



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

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

September 10, 2025

ASSET ROOFING COMPANY LLC/ASSET ROOFING COMPANY
17310 St Route 9
Snohomish, WA 98296-8396

Inspection: 317985699
UBI: 604153138
Region: 02 – Safety
Inspector ID: T1900
Reference: 317974298,
317975456,
317982874,
203416765

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

- **Citation Invoice** – the total assessed penalty is \$333,170.00.
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Employer Certification of Abatement instruction and form** - Correct all violations and return written verification or penalties may result.
- **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.)

September 10, 2025

ASSET ROOFING COMPANY LLC/ASSET ROOFING COMPANY

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If you have questions, call the compliance supervisor, Christopher Troxell, at (425) 290-1390.

Respectfully,

L&I Assistant Director

Division of Occupational Safety & Health

Enclosure(s)



Invoice

Inspection: 317985699

UBI: 604153138	Issued: September 10, 2025
Legal Name: ASSET ROOFING COMPANY LLC	Opening Conference: April 24, 2025
DBA Name: ASSET ROOFING COMPANY	Closing Conference: August 26, 2025
Inspection Site: 4201 NE 169th CT, Lake Forest Park, WA 98155	Inspector ID: T1900

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	Willful Serious	WAC 296-880-20005(6)	Corrected	\$165,514.00
1-2	Willful Serious	WAC 296-880-10020(2)	Corrected	\$165,514.00
2-1	Serious	WAC 296-880-10015(1)	09/23/2025	\$2,142.00
<u>Total Penalty Due</u>				\$333,170.00

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/

You may also mail a check made payable to the Department of Labor and Industries. Write Inspection number 317985699 on the check and mail to:

<p>Attn: DOSH Cashier Department of Labor and Industries PO Box 44835 Olympia, WA 98504-4835 Or deliver to: Any L&I office</p>	
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*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: 317985699

UBI: 604153138

Issued: September 10, 2025

Legal Name: ASSET ROOFING COMPANY LLC

Opening Conference: April 24, 2025

DBA Name: ASSET ROOFING COMPANY

Closing Conference: August 26, 2025

Inspection Site: 4201 NE 169th CT, Lake Forest Park, WA 98155

Inspector ID: T1900

Violation 1 Item 1

Violation Type: Willful Serious

WAC 296-880-20005(6)

The 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.

Four workers were conducting roofing work at heights of approximately 20 feet, on 5/12 pitched roof, each secured to their individual anchor point that was not secured according to manufacturer requirements: incorrect placement of fasteners, not ensuring the anchor point was flush against the substrate and using non-approved fasteners.

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 willful of Violation #1, Item #1, cited on CNR #317971022 issued on 08/22/2024.

The violation above is cited as a repeat willful of Violation #1, Item #1, cited on CNR #317974298 issued on 08/22/2024.

The violation above is cited as a repeat willful of Violation #1, Item #1, cited on CNR #317975456 issued on 08/22/2024.

The violation above is cited as a repeat willful of Violation #1, Item #1, cited on CNR #317976584 issued on 08/22/2024.

This violation was corrected during the inspection.

Assessed penalty: \$165,514.00

Citation and Notice of Assessment
Citación por Infracción y Multa Civil
Inspection: 317985699

Violation 1 Item 2
WAC 296-880-10020(2)

Violation Type: Willful Serious

The employer did not ensure that the Fall Protection Work Plan that was onsite was filled out correctly.

In the section specific to applicable fall protection system methods used at the worksite, had four methods selected as the method of Fall Protection even when only one method was applicable to the fall protection system they were using at the time of the inspection.

Fall protection methods checked off but were not in use:

- Horizontal lifeline was not in use.
- Positioning device system not applicable when working on steep pitched roof.
- Fall restraint system.

When the employer does not ensure that the fall protection work plan is completed correctly and completely onsite for employees to review, employees may be unaware of the hazards present at the workplace and how to protect themselves from hazards which may contribute to falls that could result in permanent disability or death.

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 willful of Violation #1, Item #2, cited on CNR #317971022 issued on 08/22/2024.

The violation above is cited as a repeat willful of Violation #2, Item #1, cited on CNR #317974298 issued on 08/22/2024.

The violation above is cited as a repeat willful of Violation #1, Item #2, cited on CNR #317976584 issued on 08/22/2024.

This violation was corrected during the inspection.

