

OIS ACCIDENT REPORT		Optional Number:	City Number: 350519
Establishment Name: Monterey Zoo			
Owner: <input checked="" type="checkbox"/> a. Private Sector Ship: <input type="checkbox"/> b. Local Gov't <input type="checkbox"/> c. State Gov't	Type of Business: Private animal zoo		Primary NAICS: 172130
Business Address (Street, City, County, State, Zip) <input type="checkbox"/> Same as above 400 River Road, Salinas CA 93908			Business Phone Number: (831) 455-3180
Mailing Address (Street, City, County, State, Zip) <input checked="" type="checkbox"/> Same as above			
Accident Site Address (Street, City, County, Zip or directions): <input checked="" type="checkbox"/> Same as above 400 River Road, Salinas CA 93908			Number of Employees: 10
Site Management's Name: Charlie Sammat	Site's Phone Number: (831) 455-3180	Site Activity Type: Zookeeping	Site's NAICS <input checked="" type="checkbox"/> Same 712130
Received by (CSHO ID): B4158	Receipt Date: 06/25/2018	Receipt Type: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Hotline <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Online <input type="checkbox"/> In person <input type="checkbox"/> Media	Receipt Time: 1:50 PM
Source: <input type="checkbox"/> EE <input checked="" type="checkbox"/> ER/Rep <input type="checkbox"/> Family Mbr <input type="checkbox"/> Media <input type="checkbox"/> St / Local Gov't		Reported by (Source Name): Charlie Sammat	
Type: <input type="checkbox"/> EE Rep <input type="checkbox"/> Ex-EE <input type="checkbox"/> Fed OSHA <input type="checkbox"/> St OSH <input type="checkbox"/> Other (Specify):			
Source's Job Title: President		Source's Address: <input checked="" type="checkbox"/> Same as above	Source's Phone Number: (831) 455-1914
Classification: <input type="checkbox"/> Fatality <input type="checkbox"/> Non-Fatality Reported by Professional Media <input type="checkbox"/> Non-Fatality Reported by ER or Other Party <input checked="" type="checkbox"/> Accident			
# Hospitalized 1	# Unaccounted For: 0	# Fatalities: 0	# Non-Hospitalized: 0
ER Report Date 06/25/2018	ER Report Time 1:50 PM	Event Date 06/20/2018	Event Time 9:45 AM
Incident Type: Struck by			
Preliminary Description (Specify Mechanism/Condition/Hazardous Substance): Walking elephant on zoo property, employee was hit by the elephant.			
Injured Employee Information		Age	Occupation
Name: [REDACTED]		[REDACTED]	Zoo Keeper
Street Address: [REDACTED]		Date of Birth: [REDACTED]	Cuts, bruises, fractured vertebrae
City, Zip: [REDACTED]			
Phone Number(s): [REDACTED]			
For Fatality: Next of Kin Information: Relation, Name, Address, Phone:			
Location Where Injured Employee was Moved to: -IEE was released on 6/24/18 Sun. Natividad Hospital in Salinas		Workers Compensation Insurance Carrier: State Comp. Insurance Fund	
Other Law Enforcement: <input checked="" type="checkbox"/> Fire Dept. Co Fire <input type="checkbox"/> CHP <input checked="" type="checkbox"/> Other (Specify): Ambulance			
Agencies Present at Site: <input type="checkbox"/> County Sheriff <input type="checkbox"/> Local Police			
Inspection Planned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No--Reason:		CSHO(s) Assigned: R5458	
District Manager's Signature: <i>[Signature]</i>		Date: 6/25/18	

ENTERED
6/25/18

OIS ACCIDENT REPORT

Optional Number:

A y Number

1350519

Establishment Name:
Monterey County ZooOwner a. Private Sector
Ship: b. Local Gov't
 c. State Gov'tType of Business:
ZooPrimary NAICS
712130Business Address (Street, City, County, State, Zip) Same as above
400 River Road, Salinas, CA 93908Business Phone Number
831-455-1901Mailing Address (Street, City, County, State, Zip) Same as aboveAccident Site Address (Street, City, County, Zip or directions): Same as above

Number of Employees:

