



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

Division of Occupational Safety and Health  
PO Box 44600 • Olympia, Washington 98504-4600

February 03, 2025

SOLGEN POWER LLC/PURELIGHT POWER  
5715 Bedford St  
Pasco, WA 99301-8214

Inspection: 317981874  
UBI: 604182705  
Region: 03 – Safety  
Inspector ID: F1500  
Reference: 203415458

Enclosed are the results of the safety and health inspection of your workplace. This packet contains:

- **Citation Invoice** – the total assessed penalty is \$99,000.00.
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Employer Appeal Rights** – You have 15 working days to appeal this citation.

You must immediately post this Citation and Notice of Assessment at or near where the violation(s) occurred, where employees can easily find and read it, or where employees normally receive posted information. All postings must remain until you have corrected all violations, or for seven working days, whichever is longer. “Working day” means a calendar day, except Saturdays, Sundays and all legal state holidays.

Because this inspection is public information, the result will be posted by the Department of Labor & Industries. You may view it at <https://secure.lni.wa.gov/verify>.

**Please visit <https://www.lni.wa.gov/agency/public-disclosure/> if you would like to request a copy of the inspection file. Your choices are:**

- Safety & Health Citation Only
- Safety & Health Brief Inspector Summary Report (short description the inspector writes to summarize the reason for the inspection only – not complete file)
- Safety & Health Citation and Complete Inspection File (The complete legal file which contains the detailed information regarding the inspector’s findings, the citation, and calculation of any penalty. This will be especially helpful if you are contemplating filing an appeal.)

**If you have questions, call the compliance supervisor, Nicholas Deuel, at (253) 596-3814.**

Respectfully,

L&I Assistant Director  
Division of Occupational Safety & Health  
Enclosure(s)



# Invoice

## Inspection: 317981874

UBI: 604182705

Legal Name: SOLGEN POWER LLC

DBA Name: PURELIGHT POWER

Inspection Site: 4908 S Cushman Ave., Tacoma, WA 98408

Issued: February 03, 2025

Opening Conference: August 16, 2024

Closing Conference: January 22, 2025

Inspector ID: F1500

### Summary of Assessed Penalties Due

The Citation and Notice of Assessment includes a full description of each violation.

Violation Item	Violation Type	WAC	Abatement Due Date	Penalty Amount
1-1	Repeat Serious	WAC 296-880-20005(6)	Not Applicable	\$99,000.00
<b><u>Total Penalty Due</u></b>				\$99,000.00

### PAYMENT INFORMATION

**Payment is due 15 \*working days from receipt of this citation (unless appealed).**

Pay L&I the amount due on this invoice by scanning the QR code listed below, or by visiting [www.lni.wa.gov/agency/pay-a-balance-due/](http://www.lni.wa.gov/agency/pay-a-balance-due/)

You may also mail a check made payable to the Department of Labor and Industries.

Write Inspection number 317981874 on the check and mail to:

**Attn: DOSH Cashier**  
**Department of Labor and Industries**  
**PO Box 44835**  
**Olympia, WA 98504-4835**  
Or deliver to: Any L&I office



\*Working day” means a calendar day, except Saturdays, Sundays, and all legal state holidays.



## Post This Document

# Citation and Notice of Assessment Citación por Infracción y Multa Civil Inspection: 317981874

UBI: 604182705

Legal Name: SOLGEN POWER LLC

DBA Name: PURELIGHT POWER

Inspection Site: 4908 S Cushman Ave., Tacoma, WA 98408

Issued: February 03, 2025

Opening Conference: August 16, 2024

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### Violation 1 Item 1

Violation Type: Repeat Serious

WAC 296-880-20005(6)

Employer did not ensure that, regardless of work activity, employees working at a height of four feet or more on a roof with a pitch greater than 4 in 12 are protected by one of the following: a fall restraint system, a personal fall arrest system, or a positioning device system.

Upon inspection, 3 employees were exposed to fall hazards from height at least eight (8) to twenty (20) feet while installing a repair on a solar panel on a roof without an adequate fall protection system.