Assessed penalty: \$165,514.00

Citation and Notice of Assessment
Citación por Infracción y Multa Civil
Inspection: 317985699

Violation 2 Item 1
WAC 296-880-10015(1)

Violation Type: Serious

The employer did not ensure that two employees were provided fall protection training when exposed to fall hazards.

Instance one: The foreman at the jobsite was unable to identify and recapitulate the method for anchor point installation per the manufacturer's instructions.

Instance two: The Project Manager who conducts safety checks for the fall protection systems was unable to identify and recapitulate the method for assembling a fall protection system.

When the employer does not ensure that employees are trained in the correct procedures for erecting, maintaining, assembling, disassembling, and inspecting the fall protection systems to be used, they may not recognize the hazards associated with fall protection and how to minimize those hazards and can lead to injuries that may result in permanent disability or death.

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

Correct By: 09/23/2025

Assessed penalty: \$2,142.00

Employer Certification of Abatement Instructions Inspection: 317985699

What you must do now:

- Check the correction due date(s) shown on the enclosed Employer Certification of Abatement Form. You must fully correct the hazards by these dates.
- Describe on the form how you corrected each hazard, rather than what you *intend to do* in the future. Examples:

Right: *All staff have received the required training.*

Wrong: *All staff will receive the required training next week.*

Use attachments if you need more space. Submit additional documentation of hazard correction if requested in the citation packet.

- Fill in the date you corrected the hazard and sign.
- Post a copy of the completed form for at least seven working days, or until you have corrected all violations, whichever is longer. It must be posted near the hazard location or in a place that is readily accessible by affected employees and their representatives.
- Send your completed form to the address provided.

Note: If we do not receive written confirmation you have corrected the hazards, we will take follow-up action, which may include additional penalties. If you provide us with false information, you may face criminal penalties.

If you are unable to fix the hazard(s) by the correction due date(s):

We must receive your written request for an extension **before** the correction due date(s) listed for the hazard(s). Correction due dates are shown on the enclosed Citation and Notice of Assessment and on your Employer Certification of Abatement Form(s).

Extensions are not automatically granted. To be considered for an extension, you must provide the following:

- Inspection number, employer name, telephone number, and site address.
- Violation and Item number for each requested extension.
- Correction due date on the citation and additional time needed.
- Steps taken to fix the hazard by the correction due date.
- Why you cannot correct the hazard by the correction due date.
- How you will protect your employees until you fix the hazard.

For more information, contact:
Or call: (425) 290-1390

Christopher Troxell, Compliance Supervisor
Department of Labor and Industries
729 100th St SE
EVERETT, WA 98208

You must post all documentation associated with your request for extension with your citation packet. All postings must remain until you have corrected all violations, or unless you have appealed and received and posted your hearing notice.



Employer Certification of Abatement Form Inspection: 317985699

UBI: 604153138 Legal Name: ASSET ROOFING COMPANY LLC Inspection Site: 4201 NE 169th CT, Lake Forest Park, WA 98155	Issued: September 10, 2025 DBA Name: ASSET ROOFING COMPANY
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You must complete this form and return it to:

Heber Torres
 Department of Labor & Industries
 729 100th Street SE
 EVERETT, WA 98208

Or Fax to:
 Or Email to: torh235@LNI.WA.GOV

Violation(s) are fully described in the Citation and Notice of Assessment section.

Violation, Item & Group#	Type of Violation	WAC# Violated	Correction Due Date
2-1	Serious	WAC 296-880-10015(1)	09/23/2025
Employees to be trained on correct erection of fall protection systems.			
How you corrected the hazard →			
Date you corrected the hazard →			

I certify that the hazards described in this Employer Certification of Abatement Form have been corrected as described above. Affected employees and their representatives have been informed of the correction activities. I am aware that knowingly providing false information may result in criminal penalties (RCW 49.17.190(2)).

Signature	Printed Name	
Title	Date	Phone No.
DOSH USE ONLY		

DOSH Reviewer's Signature

Date

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>Assistant Director for DOSH Services Attn: DOSH Appeals PO Box 44604 Olympia, WA 98504-4604 Electronically to: DOSHAppeals@Lni.wa.gov Fax to: (360) 902-5581 or deliver to: Any L&I office</p>	<p>Complete the WISHA Citation & Notice Appeal Form, OR visit</p> <p>www.Lni.wa.gov/safety-health/safety-rules/safety-citation-appeals</p>	 

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