Site Management's Name:
Charlie Sammut, OwnerSite's Phone Number:
831-455-1901Site Activity Type:
ZooSite's NAICS SameReceived by (CSHO ID):
H6984Receipt Date:
6/20/18Receipt Type: Email Fax Hotline Mail
 Phone Online In person MediaReceipt Time:
1:00 PMSource EE ER/Rep Family Mbr Media St / Local Gov't
Type: EE Rep EX-EE Fed OSHA St OSH Other (Specify):Reported by (Source Name):
Monterey County Regional Fire DistrictSource's Job Title:
Engineer ParamedicSource's Address: Same as above

Source's Phone Number:

Classification:

 Fatality Non-Fatality Reported by Professional Media Non-Fatality Reported by ER or Other Party Accident

Hospitalized

Unaccounted For:

Fatalities:

Non-Hospitalized

ER Report Date

ER Report Time

Event Date
6/20/18Event Time
9:57 am

Incident Type:

Struck by elephant

Preliminary Description (Specify Mechanism/Condition/Hazardous Substance):

Elephant trainer was trampled by elephant.

Injured Employee Information

Age

Occupation

Injury

Name:

Street Address:

City, Zip:

Date of Birth

Trainer

Abrasions on left side of face and arm. Broken right ankle and back pain.

Phone Number(s):

For Fatality: Next of Kin Information:

Relation, Name, Address, Phone:

Location Where Injured

Employee was Moved to: **Natividad Medical Center-831-755-4111**

Workers Compensation Insurance Carrier:

Other Law Enforcement Fire Dept CHP Other (Specify): paramedicAgencies Present at Site: County Sheriff Local PoliceInspection Planned? Yes No--Reason:CSHO(s) Assigned: **R2158**District Manager's Signature: **[Signature]****ENTERED**Date: **6/21/18**

Cal/OSHA OAR (09/14)

Inspection Report

Tue Sep 25, 2018 16:27:17 PM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0950612	R5458	O2837	1325562	012-18	

Establishment Name		Monterey Zoological Society, Inc.		Doing Business As (DBA)		
Establishment Owner Name	Private Sector	Type of Business	Corporation	Primary NAICS		712130
Site Address	400 River Road SALINAS, CA, 93908	Site Phone	(831)-455-1901	Extn		Site FAX
Business Address	400 River Road SALINAS, CA, 93908	Business Phone	(831)-455-1901			Business FAX
Mailing Address	400 River Road SALINAS, CA, 93908	E-mail				Mobile Phone
Site Activity		NAICS Inspected	712130		Days on Site	1
Federal EIN		DUNs		Temporary or Fixed Site?		Fixed Site
State Estab Id		DUNS plus4		CAGE Code		
Construction Type						

Entry	25-JUN-2018		First Closing Conference	10-25-2018	
Opening Conference	25-JUN-2018	09:30 AM	Second Closing Conference		
Walkaround	25-JUN-2018		Exit	25-JUN-2018	01:00 PM

Inspection Initiating Type	Accident		Secondary Type		
Other Initiating Type			Inspection Category		Safety
Scope of Inspection	Partial		Reason No Inspection		
Sampling Performed?	N	SVEP	N	Expln. for No Insp.	
Federal Strategic Initiatives					
National Emphasis					
State Emphasis					
Local Emphasis					
Primary Emphasis					

Employed in Establishment	9	Walkaround?	N	Advance Notice?	N
Covered By Inspection	9	Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer	9	Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?	U				

Parent Company Legal Name		Parent Comp Trade Name/DBA			
Parent Company Address		Phone Number		Extn	
TIN / EIN			DUNS		
CAGE Code			DUNS plus4		

Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1350519	FAT/CAT	Safety	Monterey County Zoo

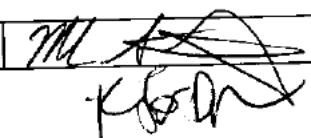
Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type

Additional Codes			
Type	ID	Value	Description
S	14	SCIF	Enter worker's compensation insurance carrier, if none, enter NONE; if self, enter SELF
S	18	HEAT	Case where outdoor heat is addressed

Employer Representatives Contacted					
Name	Charlie Sammut	Job Title	Owner, President	Occupation	Zoo Owner/Operator
Address	400 River Rd. SALINAS, CA, 93908		Interviewed?	Y	
Home	Work	831-455-3180	Mobile	831-809-2919	Fax
Email	charlie@montereyzoo.com		Participation	Walk Around, Credentials, Opening Conference	

