

Maine Department of Labor

Bureau of Labor Standards
Workplace Safety & Health Division

Inspection Number: 1819668
Inspection Date: 04/16/2025-04/24/2025
Issuance Date: 05/21/2025



Citation and Notification of Penalty

Company Name: Town of Casco/ Pleasant Lake Dam
Inspection Site: Edes Falls Road Casco, ME 04015

Citation 1 Item 1 Type of Violation: **Serious**

29 CFR 1910.28(b)(1)(i): The employer did not ensure that each employee on a walking-working surface with an unprotected side or edge that is 4 feet (1.2 m) or more above a lower level is protected from falling by one or more of the following: (A) Guardrail systems; (B) Safety net systems; or (C) Personal fall protection systems, such as personal fall arrest, travel restraint, or positioning systems.

The Town of Casco Pleasant Lake Dam did not provide employees protection from an unprotected side or edge, approximately 10.5 feet above the lower level of the downstream sluice gate area.

Acceptable and feasible methods to correct the conditions include but are not limited to: Install guardrail systems capable of withstanding, without failure, a force of at least 200lbs or provide Personal fall protection systems in all areas employees are exposed to falls 4 feet or more above a lower level.

Date By Which Violation Must Be Abated:
Proposed Penalty:

June 25, 2025
\$700.00

A handwritten signature in dark ink, appearing to read "S. Greeley", written over a horizontal line.

Steven L. Greeley, Director
Workplace Safety & Health Division

Maine Department of Labor

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ABATEMENT CERTIFICATION WORKSHEET

Town of Casco/ Pleasant Lake Dam
Edes Falls Road
Casco, ME 04015
Issuance Date: 05/21/2025

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List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: Workplace Safety & Health Division, 45 State House Station, Augusta Maine 04333-0045.

Citation Number 1 and Item Number 1 was corrected on June 13, 2025
By (Method of Abatement): Railings installed on Dam, gate installed on platform for Fishgate, and PPE policy in place for staff along with training on policy.

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

Anthony Ward
Signature
Anthony Ward
Typed or Printed Name

June 16, 2025
Date
Town Manager
Title