



OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

Subject: Federal Agency Safety and Health Programs

- A. Purpose. The purpose of this instruction is to transmit policies that are unique to Federal Agency Safety and Health Programs. This directive was developed by the Field Operations Manual (FOM) Chapter XIII Revision Team to provide the field offices a reference document for identifying the responsibilities associated with Federal Agency Inspections and Evaluations.
- B. Scope. This instruction applies OSHA-wide.
- C. References.
1. Occupational Safety and Health Act of 1970, Sections 19 and 24.
 2. Executive Order 12196, February 26, 1980, Occupational Safety and Health Programs for Federal Employees.
 3. 29 CFR Part 1660, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters, October 21, 1980.
 4. OSHA Publication 2014, revised 1986, Recordkeeping and Reporting Guidelines for Federal Agencies.
 5. OSHA Instruction ADM 1-1.32, July 19, 1993, The Enforcement User Skills Manual for use with the NCR Computer System.
 6. OSHA Instruction FAP 1.2A, April 10, 1995, Federal Agency Safety and Health Programs with Bureau of Prisons, U.S. Department of Justice.
 7. OSHA Instruction CPL 2.102, March 28, 1994, Procedures for Approval of Local Emphasis Programs (LEPs) and Experimental Programs.
 8. OSHA Instruction CPL 2.103, September 26, 1994, Field Inspection Reference Manual (FIRM).
- D. Action. Policies and procedures for Federal agencies are to be the same as those followed in the private sector, except as specified in this instruction. This instruction

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supersedes Chapter XIII, Federal Agency Programs of the FOM, CPL 2.45B. Until Chapter XIII is removed from the FOM, FAP 1.3 will take precedence. Area Office questions should be directed to the Regional Federal Agency Program Officer (FAPO).

- E. Federal Agencies. This instruction describes a change that affects Federal agencies. Federal Agencies are subject to the enforcement policy and procedures contained in this instruction which are consistent with the Executive Order 12196, Section 1-201, and 29 CFR 1960.16.
- F. Jurisdiction. The Occupational Safety and Health Administration's (OSHA's) Federal agency jurisdiction varies according to the activity being performed. Further information may be obtained from the Directorate for Policy, Office of Intra-Governmental Affairs at 202-219-8021.

NOTE: A list of Federal agencies that are excluded from OSHA jurisdiction is found in Appendix E.

NOTE: A list of Interagency agreements with DOL is found in Appendix F.

- 1. Federal Agency Compliance. OSHA is authorized to conduct unannounced inspections in Executive Branch Federal agency establishments unless:
 - a. Inspections are to be conducted at Federal prisons.

NOTE: OSHA can conduct announced inspections at Federal Prisons following guidelines found in OSHA Instruction FAP 1.2A.

- b. The agency has Certified Safety and Health Committees (Certified Committees).

NOTE: OSHA can conduct announced inspections in agencies with Certified Committees.

- c. The work is performed by military personnel or involves "uniquely military equipment, systems and operations."

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- NOTE: Workplaces and operations similar to those of industry are not excluded from OSHA coverage.
- d. Another Federal agency has occupational safety and health standards and exercises jurisdiction under Section 4(b)(1) of the Occupational Safety and Health Act (OSH Act). (See Appendix F.)
2. Private Sector Compliance on Federal Property.
- a. Employees of private contractors performing work under Government contracts are not covered under Section 19 of the OSH Act, the Executive Order, and 29 CFR Part 1960 program elements, but are covered by private sector procedures under the OSH Act.
 - b. Where an authorized State program is in existence, the State program shall have jurisdiction over private sector contractors unless the work being performed is at a location of “exclusive Federal jurisdiction” within the Federal property. The Regional Administrator shall refer to State Plan Operational agreements to determine “exclusive Federal jurisdiction.” If the agreement is not clear, the legal staff having management authority over the Federal property shall be consulted.
3. Government-Owned Contractor-Operated Facilities (GOCO’s). OSHA compliance policies concerning GOCO operations are described in separate Memoranda of Understanding (MOU) applicable to specific agencies. (See Appendix F.)

G. Definitions. The following definitions apply to Federal agencies:

- 1. Establishment. A single physical location where business is conducted or services or operations are performed. Where distinctly separate activities are performed at a single physical location, each activity shall be treated as a separate “establishment.” Typically, an “establishment” refers to a field activity, Regional Office, Area Office, installation, or facility. Examples are as follows:
 - a. Major organizational units with distinct lines of authority shall be counted as separate establishments.

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- b. Agencies or bureaus in an agency would be separate establishments even if they occupied the same building.
 - c. Each component of the Department of Defense (Army, Navy, etc.) and each major command located at an installation would be a separate establishment.
 - d. Lower organizational units such as offices or divisions within a bureau or shops within a command are not considered separate establishments.
2. Evaluation. A Department-wide (comprehensive) assessment of a Federal agency's occupational safety and health program. Includes document reviews and interviews at various organizational levels from the top down to track the flow and implementation of the program, and includes information from visits to Agency sites (field reviews).
 3. Field Review. A "mini-evaluation" of an agency's occupational safety and health program at a specific site. Includes document reviews and interviews at various organization levels at the site, and information obtained from a walkaround inspection to assess implementation of the program at the site.
 4. OSHA Notice. The Federal agency equivalent of a "citation" is the Notice of Unsafe and Unhealthful Working Conditions, OSHA-2H Form, (OSHA Notice) which is the agency's report as required by 29 CFR Part 1960. Instructions for completing the OSHA Notice are found in OSHA Instruction ADM 1-1.32, Chapter VII and XI.
 5. Citable Program Elements. Specific program elements in 29 CFR Part 1960 that are to be cited when found not in compliance during inspections or evaluations.
 6. General Duty Clause. Executive Order 12196, Section 201(a), and 29 CFR 1960.8(a) mandate the head of each agency to furnish to each employee a workplace free from recognized hazards. OSHA Notices shall refer to 29 CFR 1960.8(a) to enforce serious violations that are not addressed by a specific OSHA standard or program element.

NOTE: Section 5(a)(1) of the OSH Act is the "general duty clause" for the private sector and does not apply to Federal agencies.

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7. Uniquely Military. Equipment and systems designed by The Department of Defense that are unique to the national defense mission, such as military aircraft, ships, submarines, missiles, and missile sites, early warning systems, military space systems, artillery, tanks, and tactical vehicles. Also operations such as field maneuvers, naval operations, military flight operations, associated research test and development activities, and actions required under emergency conditions.

H. Compliance.

1. Targeted Inspections. Targeted inspections are equivalent to the private sector programmed inspections. Federal agency establishments are targeted using the Office of Workers Compensation Program's (OWCP) data.
 - a. Area Directors shall schedule all targeted Federal agency inspections within the fiscal year.
 - b. OSHA targeted inspections shall identify violations of OSHA standards and citable program elements. (See Appendix A.)
2. Special Emphasis Inspections. Area Directors, in concurrence with the FAPO, may develop Federal agency special emphasis programs following OSHA Instruction CPL 2.102. The FAPO shall obtain concurrence from the Director, Office of Federal Agency Programs (OFAP), before any special emphasis inspection programs are implemented.
3. Fatality/Catastrophe Investigations. Executive Order 12196, Section 1-401(i) and 29 CFR 1960.31 authorizes OSHA to investigate fatal or catastrophic incidents to Federal employees in agencies subject to OSHA inspections.

NOTE: A catastrophe is a work-related incident that results in the inpatient hospitalization of three or more employees within 30 days of an incident.

- a. Agency Investigation. Agencies are required to conduct an investigation of each fatal or catastrophic incident and, upon request, to provide OSHA with a report of findings upon completion of the investigation.

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- b. OSHA Investigation Decision. The Area Director shall determine whether OSHA will conduct an investigation of the incident. OSHA may conduct an independent investigation or participate in the agency's investigation.

NOTE: When OSHA joins an agency investigation, the compliance safety and health officer (CSHO) shall participate fully with the investigation and not be subject to "observer status" by the agency.

- c. Excluded Agencies. If an incident report is received concerning a Federal agency not under OSHA's jurisdiction, the person reporting the incident shall be referred to that agency's safety and health staff. (See Appendix E for list of excluded agencies.)
4. Complaint Handling. Unsafe or Unhealthful Working Conditions (complaints) referred to Federal agencies for investigation shall be handled in accordance with 29 CFR 1960.28. Use complaint form letters in Appendix D, Section I for transmittal of the complaint to the agency. OSHA investigations of complaints shall be handled the same as private sector complaints except for the following:
- a. Certified Committees.
 - (1) If OSHA determines not to make an announced inspection, any complaints received shall be forwarded to the agency Designated Agency Safety and Health Official (DASHO) for investigation.
 - (2) The agency shall handle the complaint in accordance with procedures outlined in 29 CFR 1960.28(d).
 - (3) If half the members of record of an agency's Certified Committee are not satisfied with the agency's response to complaints of hazardous working conditions, a request can be made for OSHA to evaluate or inspect the condition.
 - (4) If OSHA determines that an inspection is necessary, the establishment official shall be notified at least one day in advance of the scheduled inspection.