Employees Contacted					
Name	[REDACTED]	Job Title	Zookeeper/Trainer	Occupation	Zookeeper/Trainer
Address	[REDACTED]		Interviewed?	Y	
Home	Work		Mobile	[REDACTED]	Fax
Email			Participation		
Name	[REDACTED]	Job Title	Zookeeper/Trainer	Occupation	Zookeeper/Trainer
Address	[REDACTED]		Interviewed?	Y	
Home	Work		Mobile	[REDACTED]	Fax
Email			Participation		
Name	[REDACTED]	Job Title	Zookeeper/Trainer	Occupation	Zookeeper/Trainer
Address	[REDACTED]		Interviewed?	Y	
Home	Work		Mobile		Fax
Email			Participation		
Name	[REDACTED]	Job Title	Zookeeper/Trainer	Occupation	Zookeeper/Trainer

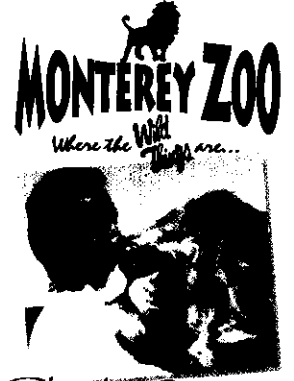
Address		[REDACTED]	Interviewed?	Y		
Home		Work	Mobile	[REDACTED]	Fax	
Email		Participation				

CSHO Signature		Date	9-25-2018
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12/2018

