



☒ General Industry Safety and Health

☐ Construction Safety and Health

NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

Complaint Number:			
Establishment Name:	SVS Vision, Inc.		
Site Address: (Street, City, State, Zip)	118 Cass Avenue, Mount Clemens, Michigan 48083		
	Site Phone:		Site Fax:
Mailing Address: (if different from site)			
	Mail Phone:		Mail Fax:
Management Official:	David Cassell, General Counsel	Telephone:	(517) 449-2861
Type of Business:	Eyeglass Manufacturing and Sales		
HAZARD DESCRIPTION/LOCATION. Briefly describe the hazards you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
<p>The Employer is failing to properly quarantine/screen employees who have been possibly exposed to COVID-19. By these and other acts, the Employer has failed to provide a safe workplace for its employees.</p> <p>We are aware that this has occurred at the Employer's Imlay City, Michigan store, located at: 1813 South Van Dyke Road, Imlay City, Michigan 48444 on or about August 12, 2020.</p>			
Has this conditions been brought to the attention of:	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other government agency (specify)		
Please indicate your desire:	<input type="checkbox"/> I do NOT want my name revealed to the employer. <input checked="" type="checkbox"/> I want my name revealed to the employer.		
The undersigned believes that a violation of an occupational safety or health standard exists which is a job safety or health hazard at the establishment named on this form	Check ONE box. <input type="checkbox"/> Current employee <input checked="" type="checkbox"/> Representative of employees <input type="checkbox"/> Former employee, last date worked: month: day: year: <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Other (specify):		
Complainant Name:	Jim Cianciolo	Telephone:	(734) 420-6900
Signature:		Date:	August 25, 2020
If you wish to receive a copy of the results of this complaint, please provide your mailing address below.			
Please mail the results to this address (Street, City, State, Zip): 39420 Schoolcraft, Plymouth Township, MI 48170			
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.			
Organization Name:	Teamsters Local Union No. 243	Your Title:	President
MIOSHA -7a (rev. 9/19)	The Department of Labor and Economic Opportunity will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.		
Completion: Voluntary			

**THE STATE OF MICHIGAN
BEFORE THE DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

TEAMSTERS LOCAL UNION NO. 243,

Union

and

SVS VISION, INC.

Employer

_____ /

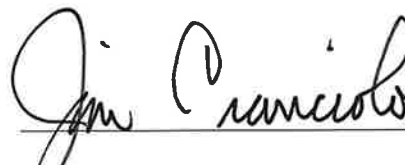
CERTIFICATE OF SERVICE

Jim Cianciolo hereby states that he is an employee of Teamsters Local Union No. 243 and that on the 25th day of August, 2020 he served a copy of the Union's MIOSHA Complaint, upon Employer representative David Cassell, General Counsel, SVS Vision, Inc., by e-mail to dcassell@svsvision.com.

I declare that the statements above are true to the best of my information, knowledge and belief.

Dated: August 25, 2020

By:



Jim Cianciolo