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- (5) The results of the inspection will be provided to the establishment official who will be requested to share the results with the Certified Committee. A copy of the inspection results shall also be forwarded to the agency DASHO.
- (6) The following agencies have Certified Committees:
 - ◆ Panama Canal Commission
 - ◆ Central Intelligence Agency
 - ◆ Securities and Exchange Commission
 - ◆ Interstate Commerce Commission
 - ◆ General Services Administration
 - ◆ Department of Labor
 - ◆ Tennessee Valley Authority
 - ◆ U.S. International Trade Commission
- b. Reports of Safety and Health Program Violations. When complaints allege violations of program elements of 29 CFR Part 1960, the Area Director may schedule an inspection or respond by letter. Any program deficiency trends noticed in a Federal agency shall be reported to the FAPO and forwarded to OFAP for review. OFAP shall determine if an evaluation of the agency's program should be conducted.
- c. Responding to Complaints When OSHA Does Not Have Authority. If OSHA does not have compliance authority over the complainant's agency, the complainant shall be advised to contact his/her employer's safety and health staff. Every effort shall be made to assist in identifying the proper person to be contacted. (See Appendix E for excluded agencies.)
5. Reports of Reprisal or Discrimination. Section 11(c) of the OSH Act does not apply to Federal employees. The Executive Order 12196 and 29 CFR Part 1960.46 and the Whistleblower Protection Act of 1989 require agency heads to assure that no employee is subject to restraint, interference, coercion, discrimination or reprisal for exercising any right under these laws.
 - a. Covered Employees. The Whistleblower Protection Act of 1989 is enforced by the Office of Special Counsel. Whenever a covered employee believes that reprisal actions are taken against him/her for reporting a violation of a law, rule

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or regulation, reporting OSHA will refer covered Federal employees or former employees directly to the Office of Special Counsel, Complaints Examining Unit, 3rd Floor, 1730 M. Street, N.W., Washington D.C. 20036, telephone #1-800-872-9855. There are no time limitations for filing a reprisal complaint with the Special Counsel.

- b. Noncovered Employees. Employees of a government corporation such as the Tennessee Valley Authority; the U.S. Postal Service or Postal Rate Commission; the Central Intelligence Agency, Defense Intelligence Agency, National Security Agency or certain other intelligence agencies excluded by the President; the General Accounting Office; and the Federal Bureau of Investigation are not covered by the Whistleblower Protection Act. Inmates at Federal prisons have their own reprisal program through the Bureau of Prisons and are not covered by the Special Counsel (See OSHA Instruction FAP 1.2). Reports of reprisal or discrimination from Federal employees who are not covered by the Special Counsel, should be sent to the agency DASHO. Contact OFAP for further assistance, if needed.
6. Alternate Standards. If an agency has been approved for an alternate standard in lieu of an OSHA standard, the CSHO shall determine if the agency is in compliance with the alternate standard.

NOTE: An alternate standard is the Federal agency equivalent to a variance from OSHA standards that private sector employers may obtain.

7. Refusal of Entry. If a Federal agency scheduled for an inspection refuses entry, the Area Director shall attempt to resolve the issue with the establishment official.
 - a. If a resolution cannot be worked out, the Area Director shall contact the FAPO. The FAPO shall contact the equivalent agency organizational level with responsibility and authority for the establishment's working conditions to discuss the refusal. If agreement cannot be reached, the FAPO shall contact the Director, OFAP, for resolution with the DASHO.
 - b. A written record of all actions taken to resolve the issue shall be kept in the case file.

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8. Warrants/Subpoenas. Administrative subpoenas or warrants will not be used for Federal agencies. Issues unresolved at the Area or Regional Office level shall be transferred to the Director, OFAP, for resolution with the DASHO.
9. Recordkeeping and Reporting Requirements. Federal agency recordkeeping and reporting requirements are outlined in 29 CFR Part 1960 program elements, Subpart I, and in Appendix B “Recordkeeping and Reporting Guidelines for Federal Agencies” (OSHA Publication 2014).

NOTE: The lost workday injury (LWDI) rate (Item 33) and the occupational injury/illness cases (Item 34) are not to be completed for Federal agency activity on the OSHA-1.

- a. Reports of Fatality/Catastrophes. Agencies must notify OSHA within 8 hours of each work related fatality or inpatient hospitalization of three or more employees. This requirement applies to each such fatality or hospitalization of three or more employees which occurs within thirty (30) days of an incident.

Notification can be made by telephone or in person to the OSHA area office nearest the site of the incident or by using the OSHA toll-free central phone number 1-800-321-OSHA.

- b. Occupational Injury/Illness Logs (OSHA Logs). Where, for reasons of efficient administration or practicality, an agency must maintain these records at a place other than at each establishment, these records may be maintained at Regional or Area levels if quarterly updated copies are available at the establishment. (See Appendix B.)
 - (1) Agencies may use their own forms to log injuries and illnesses, but the forms must include all data elements listed in OSHA Publication 2014. Cases reported to OWCP which do not involve lost time or cost are “First Aid” cases and must appear on the log. First aid cases may be displayed under a column labeled “First Aid” or may be listed under the “No lost time case” column.
 - (2) As new OSHA standards are published under Section 6(b) of the OSH Act that require certain injuries/illnesses to be recorded on the OSHA Log, Federal agencies will also be required to enter this information on their

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injury/illness log. For example, needle sticks, carpal tunnel syndrome, and threshold shifts in hearing loss are now required to be recorded.

- c. OSHA Supplementary Record of Occupational Injuries and Illnesses (OSHA-101). Agencies may use the OSHA-101, or OWCP Forms CA-1, CA-2, CA-6, or an equivalent agency form, as its supplementary record. The supplementary record is to be completed in the detail required by the form.
- d. Annual Summaries of Federal Occupational Injuries and Illnesses. An annual summary of Federal occupational injuries and illnesses for an establishment based on the OSHA Log shall be compiled not later than 45 calendar days after the close of the fiscal year. The summary shall then be posted for 30 consecutive days in a conspicuous place or places in the establishment where notices to employees are customarily posted. (See 29 CFR 1960.71(d)).
- e. OWCP Compensation Claim Forms. Agencies are required to complete OSHA-related items on OWCP compensation claim forms CA-1, CA-2, and CA-6.

NOTE: OWCP forms printed since 1986 include specific blocks for Type, Source, and Duty Station Zip Codes which are OSHA-required information.

- f. Access to Federal Employee Exposure and Medical Records. The authority for obtaining Federal employee exposure and medical records is Section 19(d) of the OSH Act, the Executive Order 12196, and 29 CFR Part 1960, Subpart I. Specifically, 29 CFR 1960.66(f) requires Federal agencies to comply with 29 CFR 1910.20, Access to Employee Exposure and Medical Records as published in the Federal Register, Vol. 60, No. 128, July 5, 1995.
- I. Evaluation. Compliance officers may be asked to participate in field reviews for evaluations of Federal agency programs. They will receive guidance from the FAPO. Evaluation procedures are contained in Appendix C.
 - 1. Agency Selection. OFAP will annually provide the Regional Administrators with a rolling two-year listing of agencies to be evaluated over the following two years. FAPOs, in consultation with Area Office Directors, will use this information to select the Federal agency sites where they plan to conduct field reviews.

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2. Frequency of Field Reviews. In order to ensure that Federal agencies receive more regular feedback on their occupational safety and health programs, each FAPO will be expected to conduct at least four field reviews annually at the Federal agency sites of their choice. These sites may be at one agency or divided among different agencies. The goal is to distribute the four field reviews evenly throughout the year, although the scheduling is at the discretion of the FAPO.
 3. Report Format. A site report will be written by the FAPO. FAPOs will forward the report to the top manager at the site, with copies to the Agency Safety and Health Manager and OFAP.
- J. Agency Technical Assistance Request (ATAR). An ATAR is a request by a Federal agency for onsite assistance. Assistance provided onsite shall be recorded on an OSHA-1.
1. An ATAR may include hazard abatement advice, training, a partial or comprehensive inspection, and program assistance.
 2. While many ATARs for hazard abatement advice or for an assistance visit will be submitted by telephone, the requesting agency normally shall be required to reduce the ATAR to writing before an onsite visit can be scheduled. If special circumstances arise that make it impractical to wait for a written request, the ATAR visit may be performed.
 3. Agencies requesting assistance shall be informed that the agency is expected to correct any violations of citable program elements or OSHA standards observed by CSHOs.
 4. At Area Office discretion the decision of whether to conduct an ATAR can include considerations such as:
 - a. Site commitment to safety and health,
 - b. Willingness by the requesting agency to assign necessary staff and resources to implement safety and health programs,
 - c. Abatement of previous violations and hazards, and

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- d. Willingness by the requesting agency to pay CSHO travel and per diem while an ATAR is conducted.
5. Assistance visit procedures will vary according to the scope of the visit, as prescribed by the Area Director.
- a. If the ATAR has resulted in a partial or a comprehensive inspection, all violations of citable program elements or OSHA standards observed shall be discussed with the establishment official at the closing conference.
 - b. For serious violations that are unabated prior to the closing conference, abatement dates and an abatement plan shall be discussed. Abatement dates shall be based on the shortest interval within which the agency can reasonably be expected to correct the violation.
 - c. For other-than-serious violations that are unabated prior to the closing conference, abatement advice shall be provided when appropriate.
 - d. The Area Director shall inform the establishment official using inspection form letter "e" ("Notification to Employer-ATAR Results") in Appendix D, Section II, of the results of the visit. The letter shall describe OSHA's action taken in response to the ATAR and provide findings and recommendations, as appropriate.
 - (1) If any violations were uncorrected at the end of the visit, the letter shall:
 - (a) Discuss in sufficient detail all apparent violations observed by the assistance team.
 - (b) Indicate abatement dates for serious violations as discussed with the establishment official.
 - (c) Request abatement plans for any serious violation that cannot be eliminated within 30 calendar days. Abatement plans must be submitted within 30 calendar days of receipt of the letter.