STATE OF CALIFORNIA DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

1. CSE/IH R5458	2. Opt. Rpt. No. 5	3. FY 18	4. Insp. No.	5. Region 1	District 2
6. Employer Monterey Zoological Society, Inc.					
7. Management Officials Contacted					
Name Charles Sammut		Title Owner, President		Phone No. (831) 455-3180	
		Phone contact only? <input type="checkbox"/>		Present During	
				Opening <input checked="" type="checkbox"/>	
				Inspection <input checked="" type="checkbox"/>	
				Closing <input type="checkbox"/>	
8. Union Officials Contacted					
Name N/A		Labor Union: N/A		Title	
		Phone No.		Phone contact only? <input type="checkbox"/>	
				Present During	
				Opening <input type="checkbox"/>	
				Inspection <input type="checkbox"/>	
				Closing <input type="checkbox"/>	
9. Small Employer Relief? Ex-Mod _____ Documentation _____ Insurer: _____					
10. Subsequent Visits:					
11. Opening Conference		15. IIPP Review		19. Evaluation of Safety & Health Program	
Date: 6/25/18 @ 9:30 AM		IIPP?		Effective Average Poor	
<input checked="" type="checkbox"/> Show ID		<input checked="" type="checkbox"/> Written		Safety Responsibility <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/> Explain Purpose		<input checked="" type="checkbox"/> Effective except (a)(c)		Employee Participation <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/> Cal/OSHA Program		<input type="checkbox"/> Model Program Used		Training <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/> Employee Rights		<input type="checkbox"/> Previously Reviewed		PPE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/> Inspection Procedure		Date: _____		Housekeeping <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/> Cal/OSHA Poster		a. Required Program Elements		First Aid <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/> Workers' Comp Insurance		<input checked="" type="checkbox"/> Responsible Person			
<input checked="" type="checkbox"/> Cal/OSHA 300 Log		<input type="checkbox"/> Sanctions/Enforcement			
<input checked="" type="checkbox"/> Permits/Variations		<input checked="" type="checkbox"/> Communication			
<input checked="" type="checkbox"/> PPE to Inspect		<input checked="" type="checkbox"/> Inspections			
<input checked="" type="checkbox"/> Consent to Inspect		<input type="checkbox"/> Investigation Procedures			
		<input type="checkbox"/> Training			
12. Exit Conference		b. Recordkeeping		20. Adjustment Factors in %	
Date: 6/25/18 w/ Charlie Sammut @ 1:00 pm		<input checked="" type="checkbox"/> Inspection Records		*Good Faith Size *History	
<input checked="" type="checkbox"/> Observed Violations		<input checked="" type="checkbox"/> Training Records		<input type="checkbox"/> 30 Good <input type="checkbox"/> 40 1-10 <input type="checkbox"/> 10 Good	
<input checked="" type="checkbox"/> Corrective Actions				<input checked="" type="checkbox"/> 15 Average <input checked="" type="checkbox"/> 30 11-25 <input checked="" type="checkbox"/> 5 Fair	
<input checked="" type="checkbox"/> Anticipated Closing Date				<input type="checkbox"/> 0 Poor <input type="checkbox"/> 20 26-60 <input type="checkbox"/> 0 Poor	
				<input type="checkbox"/> 10 61-100	
				<input type="checkbox"/> 0 >100	
				* Does not apply to penalties for accident-related Serious, Willful, Repeat, or Serious violations if Employer does not have an operative IIIPP	
13. Closing Conference		16. Hazard Communication Program		21. Entity Information	
Date: 10-25-2018		<input checked="" type="checkbox"/> Written Program		<input checked="" type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> LLC	
<input checked="" type="checkbox"/> Employer		<input checked="" type="checkbox"/> Training		Site Information	
<input type="checkbox"/> Employees		<input checked="" type="checkbox"/> Labeling		Address:	
<input checked="" type="checkbox"/> Violations		<input checked="" type="checkbox"/> Storage		Phone:	
<input checked="" type="checkbox"/> Citations		<input checked="" type="checkbox"/> MSDS Available		Address:	
<input checked="" type="checkbox"/> Abate / Consult (owner)				Phone:	
<input checked="" type="checkbox"/> Penalties				Address:	
<input checked="" type="checkbox"/> Posting Requirements		17. Other Requirements		Phone:	
<input checked="" type="checkbox"/> Informal Conference		<input checked="" type="checkbox"/> Cal/OSHA Poster posted		Address:	
<input checked="" type="checkbox"/> Appeal		<input type="checkbox"/> Code of Safe Practices		Phone:	
<input checked="" type="checkbox"/> Variations		<input type="checkbox"/> Tailgate Meetings		Address:	
<input checked="" type="checkbox"/> Discrimination		<input checked="" type="checkbox"/> First Aid Kit		Phone:	
		<input checked="" type="checkbox"/> Trained First-Aider		Owner / Offi	
14. Follow-Up Inspection		<input checked="" type="checkbox"/> Log 300		Website:	
Recommended? <input type="checkbox"/>		<input type="checkbox"/> 300A Summary Posted (Feb - Apr)		Email:	
Reason: _____		<input checked="" type="checkbox"/> Emergency Action Plan		Location of:	
		<input checked="" type="checkbox"/> Fire Prevention Plan		Bus. Lic. No	
		<input type="checkbox"/> Respiratory Protection Program		CSLB Lic. N	
		<input type="checkbox"/> Lockout/Blockout Program		Garment Re	
		<input type="checkbox"/> Safety Process Management		FEIN or Sta	
		<input type="checkbox"/> Confined Space Program		FLC Lic. No	
		<input type="checkbox"/> Hearing Conservation Program		Other Lic./C	
		<input checked="" type="checkbox"/> Bloodborne Pathogens Program		Other Lic./C	
		<input checked="" type="checkbox"/> Heat Illness Prevention Procedures		Other Info:	
		18. Cross Jurisdictional Referral			
		<input checked="" type="checkbox"/> Proof of Workers' Comp Insurance			
		<input type="checkbox"/> Industrial Welfare Comm. Poster			
Citations Issued?					
Number Issued:					
Serious 1					
General 0					
Regulatory 1					
Notice 0					
Info Memo 0					



Charlie Sammut
 Founder - President
 (800) 228-7382
 (831) 455-3180
 Fax (831) 455-1902
 24 hr. cell (831) 809-2919
www.montereyzoo.org
charlie@montereyzoo.org

22. Employees/Persons Interviewed During Inspection

a. Name / Title: [Redacted] Zookeeper
 Address: [Redacted]
 City / State / ZIP: [Redacted]
 Phone (home): [Redacted] Phone (cell): [Redacted]

b. Name / Title: [Redacted] Zookeeper
 Address: [Redacted]
 City / State / ZIP: [Redacted]
 Phone (home): [Redacted] Phone (cell): [Redacted]

d. Name / Title: [Redacted] Zookeeper
 Address: [Redacted]
 City / State / ZIP: [Redacted]
 Phone (home): [Redacted] Phone (cell): [Redacted]

