV 5, State Number 051537 located at 900 Fallon St, Oakland, was made on May 16, 2023 by EU Engineer, T. Fernandez, Person Conlected FERNANDO Compliance date July 17, 2023.

The conditions in need of correction are noted below. The numbers following the listed items refer to the sections of the California Code of Regulations (Title 8), or the Labor Code (L.C.) of the State of California

- The emergency battery lowering device shall be tested for proper operation under all six (6) conditions listed in Circular Letter E-01-03 California Labor Code subsection 7318 ; [Ref. Circular Letter E-01-03]
- 2. The elevator pit lighting shall be made operative and shall provide an illumination of not less than 5 footcandles measured at the pit floor next to the access ladder or door subsection 3016(f) , 3053 [CEC 620]
- The machine room floor shall be kept clean and free from oil, grease, water, and diff subsection 3000(h) 3050(b)(4)

Notification in writing that each of the listed items have been complied with shall be submitted to the above listed District office on the Compliance Form available at www.dir.ca.gov/dosh/ElevatorPubs_forms.html before the PERMIT TO OPERATE will be Issued, Failure to Notify the Division within the allotted time may result in additional Penalties being assessed

NO PERMIT WILL BE ISSUED UNTIL NOTIFICATION HAS BEEN RECEIVED AND ALL FEES ARE PAID.

Dave Henderson, Senior Safety Engineer

/tf

Department of Teams and persons parama Community Codege Delital

Am 0 7 2013

est 3 world is coming throw the woll from a both won or four of loor above The Machine mon

18 My11-141

Page 1 of 1

Farber, Tina@DIR

From:

Garcia Lynne <Lynne.Garcia@KONE.com>

Sent:

Thursday, November 16, 2023 10:38 AM

To: Cc: DIR BayArea Elevator

Subject:

DRESS JIM; Nunez Jose 900 Fallon Street 050152 OPU, 051537, 070722 OPU

Attachments:

900 FALLON STREET 050152 051537 070722.pdf

CAUTION: [External Email]

This email originated from outside of our DIR organization. Do not click links or open attachments unless you recog the sender and know the content is expected and is safe. If in doubt reach out and check with the sender by phone.

Hello,

Please see attached. Items pending below.
050152- item 1 telephone
051537- item 2 elevator pit lighting and item 3 machine room floor to be kept clean
070722- item 3 telephone

Best regards,

Lynne Garcia Service Coordinator-East Bay Bay Area Branch 380

KONE Americas 15021 Wicks Blvd San Leandro, CA 94577 Office (510) 351-5141 Lynne.Garcia@KONE.com

24/7 Dispatch: (877) 276-8691 / koneserviceusk@kone.com

CA Contractor #179166

www.kone.us



The information contained in this message or files attached to it are intended for the exclusive use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, please note that the use, copying, any form of dissemination and any other corresponding action in respect of this communication is strictly prohibited. If you received this message in error, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautions to prevent the transmission of viruses, however, we cannot guarantee that this message or its attachments are free from viruses. We only send and receive emails on the basis that we shall not be liable for any loss or damage resulting from the opening of this message and/or attachments.

Please consider the environment before printing this email