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- (d) Request that the establishment official notify OSHA in writing of abatement action taken upon expiration of the established abatement period.
- (2) If no violations were observed or if all hazards were eliminated prior to the completion of the closing conference, the Area Director shall so inform the establishment official.
- e. If, after 30 calendar days, the Area Director has not received an abatement plan and has not been notified that violations have been abated, the Area Director shall check on abatement status by telephone or onsite visit. If any violations are unabated, an OSHA Notice shall be issued with a copy sent to the agency's Designated Agency Safety and Health Official (DASHO).

NOTE: Where onsite assistance is provided for those agencies excluded from OSHA jurisdiction, a recommendation letter shall be sent instead of an OSHA Notice.

K. Application for an Alternate Standard. An agency may apply for an exception from an OSHA standard by applying for an alternate standard. Application procedures are found at 29 CFR 1960.17.

L. Notice of Unsafe or Unhealthful Working Conditions, OSHA-2H Form, (OSHA Notice).

- 1. Issuance of the OSHA Notice. The OSHA Notice shall be used to inform establishment officials of violations of OSHA standards, alternate standards, and 29 CFR Part 1960 citable program elements.
 - a. When violations are observed during an OSHA inspection of, evaluation of, or assistance visit to a Federal agency establishment, the private sector procedures shall be followed, except as otherwise indicated in this document:
 - (1) 29 CFR 1960.8(a) (the Federal equivalent of the general duty clause) shall be used in the notification of serious hazards that are not addressed by a specific OSHA standard. For other-than-serious hazards the establishment shall be notified using the inspection form letter "g" ("Letter for a Hazard

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Not Covered by Standard or General Duty Clause”) in Appendix D, Section II.

NOTE: Executive Order 12196, Section 1-201(a), will no longer be used to cite hazards not addressed by a specific OSHA standard or program element.

- (2) 29 CFR Part 1960, Subpart I, shall be used to enforce recordkeeping violations.

NOTE: Executive Order 12196, Section 1-201(j), will no longer be used to cite recordkeeping violations.

- (3) Violations of citable program elements of 29 CFR Part 1960 will normally be classified as “other-than-serious” unless they are considered a contributing factor to a serious safety or health standard violation (e.g., where lack of supervisory training contributed to an unshored trench, both the trenching standard and 29 CFR 1960.55 would be cited as “serious”).
- (4) A Repeat OSHA Notice may be issued to a Federal agency establishment for repeat violations if the agency had been cited previously for the same or a substantially similar condition and the following conditions are present:
 - (a) For serious violations, if OSHA nationwide inspection history for the agency lists a previous OSHA Notice issued within the past 3 years to an agency establishment within the same two-digit SIC code. (See Appendix G for map of OSHA Regions.)
 - (b) For other-than-serious violations if the establishment being inspected received a previous OSHA Notice issued within the past 3 years.
 - (c) There is documentary evidence that the previous OSHA Notice had been abated.

NOTE: Include the inspection identification number, date, and location of the previous inspection on the OSHA Notice.

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- b. An OSHA Notice shall be completed in accordance with current IMIS instructions.
- c. The multiemployer worksite policy described in the FIRM, at III-28 and 29, applies to both construction and nonconstruction, with both private and Federal employers.
- d. The Area Office shall send the OSHA Notice to the establishment official.
 - (1) When violations are classified as willful or repeated, a copy shall also be sent to the DASHO.

NOTE: For U.S. Army only send to: U.S. Army Safety Center, Fort Rucker, Alabama 36362-5363, with a copy to: ODUSD (ES) SH, Suite 110, 400 Army Navy Drive, Arlington, Virginia 22202.

- (2) The DASHO list is available from the FAPO.
 - d. If violations cannot be corrected within 30 days, Area Directors may assign abatement dates up to 6 months in 90-day increments for violations of 29 CFR Part 1960 authorized program elements. Justification for abatement in excess of 30 days must be documented in the case file.
2. Cover Letter. If the laser OSHA Notice is not used, each OSHA Notice shall be accompanied with inspection form letter "a" ("Notification to Employer-- Inspection Results") in Appendix D, Section II, which may also contain a general summary of what penalty amounts would have been proposed in the private sector.
- a. Request that the establishment official post a copy of the OSHA Notice at or near each place the violation exists or existed.
 - b. Inform the establishment official that an informal conference may be requested in writing or by telephone with a confirming letter within 15 working days of receipt of the OSHA Notice. The letter must identify the items to be discussed.
 - c. Enclose the OSHA Publication, "Federal Employer Rights & Responsibilities Following an OSHA Inspection."

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- M. Informal Conference Procedures. Informal conference procedures will be the same as in the private sector. The Area Director shall make every effort to resolve any disagreements at an informal conference with the establishment official.
- N. Appeal Procedures. If an issue is not resolved by the Area Director, a summary of the discussion together with the agency's position on the unresolved issues shall be forwarded to the FAPO within 5 working days of the informal conference.
1. The FAPO/Regional Administrator shall confer with the appropriate Regional agency official before making a decision on the unresolved issues.
 2. If the FAPO/Regional Administrator, in consultation with the Area Director, decides that the item in question should remain unchanged on the OSHA Notice, the appropriate agency officials shall be advised.
 3. If there is still an unresolved issue after the Regional review, the agency may send a letter of appeal to OSHA's Office of Federal Agency Programs (OFAP).
 4. Upon receipt of the letter of appeal, the Director, OFAP, shall request pertinent portions of the investigation file and informal conference notes from the Area Director.
 5. OFAP shall review the disputed issues and discuss these with top agency officials, as appropriate, to obtain resolution. The decision at the National Office level, in consultation with the Regional Administrator, FAPO, and Area Director, is final.
 6. Any changes to the OSHA Notice resulting from agreement during the informal conference procedures or subsequent appeal to OFAP will be made in accordance with private sector procedures.

NOTE: Contest procedures before the OSHA Review Commission do not apply to Federal agencies.

- O. Verification of Abatement. Follow private sector guidelines to verify abatement. Notify Certified Committee, if appropriate, of the abatement plan.
- P. Petitions for Modification of Abatement Dates (PMAs). When Area Offices receive Federal agency requests for additional abatement time, they shall follow 29 CFR

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1903.14(a) and 29 CFR 2200.37, which prescribe PMA procedures for private sector. Since the Occupational Safety and Health Review Commission has no jurisdiction over Federal agencies, and if the Area Director does not agree to extend the abatement date, the agency may bring unresolved issues to the Regional Administrator/FAPO for resolution with his counterpart in the agency. Issues not resolved at the regional level shall be forwarded to the Director, OFAP, for resolution with agency headquarters in consultation with the Regional Administrator, the FAPO, and the Area Director.

Q. Failure to Abate. Area Directors shall work with local Federal agency managers in developing an acceptable abatement plan. When this cannot be achieved within 30 calendar days of the abatement date, the following steps shall apply:

1. The Area Director shall send a Notification of Failure-to-Abate Alleged Violation, OSHA-2C Form, (FTA Notice) with inspection form letter "h" ("Notification of Failure to Abate Alleged Violation") in Appendix D, Section II, to the establishment official. This letter may also contain a general summary of what penalty amounts would have been proposed had they been a private sector employer.
2. The Area Director shall send a copy of the FTA Notice and inspection form letter to the DASHO and representative of employees (a transmittal letter is not required).

NOTE: For U.S. Army address refer to paragraph L.1.d.(1) NOTE.

3. If the inspection was initiated because of a complaint, the Area Director shall send a copy of the FTA Notice to the complainant with complaint form letter "o" ("Notification to Complainant--Failure to Abate Issued") in Appendix D, Section I.
4. The Area Director shall forward a copy of pertinent portions of the complete case file to the FAPO, if the Area Director cannot resolve the issue at the local level.
5. The FAPO shall immediately contact the Federal agency official at the equivalent organizational level with responsibility and authority for the establishment's working conditions, and request the manager to abate the violation(s) or to develop an acceptable abatement plan. If no solution is reached within 60 calendar days, the Regional Administrator shall forward the Area Office case file and written

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documentation showing the dates, contacts, and results of discussions undertaken at the Regional level to the Director, OFAP.

6. The Director, OFAP, shall, within 30 calendar days, determine which Directorate within OSHA is the most appropriate to review the case file. The Director, Directorate of Compliance Programs (DCP) shall then forward the case file to the appropriate Directorate.
 - a. The reviewing Directorate shall have 30 calendar days in which to review the case file and return it to DCP with appropriate recommendations.
 - b. If DCP upholds the citation, the Director shall, within 30 calendar days, schedule a meeting with his or her counterpart in the cited Federal agency to discuss OSHA's findings and request an abatement schedule.
 - c. If a satisfactory abatement schedule is not received within 60 calendar days, the Assistant Secretary shall schedule a meeting with the DASHO.
 - d. If no solution is reached, the Assistant Secretary shall request the Secretary of Labor's involvement.
7. DCP shall provide the Regional Office with a status report every 60 calendar days until the case is resolved.