Exposure to hazards of this nature can lead to serious injuries involving permanent disability, death, or chronic irreversible illness.

The violation above is cited as a repeat of 1-1, cited on inspection 317966177 issued on 12/9/2021.

The violation above is cited as a repeat of 1-1, cited on inspection 317968131 issued on 6/3/2022.

The violation above is cited as a repeat of 1-1, cited on inspection 317968575 issued on 7/5/2022.

The violation above is cited as a repeat of 1-1, cited on inspection 317969771 issued on 9/28/2022.

The violation above is cited as a repeat of 1-1, cited on inspection 317971030 issued on 1/19/2023.

The violation above is cited as a repeat of 1-1, cited on inspection 317975509 issued on 12/20/2023.



Washington State Department of  
**Labor & Industries**  
*Division of Occupational Safety and Health*

## **Post This Document**

# **Citation and Notice of Assessment Citación por Infracción y Multa Civil Inspection: 317981874**

**Situation not believed to exist any longer.**

**However, if this violation is identified again during future inspections, it may result in repeat or failure to abate violations which may include penalties.**

**Assessed penalty: \$99,000.00**

## For Employers

If you are cited for a violation of Occupational Safety and/or Health rules, you have the right to appeal the citation. **You have 15 working days from the date you receive this citation to appeal.** (RCW 49.17.140(1)) "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays. Your appeal must be in writing. It may be mailed, faxed, personally delivered or electronically filed. If you electronically file, the Department will send an automated acknowledgement that the appeal was received. **If you do not receive acknowledgement, please ensure you have addressed it to the correct email.** You can also contact the Appeals Program at the number listed below.

For violations classified as serious, willful, repeat serious, or failure to abate serious, an employer must correct the violations by the date listed on the Citation and Notice / Employer's Certification of Abatement form unless a stay of abatement date is requested in the appeal as described on this page. A stay of abatement date means the employer's requirement to abate or correct the hazard is put on hold until the appeal is resolved. All general and repeat general violations under appeal automatically have stay of abatement dates until a final order on those violations has been issued. If you only need an extension of an abatement date, please see the above section entitled, **"If you are unable to fix the hazard(s) by the abatement due date(s)"**.

### Your appeal must include:

- Business name, address, telephone number, and contact information for the employer's representative, if any, such as an attorney or interpreter.
- Inspection Number (You will find this nine-digit number in the top right corner of this page.)
- Statement explaining:
  1. What you believe is wrong with the citation and any related facts.
  2. What you believe should be changed, and why.
  3. What relief you are seeking and why.
  4. Signature and Date.

**If you are requesting a stay of abatement date for serious, willful, repeat serious or failure to abate serious, you must also include:**

- Each violation and item number for which a stay of abatement date is requested; and
- The reason for the stay of abatement date request.

Note: Employees and/or employee representatives may elect to participate in appeal hearings.

## Posting requirement:



You must post your appeal documents (along with this citation packet) until the appeal is resolved. You must also post all other documents related to this appeal.

## For Employees or Their Representatives

If your employer is cited, you may only appeal the abatement due date(s).

### Your appeal must include:

- Your name, address, telephone number, and the same information for anyone who is representing you, if any.
- Inspection number.
- Statement explaining why the abatement due date should be changed.

Send all Appeals to:	Scan the QR Code below to:	
<p><b>Assistant Director for DOSH Services</b>  <b>Attn: DOSH Appeals</b>  <b>PO Box 44604</b>  <b>Olympia, WA 98504-4604</b>            Electronically to: <a href="mailto:DOSHAppeals@Lni.wa.gov">DOSHAppeals@Lni.wa.gov</a>            Fax to: <b>(360) 902-5581</b> or deliver to: <b>Any L&amp;I office</b></p>	<p>Complete the WISHA Citation &amp; Notice Appeal Form, OR visit</p> <p><a href="http://www.Lni.wa.gov/safety-health/safety-rules/safety-citation-appeals">www.Lni.wa.gov/safety-health/safety-rules/safety-citation-appeals</a></p>	 

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