



Oregon

John A. Kitzhaber, M.D., Governor

**Oregon Health Authority
Public Health Division
Environmental Public Health
Radiation Protection Services**

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STATE OF OREGON

DEPARTMENT OF HUMAN SERVICES

Ref File: 972367

IN THE MATTER OF:

**Sun Shack Tanning & Fitness,
Tanning Facility**

)
) FINAL ORDER
)
)
) Agency Case No. RPS 2010-T2367 CP

**Jennifer Kent
PO Box 1150
Willamina, OR 97396**

On June 2, 1010, the Oregon Department of Human Services, Public Health Division, Office of Environmental Public Health, Radiation Protection Services (RPS) issued a Notice of Violation and Proposed Imposition of Civil Penalty pursuant to Oregon Revised Statute ORS 431.950; Oregon Administrative Rules (OAR)333-103-0025, 333-119-0020, 333-119-0140, and 333-124-0010 proposing to impose a civil penalty against Sun Shack Tanning & Fitness in the amount of **\$720** for violations of Oregon Administrative Rules (OARs) listed in the Notice. The Notice offered Jennifer Kent, the owner of Sun Shack Tanning & Fitness, an opportunity for hearing, if requested within 20 days of service of the Notice. The Notice designated the relevant portions of RPS' file on this matter, including all materials submitted by Ms. Kent, as the record for purposes of default. Ms. Kent did not request a hearing.

NOW THEREFORE, after considering the relevant portions of RPS' file relating to this matter, RPS enters the following Order.

FINDINGS OF FACT

1. Sun Shack Tanning & Fitness consist of tanning facilities at, 391 NE Main Street, Willamina and has a total of 3 tanning devices.
2. On January 1, 2010, Sun Shack Tanning & Fitness was required to pay to RPS a \$100 registration fee per tanning device, for a total of \$300 in registration fees. OAR 333-119-0020; 333-103-0025.

3. Ms. Kent was sent, to her address of record, two payment notices regarding unpaid registration fees. In addition, the Department of Justice (DOJ) sent Ms. Kent a letter advising her of potential civil penalties for failure to pay the outstanding registration fees within 10 days of the dated DOJ letter.
4. To date, RPS has not received any registration fees.

ULTIMATE FINDINGS OF FACT

Sun Shack Tanning & Fitness has not paid its 2010 registration fees.

CONCLUSION OF LAW

Sun Shack Tanning & Fitness violated OAR 333-103-0025 by failing to pay its 2010 registration fees.

ORDER

As authorized by ORS 431.950, Sun Shack Tanning & Fitness shall pay a civil penalty of **\$720**, calculated as follows for violations of OAR 333-103-0025:

3 devices x \$100 registration fees = \$300

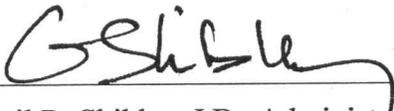
March 21- April 19, 2010: $\$300 \times 3\% = \$9 \times 30 \text{ days} = \270

April 20- May 20, 2010: $\$300 \times 5\% = \$15 \times 30 \text{ days} = \450

Proposed civil penalty amount = **\$720**

1. In addition to paying a civil penalty, Sun Shack Tanning & Fitness shall pay the 2010 registration fees of \$300.
2. Failure to comply with this Order may subject Sun Shack Tanning & Fitness, to further civil penalties.

DATED this 18 day of February 2011.



Gail R. Shibley, J.D., Administrator
Office of Environmental Public Health
Public Health Division

Date of Service: March 7, 2011

Notice: Civil Penalty amounts are established in ORS 431.950. Civil penalties are due and payable 10 days after the date of this Order. If unpaid, civil penalties may be recorded and filed with county clerks as liens against property 10 days after the expiration of the statutory appeals

period. If you have any questions about payment or wish to make payment arrangements, please call Todd S. Carpenter at 971-673-0500 and make checks payable to: "DHS-Radiation Protection Services" and send to Radiation Protection Services, 800 NE Oregon St., Ste 640, Portland, OR 97232.

Appeal Rights: You are entitled to judicial review of this order in accordance with ORS 183.482. You may request judicial review by filing a petition with the Court of Appeals in Salem, Oregon within 60 days from the date of this order.

Copy to: Shannon O'Fallon, Senior Assistant Attorney General, Oregon Department of Justice
Todd S. Carpenter, Licensing & Preparedness Manager, Radiation Protection Services

CERTIFICATE OF SERVICE

On the 7th day of March, 2011, I mailed the foregoing

- Notice of Violation and Imposition of Civil Penalty
- Final Order
- Settlement Agreement and Final Order
- Notice of Lien
- Other: _____

BY FIRST CLASS/CERTIFIED MAIL to:

Owner Name: Jennifer Kent
 Facility Name: Sun Shack Tanning & Fitness
 Mailing Address: P.O. Box 1150
Willamina, OR 97396

Sharon Ross
SHARON ROSS

| | | |
|--|--|--|
| <p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: <u>Jennifer Kent</u> <u>P.O. Box 1150</u> <u>Willamina, OR 97396</u></p> <p>2. Article Number <small>(Transfer from service label)</small> <u>7009 2250 0000 1562 2447</u></p> | <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <u>Jennifer Kent</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <small>(Printed Name)</small> <u>Jennifer Kent</u></p> <p>C. Date of Delivery <u>3-9-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <small>(Extra Fee)</small> <input type="checkbox"/> Yes</p> | <p>REGISTERED MAIL™ RECEIPT 2367</p> <p><small>Mail Only; No Insurance Coverage Provided</small></p> <p>For more information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> <p>Postage \$ _____ Certified Fee _____ Receipt Fee (Required) _____ Delivery Fee (Required) _____ Postage & Fees \$ _____</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center;">Postmark Here <u>MAR 08 2011</u></p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">RADIATION PROTECTION SERVICES</p> <p><u>Jennifer Kent</u> <u>P.O. Box 1150</u> <u>Willamina, OR 97396</u></p> |
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