Joseph A. Dear
Assistant Secretary

DISTRIBUTION: National, Regional, and Area Offices
Compliance Officers
Designated Agency Safety and Health Officials

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APPENDIX A

CITABLE ELEMENTS OF 29 CFR PART 1960

APPENDIX A

29 CFR 1960 CITABLE PROGRAM ELEMENTS	
PROGRAM ELEMENT	EXPLANATION
1960.8(a)	This section is the “general duty clause” element, that will replace the Executive Order 201(a) for enforcing serious hazards that are not covered by a standard.
1960.8(b)	This element gives specific directions for all agencies to comply with applicable OSHA standards.
1960.8(c)	This element gives specific directions to all agencies to develop, implement, and evaluate an occupational safety and health program.
1960.8(d)	This element gives specific directions to all agencies to acquire, maintain, and require employee use of approved personal protective equipment (PPE) and other safety equipment.
1960.11	This element provides for accountability of managers and supervisors and can apply equally to all agencies.
1960.12(c)	This element directs all agencies to post an agency occupational safety and health poster informing employees of the agency safety and health program.
1960.25(a)	The last sentence requiring that necessary equipment to conduct inspections be provided can be enforced in all agencies; the first part of the paragraph is general guidance that may not apply.
1960.25(c)	The first sentence requires that each agency inspect each workplace annually. The remaining part of the element is general guidance that may not apply to all agencies.
1960.26(b)(5)	The first sentence gives specific imminent danger instructions to the inspector that can apply uniformly. The rest of the paragraph gives guidance dealing with imminent danger that may not apply at all locations.
1960.26(c)(1-4)	These elements direct how agencies should handle agency inspection reports and notices of unsafe or unhealthful conditions.

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29 CFR 1960 CITABLE PROGRAM ELEMENTS	
PROGRAM ELEMENT	EXPLANATION
1960.27(a)	The first sentence gives specific instructions that the safety and health inspector is in charge of an agency inspection. The rest of the paragraph is general instruction that would be difficult to enforce.
1960.28(d)(3)	This element gives specific time frames for an agency to inspect employee reports of hazards.
1960.29(b)	This element directs all agencies to investigate accidents resulting in a fatality or hospitalization of five or more employees.
1960.29(d)	This element requires agencies to include specific information on all investigative reports of accidents.
1960.30(a-e)	This section gives specific abatement directions that apply to all agencies.
1960.34(a-d)	This section gives specific directions to General Services Administration (GSA) and other agencies that affect the safety and health programs of agencies in federally owned or leased buildings.
1960.37(b)	This section requires equal representation of management and non-management employees for those agencies who choose to have a Certified Safety and Health Committee.
1960.37(d)	This element directs that the safety and health committee chairperson alternate between management and non-management and applies equally for those agencies who choose to have a Certified Safety and Health Committee.
1960.37(e)	This element requires that safety and health committees meet on a regular schedule and applies to those agencies who choose to have a Certified Safety and Health Committee.
1960.55(a)	This element requires agencies to train all supervisory employees on the Act, E.O. 12196, the agency safety and health program, etc.
1960.56(a)	This element gives specific directions for training agency safety and health specialists.
1960.57	This section directs agencies to train safety and health inspectors.

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29 CFR 1960 CITABLE PROGRAM ELEMENTS	
PROGRAM ELEMENT	EXPLANATION
1960.58	This section directs agencies to train collateral duty safety and health personnel and committee members.
1960.59(a-b)	This section directs agencies to train employees and employee representatives in safety and health appropriate to the work performed.
1960.67(a-c)	This section directs all agencies to maintain a record or log of occupational injuries and illnesses.
1960.68	This section directs all agencies to maintain a record or log of occupational injuries and illnesses.
1960.69(a)	This element directs all agencies to compile an annual summary of Federal occupational injuries and illnesses.
1960.70(a-c)	This section gives directions to all agencies when to report serious accidents to OSHA.
1960.71(b)	This element directs the agency to have a copy of the injury and illness log and supplementary records at each establishment.
1960.71(d)	This element directs all agencies where and when to post the annual summary.
1960.71(e)	This element directs agencies to ensure safety and health committees, employees, former employees and employee representatives have access to the records and reports.
1960.72	This section directs all agencies to make their records available to the Secretary of Labor.
1960.73	This section directs all agencies to retain records for 5 years.

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APPENDIX B

RECORDKEEPING AND REPORTING GUIDELINES FOR FEDERAL AGENCIES

(OSHA Publication 2014)

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APPENDIX B

Recordkeeping and Reporting Guidelines for Federal Agencies

Under the Williams-Steiger
Occupational Safety and Health Act of 1970

U.S. Department of Labor
William E. Brock, Secretary

Occupational Safety and Health Administration
John A. Pendergrass, Assistant Secretary

Revised 1986

Includes Federal Register Amendments
to 29 CFR 1960.70, Vol. 60, No. 72
Friday, April 14, 1995

OSHA 2014

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DEFINITIONS

The following definitions apply to terms used in this booklet:

- ◆ Catastrophe - A work related incident resulting in three or more employees being hospitalized for inpatient care within 30 days of an incident.
- ◆ Compensation Claims - Forms submitted to the Department of Labor's office or workers' compensation programs to record and report injured, illnesses, and fatalities arising out of or in the course of employment. Three forms contain items OSHA requires agencies to complete:

Form CA-1 - Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Appendix G):

Form CA-2 - Notice of Occupational Disease and Claim for Compensation (Appendix H); and,

Form CA-6 - Official Superior's Report of Employee's Death (Appendix I).
- ◆ Establishment - A single physical location where business is conducted or where services or operations are performed. Typically, an "Establishment" refers to a field activity, regional office, and area office, installation or facility.
- ◆ Illness/Disease - A nontraumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness/disease is any reported condition which does not meet the definition of injury.
- ◆ Incident - Used to refer to an injury or illness/disease.
- ◆ Injury - A traumatic wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to the time and place of occurrence and member or function of the body affected, and is caused by a specific event or Incident or series of events or incidents within a single day or work shift.
- ◆ Lost Time Case - A nonfatal traumatic injury that causes any loss of time from work beyond the day or shift on which it occurred; or a nonfatal nontraumatic illness that causes loss of time from work or disability at any time.
- ◆ No Lost Time Case - A nonfatal incident that does not meet the definition of a lost time case. (Usually created by a compensation claim for medical expense.)

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INTRODUCTION

This booklet summarizes Federal Accident Reporting and Recordkeeping requirements of the Occupational Safety and Health Administration (OSHA). It addresses provisions of the Occupational Safety and Health Act of 1970 (PL 91-596), Executive Order 12196, Occupational Safety and Health Programs for Federal Employee, and 29 CFR Part 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs.

Federal agencies are required to collect occupational injury and illness data, to analyze this data to identify unsafe and unhealthful working conditions: and to establish program priorities based on their analyses. OSHA is to have access to agency records of occupational injuries and illnesses unless they are specifically required by Executive Order to be kept secret in the interest of national defense or foreign policy.

OSHA uses injury/illness data from compensation claim forms submitted under the Federal Employees' Compensation Act and provided by the U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs (OWCP). OSHA uses the data to set program priorities, identify Federal worksites for OSHA inspections; monitor agencies' progress in reducing occupational injured, illness, and fatalities, and to report on the status of Federal civilian employees' safety and health.

Agencies are required to complete OSHA related items on OWCP compensation claim forms. In 1986 OWCP revised forms CA-1 and CA-2 to accommodate agencies' coding and OWCP's entry of data. The revised forms include labeled blocks for the codes; codes are to be placed in existing blocks on previous forms.

The recordkeeping and reporting provisions described in this booklet cover the basic requirements for all Occupational Safety and Health Programs. Agencies should augment these requirements to design accident prevention programs tailored to their missions, organizations and operations.

Log of Occupational Injuries and Illnesses (1960.67, .69, and .71)

Each establishment must maintain a log of occupational injuries and illnesses to provide a quick and current view of workplace safety and health throughout the establishment. The format shown in Appendix A, or one with the same 12 data items, is to be used for the log. The log is to be completed within six working days after receiving information on an incident. All injuries, illnesses and fatalities for which a CA-1, 2 or 6 is filed with OWCP shall be logged. CA-1's submitted to document an injury or exposure are to be placed in the employee's official personnel or medical folder, not sent to OWCP, there is no lost time or medical reimbursement required.

Claims controverted or otherwise challenged shall be logged but may be deleted if OWCP denies the legitimacy of the claims. Claims resulting in permanent transfer, termination of employment or subsequent granting of Continuation of Pay (COP) shall be recorded as lost time cases. Maintenance of logs at area or regional levels is permitted if there is quarterly feedback of data to each establishment for access by management, employee representatives, employees and OSHA.

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Yearly totals of all injuries/illnesses/fatalities shall be posted in each establishment within 45 days of the close of the fiscal year and shall remain posted for 30 consecutive days. The log format (Appendix A) with the right lower part completed may be used for this posting requirement.

Supplementary Records (1960.68)

An incident resulting in a fatality, a lost time case, or medical expense, including termination and permanent transfer, warrants investigation, analysis and documentation on a supplementary record. The supplementary record should identify the personnel, equipment, and activities involved, as well as the causes and contributing factors. OSHA Form 131 (Appendix B), OWCP Form CA-1, 2 and 6, or equivalent agency forms, may be used for supplementary records.

Supplementary records shall be completed within six working days after receipt of information that an accident has occurred. If OWCP forms are used to meet OSHA's requirement for supplementary records, copies shall be maintained in the occupational safety and/or health office.

Regardless of the form used as a supplementary record, agencies shall complete OWCP forms CA-1, CA-2 and CA-6 as described in this publication. Privacy Act restrictions applicable to OWCP records shall be maintained for OWCP forms and data when they are used in relation to accident prevention.

Agency Coding of Forms CA-1, CA-2 and CA-6 (1960.68)

OSHA required agencies to code items on the CA-1, CA-2 and CA-6 prior to their submission to OWCP. Appendix C summarizes where the codes are to be placed on the new (CA-1 and CA-2, revised 1986) and old versions of the forms. New forms have coding blocks for the OSHA-related items. On old forms, the codes are to be added to information required by the title of the block.