23. Multi Employer Worksite? Yes No If Yes, obtain the following information on each employer involved:

a. Employer:
 Address:
 Contact Name / Title:
 Phone (bus.): Phone (cell):
 Activities:
 • Contract governing Employer's work at the site exists
 • Employer is aware of violation
 • Violation(s) was /were foreseeable to the Employer
 • Employer took steps to protect Employees
 If Yes, give details:
Employer Category (check all that apply)
 Exposing Creating Controlling Correcting

c. Employer:
 Address:
 Contact Name / Title:
 Phone (bus.): Phone (cell):
 Activities:
 • Contract governing Employer's work at the site exists
 • Employer is aware of violation
 • Violation(s) was /were foreseeable to the Employer
 • Employer took steps to protect Employees
 If Yes, give details:
Employer Category (check all that apply)
 Exposing Creating Controlling Correcting

b. Employer:
 Address:
 Contact Name / Title:
 Phone (bus.): Phone (cell):
 Phone: Contact:
 Activities:
 • Contract governing Employer's work at the site exists
 • Employer is aware of violation
 • Violation(s) was /were foreseeable to the Employer
 • Employer took steps to protect Employees
 If Yes, give details:
Employer Category (check all that apply)
 Exposing Creating Controlling Correcting

d. Employer:
 Address:
 Contact Name / Title:
 Phone (bus.): Phone (cell):
 Phone: Contact:
 Activities:
 • Contract governing Employer's work at the site exists
 • Employer is aware of violation
 • Violation(s) was /were foreseeable to the Employer
 • Employer took steps to protect Employees
 If Yes, give details:
Employer Category (check all that apply)
 Exposing Creating Controlling Correcting

24. Opening and Closing Conference Summary / Additional Comments Type of Inspection: Partial

- opening w/ Charlie Sammut, owner, president
on 6/25/18 @ 9:30am
- exit w/ Charlie Sammut, owner, president
on 6/25/18 @ 1:00pm
- Closing conducted 10-25-2018 @ 9:30am w/ Charlie Sammut

25. Previous Citation History:
 If Yes, include history in case file *No, in file*

26. Publications/Postings Provided:
 Cal Workplace Posting Model Programs Other
None

27. Additional Sheets: if additional sheets are attached, check this box:

Investigation Summary

Reporting ID	Investigation Summary Number	UPA Number	Event Date	Event Time	Construction
0950612	109431		06/20/2018	09:45 AM	N

Establishment Name	Monterey Zoological Society, Inc.	Doing Business As (DBA)	
Related Inspections			

Site Information

Street Address 1:	400 River Road				
Street Address 2:					
County:	MONTEREY				
City	SALINAS	State	CA	Zip	93908

Event

Type of Event	Employee was trampled by an elephant			
Number of Employees				
Fatalities	Hospitalized	Non-Hospitalized	Unaccounted	
0	1	0	0	

Abstract

What was employee doing just before incident occurred?	Monterey Zoological Society, Inc., is a zoo with a bed and breakfast onsite. Employee # 1 and employee # 2 were walking two African elephants (Paula and Kristy) to the bed and breakfast bungalows to show them to guests. Employees use a cane and a bait bag with treats to provide direction and instruction to the elephants.
What happened?	The accident took place on June 20, 2018 at approximately 9:45 AM. DOSH learned of the accident through a timely report on June 20, 2018 from Monterey Fire. The employer reported the accident on 6-25-2018. The Division arrived on scene on June 25, 2018 at approximately 9:30 AM. As the elephants and their handlers approached the bed and breakfast near Bungalow # 1, Paula stopped in a nearby field refusing to continue. Employee # 1 could not get Paula to move therefore, employee # 2 took over handling of Paula. Employee # 2 took aggressive action with Paula which caused the elephant to become agitated, causing Paula to step on employee #2's foot. Employee # 2 fell to the ground and the elephant began thrashing the employee on the ground. Employee # 2 grabbed onto the tusks of the elephant at which time the elephant threw employee # 2 approximately 3 to 4 feet to the side sustaining a fractures and bruising.
What was the injury or illness?	The victim was hospitalized for more than 24-hours.
What was the object or substance that directly harmed the employee?	Lack of procedures for handling elephants outside of their enclosure.
Keywords	

Victim 1	
Injured/Deceased Name	[REDACTED]
Gender	[REDACTED]
Age	[REDACTED]
Victim Injury	Hospitalized

Cause			Struck by		
Nature of Injury			Bruise/contusion/abrasion		
Next of Kin 1					
Next of Kin Name					
Relationship to Deceased					
Mailing Address			Phone Number		
Mailing City		State	Zip Code		