Occupation Code

Identify the occupation by writing the two letters of the employee's Pay Plan (i.e. "GS," "GM," "WG," etc.) and the four numbers of the occupational series, as listed on the employee's most recent "Notification of Personnel Action", (OPM Standard Form 50). Occupational series are listed in the Federal Personnel Manual Supplement 292-1, "Personnel Data Standards." For U.S. Postal Service employees, write "PS", followed by the first four number of the occupation code. For employees who perform service for the Federal government, but do not have job titles that fall under the usual job classification systems, see Appendix D, Nonstandard Occupation Codes.

Type and Source Codes

Type and Source Codes are used to describe what caused the incident. The type code stands for an action and the Source Code for an object or substance. Together, they form a brief description of how the incident occurred. Where there are two different sources, code the initiating source of the incident (see example 1, below). Type and Source codes are given in Appendix E. Example are:

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1. An employee tripped on carpet and struck his head on a desk. Type: 210 (fell on same level)
Source: 0110 (walking/working surface)

NOTE: This example would NOT be coded 120 (struck against) and 0140 (furniture).

2. A letter carrier was bitten by dog. Type: 440 (bitten by)
Source: 0911 (dog)
3. A forest ranger contracted dermatitis from poison ivy. Type: 510 (contact)
Source: 0920 (plant)
4. A nurse contracted hepatitis after being punctured by a contaminated needle. Type: 410 (punctured by)
Source: 0831 (needle)
5. An employee was driving a government vehicle when it was struck by another vehicle. Type: 800 (traveling in)
Source: 0421 (government-owned vehicle, as driver)

NOTE: The type code 800, "traveling in" is different from the other type codes in that its function is not to identify factors contributing to the injury or fatality, but rather to collect data on the type of vehicle the employee was operating or traveling in at the time of the incident.

Agencies desiring additional codes to cover hazards of their operations should contact the Office of Federal Agency Programs, telephone 202-219-9329.

OWCP Agency Code

The OWCP Agency Code ("chargeback code") is a four-digit (or four-digit plus two letter) code used to identify the employee's agency. Agencies wishing to expand from a four digit to a six-digit Code must contact the Office of Workers' Compensation Programs, telephone 202-219-8463.

Duty Station Zip Code

Duty Station Zip Codes should be entered in the blocks indicated in Appendix C. For an employee officially detailed to another duty station, use the Zip Code for the temporary duty station. DO NOT enter the zip code of a central office processing compensation forms in these blocks.

OSHA Site Code

If OSHA finds that the OWCP Codes and the Duty Station Zip Code do not effectively identify an agency's establishments, OSHA will require the agency to develop OSHA Site Codes. In most cases the agency will be able to use existing codes - financial management codes or unit identification codes, for example. Agencies wishing to establish OSHA Site Code may contact the Office of Federal Agency Programs, telephone: 202-219-9329.

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Fatality and Catastrophe Notification (1960.70)

Agencies must notify OSHA within 8 hours of each work related fatality or inpatient hospitalization of three or more employees. This requirement applies to each such fatality or hospitalization of three or more employees which occurs within thirty (30) days of an incident.

Notification can be made by telephone or in person to the OSHA area office nearest the site of the incident or by using the OSHA toll-free central phone number 1-800-321-OSHA.

Notification to OSHA shall include:

- ◆ Establishment Name
- ◆ Number of fatalities and/or hospitalized employees
- ◆ Time, date, location and brief description of the incident
- ◆ Contact person and phone number.

Agencies shall provide the Office of Federal Agency Programs with a summary report of each fatal and catastrophic accident investigation. The summary should include the information listed above, causal factors, the effectiveness of applicable standards, and proposed corrective/preventive actions.

Access to and Retention of Records and Reports (1960.71, .72 and .73)

Agencies shall publicize the availability of and provide access to establishment logs and annual injury/illness summaries. Access to these documents shall be provided to establishment agency safety and health personnel, establishment occupational safety and health committees, employees, employee representatives and former employees with a need to know, and to the Secretary of Labor, Secretary of Health and Human Services and their authorized representatives. Records and reports shall be maintained by the agency for five years following the end of the fiscal year to which they relate.

Agency Annual Report (1960.74)

By January 1st of each year, agencies shall submit a report to the Secretary of Labor describing the previous fiscal year's occupational safety and health program. Guidelines for the report are provided in Appendix F.

Appendix A

Log of Federal Occupational Injuries and Illnesses											
Case or File Number	Date of Injury or Onset of Illness	Employer's Name	Occupation	Department	Description of Injury/Illness and Body Part Affected	INJURIES			ILLNESSES/DISEASES		
						Fatal Cause	Loss Time Cause	No. Lost Time Cases	Fatal Cause	Loss Time Cause	No. Lost Time Cases
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTALS											

TOTALS (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24)

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Appendix B

Bureau of Labor Statistics
 Supplementary Record of
 Occupational Injuries and Illnesses

U.S. Department of Labor



The forms prescribed by Public Law 91-502 and kept in the establishments for Federal use to establish and report the occurrence of accidents and illnesses of persons.

Form Approved
 OMB No. 1220-0529

Employer

1. Name
2. Mail address (No. and street, city or town, State, and zip code)
3. Location, if different from mail address

Individual Employee

4. Name (First, middle, and last) Social Security No.
5. Home address (No. and street, city or town, State, and zip code)
6. Age Sex: (Check one) Male Female
7. Occupation (Enter regular job title, not the specific activity he was performing at time of injury.)

8. Department (Enter name of department or division in which the injured person is regularly employed, even though he may have been temporarily working in another department at the time of injury.)

Accident or Exposure to Occupational Illness

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not include department or division within the plant or establishment. If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

9. Date of accident or exposure (No. and street, city or town, State, and zip code)
10. Was place of accident or exposure on employer's premises? Yes No
11. What was the employee doing when injured? (Be specific. If he was using tools or equipment or handling materials, name them and tell what he was doing with them.)
12. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.)

Occupational Injury or Occupational Illness

13. Describe the injury or illness in detail and indicate the part of body affected. (E.g., amputation of right index finger at second joint; fracture of right hand palm; sprain of left hand, etc.)
14. Name the object or substance which directly injured the employee. (For example, the machine or thing he struck against or which struck him; the vapor or fumes he inhaled or swallowed; the chemical or radiation which irritated his skin; or in case of stroke, heart, etc., the thing he was lifting, pushing, etc.)

15. Date of injury or initial diagnosis of occupational illness 17. Did employee die? (Check one) Yes No

16. Name and address of physician

18. If hospitalized, name and address of hospital

Date of report Prepared by Official position

Do. No. 101 (Feb. 1981)

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Appendix C

Summary of OSHA Items Agencies Must
Code on Compensation Forms

ITEM	FORM CA-1		FORM CA-2		FORM CA-6
	OLD (Revised 1983)	NEW (Revised 1986)	OLD (Revised 1985)	NEW (Revised 1986)	OLD (Revised 1976)
Occupation Code	BLOCK 12. Employee's Occupation	SHADED BOX "a" Occupation Code	BLOCK 7. Occupation	SHADED BOX "a" Occupation Code	BLOCK 13. Was Employee in Performance of Duty When Injury Occurred?
Type of Injury Illness Code	BLOCK 13. Cause of Injury	SHADED BOX "b" Type Code	BLOCK 15. Nature of the Disease	SHADED BOX "b" Type Code	BLOCK 12. Describe How Injury Occurred
Source of Injury Illness Code	BLOCK 13. Cause of Injury	SHADED BOX "c" Source Code	BLOCK 15. Nature of the Disease	SHADED BOX "c" Source Code	BLOCK 12. Describe How Injury Occurred
OWCP Agency Code	BLOCK 22. Bureau or Office	BLOCK 17. OWCP Agency Code	BLOCK 23. Bureau or Office	BLOCK 19. OWCP Agency Code	BLOCK 6. Bureau or Office
OSHA Site Code	—	BLOCK 17. OSHA Site Code (As Necessary)	—	BLOCK 17. OSHA Site Code (As Necessary)	—
Duty Station Zip Code	BLOCK 7. Name and Address of Employing Agency	BLOCK 18. Duty Station	BLOCK 8. Name and Address of Employing Agency	BLOCK 20. Duty Station	BLOCK 5. Department or Agency

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Appendix D

Nonstandard Occupation Code

“Nonemployees” covered by OWCP:

CODE	TITLE	CODE	TITLE
?0136	Peace Corps Volunteer	?0060	Chaplain
?0083	Non-fed. Law Enf. Off.	?1863	State/Local Agri Insp.
?0021	Vista Volunteer	?0030	Sports Clinic Perform.
?0243	Neighborhood Yc Enroll	?0188	Entertainer/Armed Forces
?0243	Job Corps Enrollee	?0243	Vocational Trainee
?0302	Mail Messenger	?0460	Forest Service Cooperator
?3501	Contract Job Cleaner	?1316	Gage Reader, Corps Engrs
?0621	Student Nurse	?4701	Maintenance Workers, Hud
?0462	Forest Svc Volunteer	?0026	Nat'l Park Svc Voluntr
?1341	Vol. Weather Observer	?0204	Nat'l Defens Exec Reserv
?0099	State Martme Acad Cadt	?1740	Nat'l Teachrs Corps Mbr
?0099	Rotc Cadet	?0610	Contract Nurse
?0930	Federal Juror	?0602	Contract Physician
?2181	Civil Air Patrol Vol.	?0630	Nutritional-aide, Usda
?0685	Vol. Hospital Worker	?1740	Reader for the Blind
?0243	Youth Cons. Corps Vol.	?1016	Trust Empl Smithsonian
?0475	Cnty Agwt, Dept. Agri.	?0457	Soil/Water Cons Dist Empl
?3506	Student Aide	?0243	Yth/Adlt Cons Corps Enrll
?9825	Seaman	?0099	Military Acad Cadet
?0204	Coast Guard Res Membr	?0006	Vol Trainee Probation off
?0204	Coast Guard Aux Membr	?0006	Urban Crime Prev Prog Vol
?0023	Nat'l Park Svc Collab	?0345	Congressional Staff Mbr
?0099	College Wk/Stdy Partic.		

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Appendix E

	<u>TYPE CODES</u>	
00 STRUCK		600 EXERTED
10 STRUCK BY		630 LIFTED, STRUCK BY
111 STRUCK BY FALLING OBJECT	450 FRACTURED, LACERATED	(SINGLE ACTION)
20 STRUCK AGAINST	460 FRACTURED BY	620 STRESSED BY
	420 CUT BY	(REPEATED ACTION)
60 FELL, SLIPPED, TRIPPED	430 STUNG BY	
61 FELL ON SAME LEVEL	490 BITTEN BY	700 EXPOSED
70 FELL ON DIFFERENT LEVEL		710 INHALED
30 SLIPPED, TRIPPED (NO FALL)	500 CONTACTED	720 INGESTED
	510 CONTACTED WITH	730 ABSORBED
	(INJURED PERSON MOVING)	
00 CAUGHT	520 CONTACTED BY	800 TRAVELING IN
10 CAUGHT ON	(OBJECT WAS MOVING)	
20 CAUGHT IN		999 INSUFFICIENT DATA
30 CAUGHT BETWEEN		
	<u>SOURCE CODES</u>	
000 BUILDING OR WORKING AREA	0600 DUST, VAPOR, ETC.	
010 WALKING/WORKING SURFACE	0610 DUST (SILICA, COAL, ETC.)	
(FLOOR, STREET, SIDEWALKS, ETC.)	0620 FIBERS	
020 STAIRS, STEPS	0621 Asbestos	
030 LADDER	0630 GASES	
040 FURNITURE, FURNISHINGS,	0631 CARBON MONOXIDE	
OFFICE EQUIPMENT	0640 FOG, STEAM, VAPOR, FUME	
050 BOTTLE, PRESSURE VESSEL	0650 PARTICLES (UNIDENTIFIED)	
060 EQUIPMENT LAYOUT (ERGONOMICS)		
070 WINDOWS, DOORS	0700 CHEMICAL, PLASTIC, ETC.	
080 ELECTRICITY	0710 Dry CHEMICAL	
	0711 Corrosive	
1000 ENVIRONMENTAL CONDITION	0712 Toxic	
1010 TEMPERATURE EXTREME (INDOOR)	0713 Explosive	
1200 WEATHER (ICE, RAIN, HEAT, ETC.)	0714 Flammable	
1250 FIRE, FLAME, SMOKE (HOT TOBACCO)	0720 LIQUID CHEMICAL	
1240 HOISE	0721 Corrosive	
1250 RADIATION	0722 Toxic	
1260 LIGHT	0723 Explosive	
1270 VENTILATION	0724 FLAMMABLE	
0271 TOBACCO SMOKE	0730 PLASTIC	
1280 STRESS (EMOTIONAL)	0740 WATER	
1250 COMPRESSED SAUCE	0750 MEDICAL	
1300 MACHINE OR TOOL	0800 INANIMATE OBJECT	
1310 HAND TOOL (POWERED; SAW, GRINDER, ETC.)	0810 BOX, BARREL, ETC.	
1320 HAND TOOL (NON-POWERED)	0820 PAPER	
1330 MECHANICAL POWER TRANSMISSION APPARATUS	0830 METAL ITEM, MINERAL	
1340 GUARD, SHIELD (FACE, HANDS, HEAD)	0831 KESSEL	
1350 VIDEO DISPLAY TERMINAL	0840 GLASS	
1360 PUMP, COMPRESSOR, AIR PRESSURE TOOL	0850 SCRAP, TRASH	
1370 HEATING EQUIPMENT	0860 WOOD	
1380 WELDING EQUIPMENT	0870 FOOD	
	0880 CLOTHING, APPAREL, SHOES	
1400 VEHICLE		
1410 PRIVATELY-OWNED (INCLUDES RENTAL)	0900 ANIMATE OBJECT	
0411 As DRIVER	0910 Animal	
0412 As PASSENGER	0911 Dog	
1420 GOVERNMENT-OWNED	0912 Other	
0421 As DRIVER	0920 Pounce	
0422 As-PASSENGER	0930 Insect	
1430 COMMON CARRIER(AIRLINE, BUS, ETC.)	0940 Human (VIOLENCE)	
1440 AIRCRAFT (NOT COMMERCIAL)	0950 Human (COMMUNICABLE DISEASE)	
1450 BOAT, SHIP, BARGE	0960 BACTERIA, VIRUS (NOT HUMAN CONTACT)	
0500 MATERIAL HANDLING EQUIPMENT	1000 PERSONAL PROTECTIVE EQUIPMENT	
0510 EARTHMOVER (TRACTOR, BACKHOE, ETC.)	1010 PROTECTIVE CLOTHING, SHOES,	
0520 CONVEYOR (FOR MATERIAL AND EQUIPMENT)	GLASSES, GOGGLES	
0530 ELEVATOR, ESCALATOR, PERSONNEL HOIST	1020 RESPIRATOR, MASK	
0540 HOIST, SLING CHAIN, JACK	1021 Diving EQUIPMENT	
0550 FORKLIFT, CRANE	1030 SAFETY BUILT, HARNESS	
0560 HANDTRUCK, DOLLY	1040 PARACHUTE	
	9999 INSUFFICIENT DATA	

Appendix F

Guidelines for Agency's Annual Occupational Safety and Health Report to the Secretary of Labor

Fiscal Year: _____

Name of Agency (Department): _____

Name of Component: _____

Address: _____

Number of employees covered by this report: _____

Name of individual responsible for the occupational safety and health program of the agency or component covered by this report: _____

Title: _____ Telephone number: _____

Each agency shall:

1. a. Use agency injury/illness data to display the annual statistics for fatalities and lost time disabilities for the report year and, if possible, compare these fatalities and disabilities with similar statistics for the previous three-year period. Data based on agency claims submitted to OWCP is preferred, but internal accident or incident reporting data (FARS) is acceptable, if OWCP data is not available to the agency. The data should be displayed in charts or tables so that changes can be easily seen or demonstrated.
- b. Use agency data to display the most recent OWCP chargeback and COP costs and, if possible, compare these costs with similar statistics for the previous three-year period. The data should be displayed in charts or tables so that changes can be easily seen or demonstrated.
- c. Use agency accident or incident reporting system or supplemental reports to the OSHA logs or the OWCP reports for details which will help explain any significant trends and major causes or sources of fatalities and lost time disabilities which occurred last year(s).
2. Describe safety and occupational health program accomplishments and initiatives implemented last fiscal year to control the trends and major causes or sources of fatalities and lost time disabilities in your agency and to improve your agency's overall safety and occupational health programs. Discuss your successes and/or failures as a result of your agency's implementation of these initiatives. Explain any significant onetime or additional permanent resources allocated to the safety and occupational health program last year for areas such as: workplace hazard abatement, research and development, data systems, staffing, training, etc. Attach a copy of any significant safety and occupational health policy or proclamation related to those initiatives.

Appendix F (Continued)

Guidelines for Agency's Annual Occupational Safety and Health Report to the Secretary of Labor

In describing your accomplishments and initiatives, please try to explain your agency's efforts in the following areas:

- Accomplishments for assuring that workers, supervisors and committee members received appropriate job health and safety awareness and hazard recognition information and training.
 - Accomplishments for assessing the effectiveness of your safety and occupational health programs.
 - Accomplishments in the identification, assessment and resolution of safety and health problems, including your agency's system of (a) providing recognition to outstanding achievers and (b) establishing accountability and performance standards for managers, supervisors and employees.
 - Unique or significant accomplishments that your agency made last year to enhance employee participation, involvement and consultation in the safety and occupational health program.
3. Identify your annual OSH plans, goals and objectives, and significant OSH initiatives planned and programmed for the coming year(s).
 4. Provide comments, requests and recommendations for consideration by OSHA's Office of Federal Agency Programs (OFAP) in Government-wide occupational safety and health programs or report any items of special interest concerning occupational safety and health activities or programs. (Optional)

It is suggested that the report be in executive summary format and be limited to ten pages exclusive of attachments.

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Appendix G

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs



Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

1. Name of employee (Last, First, Middle)		2. Social Security Number	
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone ()	6. Grades or date of injury Level Step
7. Employee's home mailing address (include city, state, and zip code)		8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

9. Description of injury
 a. Place where injury occurred (e.g., 2nd floor, Main Post Office Bldg., 1204 E. Main)

10. Date injury occurred Mo. Day Yr.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
---	--	---------------------------

13. Cause of injury (Describe what happened and why)

14. Nature of injury (Specify both the injury and the part of body, e.g., fracture of left leg)	a. Occupation code	b. Injury code	c. Extension code
	d. Compensation Code		

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while absent for work:

a. Continuation of regular pay (CRP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed to overpayment within the meaning of 5-CSC 8304.

b. Sick and/or Annual Leave

Signature of employee or person acting on his/her behalf _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate provisions, be punished by a fine or imprisonment, or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

End of Employee Report

Witness

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date Signed
Address	City	State Zip Code

CA-1
 (Rev. 2001)

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Appendix G (Continued)

011 Supervisor's Report: Please complete information requested below.

012 Agency Name: _____ OWDOP Agency Code: _____

013 Agency name and address of reporting office (include city, state, and zip code): _____
 OSHA Site Code: _____
 Zip Code: _____

014 Employee's duty station (Street address and zip code): _____
 Zip Code: _____

015 Regular work hours: From: _____ To: _____
 a.m. p.m. a.m. p.m.

016 Regular work schedule: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

017 Date of injury: Mo. Day Yr. _____
 018 Date notice received: Mo. Day Yr. _____
 019 Date (stop) work resumed: Mo. Day Yr. _____
 Time: _____
 a.m. p.m.

020 Date pay stopped: Mo. Day Yr. _____
 021 Date 45-day period began: Mo. Day Yr. _____
 022 Date returned to work: Mo. Day Yr. _____
 Time: _____
 a.m. p.m.

023 Will employee be injured in performance of duty? Yes No (If "No," explain)

024 Was injury caused by employee's willful misconduct, negligence, or intent to injure self or another? Yes (If "Yes," explain) No

025 Was injury caused by third party? Yes No (If "No," go to 30 item 31.)

30 Name and address of third party (include city, state, and zip code): _____

31 Name and address of physician (and providing medical care) (include city, state, zip code): _____

32 First date medical care received: Mo. Day Yr. _____

33 Do medical reports show employee is disabled for work? Yes No

34 Does your knowledge of the facts about this injury agree with statements of the employee and/or witness? Yes No (If "No," explain)

35 Does the employing agency control continuation of pay? Yes (If "Yes," explain) No
 See instructions for explanation of "continuation."

36 Pay rate which employee stopped work: \$ _____ per _____

027 Signature of Supervisor and Date

028 A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this OSHA form may also be subject to appropriate Federal criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print): _____

Signature of supervisor: _____ Date: _____

Supervisor's Title: _____ OSHA phone: _____

029 Filing Instructions: No lost time and no medical expense - File this form in employee's medical folder (SF-60-2)
 No lost time, medical expense by _____ - Reported forward this form to OSHA
 Lost time covered by leave, LWC - OSHA forward this form to OWDOP

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Appendix H
Notice of Occupational Disease
and Claim for Compensation

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs



Employee: Please complete all boxes 1 - 13 below. Do not complete shaded areas.
 Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

1. Name of employee (Last, First, Middle)					2. Social Security Number		
3. Date of birth Mo. Day Yr.	4. Sex	5. Home telephone ()	6. Grade as of date of last exposure		Level	Step	
7. Employee's home mailing address (include city, state, and zip code)						8. Dependents: <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
9. Employee's occupation						10. Location (address) where you worked when disease or illness occurred (include city, state, and zip code)	
11. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr.						12. Explain the relationship to your employment, and why you came to this realization	

14. Nature of disease or illness	15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item 11, explain the reason for the delay.
----------------------------------	--

16. If the documents requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, injury to injury myself or another person, nor by my intoxication, if hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

Signature of employee or person acting on his/her behalf _____ Date _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the DCA or who knowingly accepts compensation to which that person is not entitled, is subject to felony criminal prosecution and may, under applicable provisions, be punished by a fine or imprisonment, or both. Have your supervisor complete the receipt attached to this form and return it to you for your records.

OSHA
 4-7722

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Appendix H (Continued)

Medical Supervisor's Report of Occupational Disease; Please complete information requested below

Supervisor's Report (Form 300) was filed on _____

8. Agency name and address of reporting office (include city, state, and zip code) DWCOP Agency Code

_____ DWCOP Agency Code

_____ Zip Code

_____ Zip Code

9. Employee's duty station (Street address and zip code) Zip Code

_____ Zip Code

1. Regular work hours From: a.m. p.m. To: a.m. p.m. 2. Regular work schedule Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

3. Name and address of physician first providing medical care (include city, state, zip code)

24. First date medical care received Mo. Day Yr.

_____ Mo. Day Yr.

25. Do medical reports show employee is disabled for work? Yes No

2. Date employee first reported condition to supervisor Mo. Day Yr.

_____ Mo. Day Yr.

27. Date and hour employee stopped work Time: a.m. p.m.

_____ Time: a.m. p.m.

6. Date and hour employee's pay stopped Time: a.m. p.m.

_____ Time: a.m. p.m.

28. Date employee was last exposed to conditions alleged to have caused disease or illness Mo. Day Yr.

_____ Mo. Day Yr.

4. Date returned to work Time: a.m. p.m.

_____ Time: a.m. p.m.

7. If employee has returned to work and work assignment has changed, describe new duties

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Appendix I

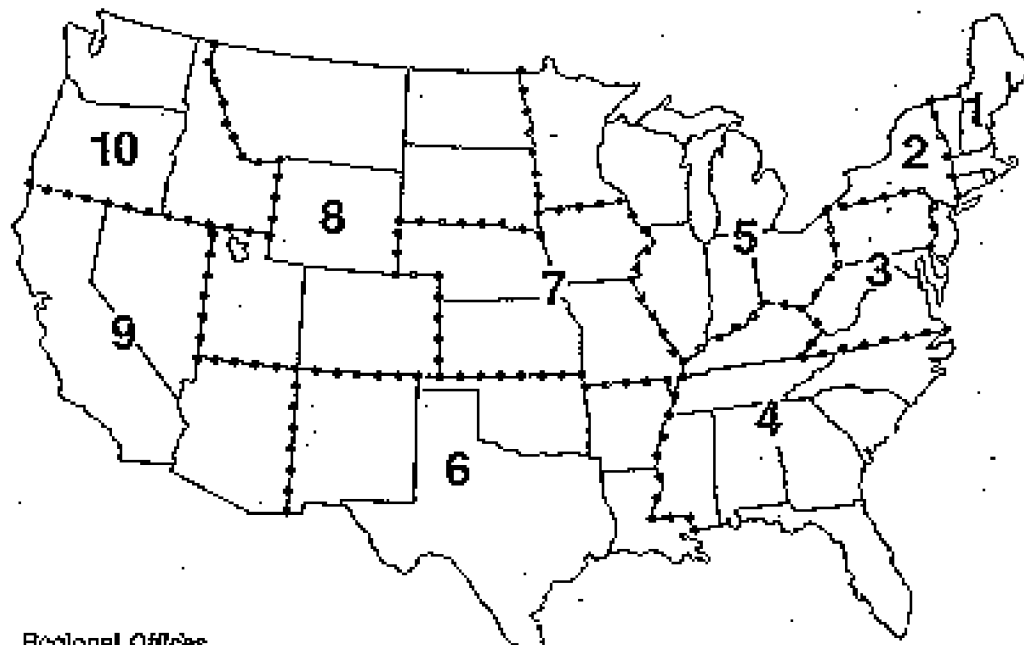
U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION Office of Workers' Compensation Programs		OFFICIAL SUPERIOR'S REPORT OF EMPLOYEE'S DEATH	
1. Name of Deceased Employee (Last, first, & middle)		2. Date of Birth (Mo., day, year)	3. <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Social Security No.		5. Department or Agency (Duty Station Zip Code)	
6. Bureau or OSHA (OWCP Agency Code)		7. Name and Address of Reporting Office	
8. Name and Office Phone Number of Employee's Official Superior		9. Date and Hour of Injury (Mo., day, year)	
10. Date and Hour of Death (Mo., day, year)		11. Date and Hour Employee's Pay Stopped (Mo., day, year)	
12. Describe How Injury Occurred (Type Code) (Source Code)		13. Was Employee in Performance of Duty When Injury Occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Explain) (Occupation Code)	
14. Location Where Injury Occurred		15. Location Where Death Occurred	
16. Immediate Cause of Death (Attach Medical and Autopsy Reports if Available)			
17. Employee's Pay Rate As Of			
A. Date of Injury		B. Date Pay Stopped	
a. Base Pay	b. Substrate	c. Quarters	d. Other
\$ per	\$ per	1 per	1 per
\$ per	\$ per	1 per	1 per
18. Did Employee Work in Position Held At Time of Injury for a Full Eleven Months Immediately Prior to the Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. If Answer to 18 is No, Would Position Have Afforded Employee for Eleven Months Except for the Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Did Employee Receive Leave Pay for Any Part of Period from Time Pay Stopped to Date of Death? (Give Inclusive Dates)			
a. Annual		b. Sick	
c. Other (Specify)			
21. Did Employee Receive Continuation of Pay (COP) During Period Prior to Death?			
a. Pay Rate Used for COP		b. Inclusive Dates of COP	
\$ per	From To	c. Gross Dollar Amount of COP	
\$ per		\$	
22. If Employee was Enrolled in Health Benefits Plan for Self and Family, Show HBS Code Number		23. Show Date Through Which HBS Reductions Were Last Made (Mo., day, year)	
24. If Employee Received Medical Care Prior to Death, Give Name and Address of Attending Physician			
25. If Injury was Caused by a Third Party, Give Name and Address of Third Party		26. Give Name and Address of the Attorney Representing the Survivors (If Legal Action is Instituted Against the Third Party)	
27. Show Amount of Third Party Recovery, If Any		\$	
28. If Employee was a Member of the Armed Services of the United States Show: Branch of Service: Serial No. (if known)		29. Have Claims for Survivor's Benefit Been Filed with the United States Civil Service Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Name and Address of Employee's Spouse or Next of Kin (Show relationship, further than mother)			
31. Signature of Official Superior		32. Title	
		33. Date (Mo., day, year)	

Form OAS
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Appendix J

U.S. Department of Labor
 Occupational Safety and Health Administration



Regional Offices

Region I
 (CT, MA, ME, NH, RI, VT)
 25-38 North Street
 1 Dock Square Building
 4th Floor
 Boston, MA 02109
 Telephone: (617) 223-6710

Region II
 (NJ, NY, Puerto Rico, Virgin
 Islands)
 1 Acton Plaza, Room 3445
 1515 Broadway
 New York, NY 10036
 Telephone: (212) 944-3432

Region III
 (DC, DE, MD, PA, VA, WV)
 Gateway Building, Suite 2100
 5535 Market Street
 Philadelphia, PA 19104
 Telephone: (215) 586-1205

Region IV
 (AL, FL, GA, KY, MS, NC, SC,
 TN)
 1375 Piedmont Street, N.E.
 Suite 807
 Atlanta, GA 30307
 Telephone: (404) 347-8573

Region V
 (IL, IN, MI, MN, OH, WI)
 220 South Dearborn Street
 32nd Floor, Room 3244
 Chicago, IL 60604
 Telephone: (312) 553-2220

Region VI
 (AR, LA, NM, OK, TX)
 525 Griffin Square Building,
 Room 602
 Dallas, TX 75202
 Telephone: (214) 767-4731

Region VII
 (IA, KS, MO, NE)
 811 Walnut Street, Room 608
 Kansas City, MO 64108
 Telephone: (816) 374-6861

Region VIII
 (CO, MT, ND, SD, UT, WY)
 Federal Building, Room 1554
 1901 Stout Street
 Denver, CO 80294
 Telephone: (303) 844-3061

Region IX
 (American Samoa, AZ, CA,
 Guam, HI, NV, Pacific Trust
 Territories)
 P.O. Box 36077
 450 Golden Gate Avenue
 San Francisco, CA 94102
 Telephone: (415) 558-7260

Region X
 (AK, ID, OR, WA)
 Federal Office Building
 Room 6003
 509 First Avenue
 Seattle, WA 98174
 Telephone: (206) 442-5100

National Office

DOLA/OSHA
 Office of Federal Agency
 Programs
 200 Constitution Avenue, N.W.
 Washington, D.C. 20210
 Telephone: (202) 523-2320
 FTS 523-2320

*These states and territories operate their own OSHA-approved job safety and health programs (except Connecticut and New York whose plans cover public employees only).

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APPENDIX C

EVALUATION OF FEDERAL AGENCY OCCUPATIONAL SAFETY AND HEALTH PROGRAMS

APPENDIX C

EVALUATION OF FEDERAL AGENCY OCCUPATIONAL SAFETY AND HEALTH PROGRAMS

- A. Purpose and Scope. This Appendix describes the Occupational Safety and Health Program Evaluation guidelines for evaluation of Federal Agency occupational safety and health programs as required by the regulations at 29 CFR Part 1960. OSHA field staff most directly affected are the Federal Agency Program Officers (FAPOs).
- B. Background. A task force consisting primarily of Federal Agency Program Officers (FAPOs) was appointed in November 1992 to develop new procedures for conducting Federal agency safety and health program evaluations. These procedures are based on their recommendations.
1. These procedures are intended to provide FAPOs increased latitude in that they:
 - a. Give FAPOs an opportunity to plan and schedule Federal agency field reviews in their Regions.
 - b. Give FAPOs an opportunity to select the particular sites for review at those Federal agencies in their Regions whose safety and health programs are to be evaluated.
 2. This Appendix establishes the overall objectives for the field review activity carried out by the FAPOs:
 - a. To conduct at least four field reviews per Region per year.
 - b. To conduct as many field reviews in conjunction with targeted inspections as possible. In so doing, to de-emphasize the additional use of Area Office personnel for evaluation field reviews.

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- c. To provide the Federal agency sites and the nation wide evaluation program with high quality field reviews based on the following indicators:
 - (1) Time frames set forth in this Appendix are met;
 - (2) Well documented, thorough analysis and review of the site; and,
 - (3) Significant findings which can be implemented at the site.
3. These procedures will provide more timely feedback to the Federal agencies and speed up the Agency-wide evaluation process.

C. Regional Field Reviews.

1. Agency Selection. The Director, Office of Federal Agency Programs, will annually provide the Regional Administrators with a rolling two-year listing of agencies to be evaluated over the following two years. Federal Agency Program Officers (FAPOs), in consultation with Area Office Directors, will use this information to select the Federal agency sites where they plan to conduct field reviews.
2. Field Reviews. In order to ensure that Federal agencies receive more regular feedback on their occupational safety and health programs, each FAPO will be expected to conduct at least four field reviews annually at the Federal agency sites of their choice. These sites may be at one agency or divided among deferent agencies.
3. Notification of OFAP. In order to assure a coordinated range of sites, the Regions should notify OFAP of the sites they have selected for review.
4. Field Review Frequency. The goal for each FAPO is to distribute the four field reviews evenly throughout the year. Although the scheduling is at the discretion of the FAPO, the field review reports are needed for input into the Agency-wide evaluations and effort should be made to avoid creating a last quarter logjam.

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5. Procedures. FAPOs should use the field review procedures described in Attachment I. When conducting field reviews in conjunction with targeted inspections, the field review procedures will take precedence.
6. Report Format. A site report will be written by the FAPO, using a simplified format, with a cover narrative summary and with recommendations for corrective action. The grid format will be provided, on computer disk, to each FAPO. FAPOs are encouraged to load this format on the laptop computer which they will use onsite to prepare the report. FAPOs will forward the report to the top manager at the site, with copies to the Agency Safety and Health Official and OFAP.

D. Agency-Wide Evaluations.

1. Agencies to be Evaluated. The Assistant Secretary for OSHA will identify the agencies to be evaluated over the following two years. The Office of Federal Agency Programs (OFAP) will annually provide the Regional Administrators with an updated list of these agencies.
2. Components of the Agency-Wide Evaluations. OFAP will develop the report of the agency-wide evaluations based on: (1) a two-year history of the Regional field review reports and workplace compliance inspections, (2) written program information provided by the agency, including its annual report and (3) interviews of agency personnel, including headquarters personnel.
3. Role of OFAP.
 - a. Interface with Regional Administrators. OFAP will provide FAPOs with periodic reports on the progress nationwide in completing needed field review reports for the agencies to be evaluated. This information will be provided in order for the FAPOs to select Agency sites for review.
 - b. Interface with Federal Agencies. OFAP will request detailed information on Agencies' safety and health programs from the Agencies. Agencies being evaluated will be asked to complete a "baseline questionnaire" consisting of key information on their plans

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and procedures for administering their nationwide occupational safety and health program.

- c. Evaluation Steps. OFAP will review agency program documents, interview managers, and travel to subagency or command headquarters levels, as necessary. OFAP will conduct the opening and closing conferences and prepare the written report in accordance with the regulations at 29 CFR Part 1960.
- d. Reports. The Federal Agency evaluation reports will consist of an Executive Summary and appropriate appendices including, at a minimum, a chart comparing the Federal agency safety and health program with the requirements at 29 CFR Part 1960, analysis of statistics, and major recommendations.

ATTACHMENT I

FIELD REVIEW PROCEDURES

- A. Purpose: These procedures are based on practices in wide-spread use in the field
- B. Obtain Site Documentation Before the Scheduled Field Review. Before the scheduled field review, the Federal Agency Program Officer shall contact the top manager at the site concerning the following information. In order to shorten the time Federal reviewers are on site, the site should be requested to provide as many of these documents as possible in advance. The others should be assembled and available at the start of the review. At a minimum the basic written program and the injury and illness logs should be provided in advance.

1. TOP MANAGEMENT SUPPORT

a. Policy Statements.

- Sample policy statement received from agency head.
- Any policy statements issued by facility manager.

b. Program Documentation.

- Written safety and health program documentation transmitted from the agency to the facility.
- Written program documentation developed at the facility.

c. Personal Participation.

- Any memos on safety and health issues from the facility manager during the past year.

d. Accountability.

- Sample (blank) performance standards for managers.

e. Resources.

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- List of occupational safety and health staff by job titles.
- Training and experience of Occupational Safety and Health staff.

2. PROGRAM PLANNING

a. Goals and Objectives.

- Any documentation showing Agency safety and health goals.
- Any documentation showing facility safety and health goals.

b. Management Information System.

- Copies of the log of injuries and illnesses.
- Any feedback from agency on injury/illness statistics.

3. PROGRAM IMPLEMENTATION

a. Employee Rights and Involvement.

- Copy of the safety and health poster.
- Written procedures for employees to report hazards anonymously.
- Copy of log of employee reports of hazardous conditions going back one year.
- Copy of safety and health provisions in the collective bargaining agreement.

b. Reprisal Policy and Procedures.

- Copies of most recent investigations of reprisals (if any).

c. Occupational Safety and Health Committees.

- Minutes of last two safety and health committee meetings, if any.

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d. Federal Safety and Health Councils.

- Names of facility personnel who are members of Councils, if any.

e. Training.

- List any facility-wide occupational safety and health training courses that have been provided within the past year, with class roster.

f. Recordkeeping.

- Attach the facilities' log of injuries and illnesses for the past two years.

g. Inspections.

- Attach the most recent facility inspection report(s) (both safety and health if they are separate).

h. Hazard Abatement.

- Attach the facility's written abatement procedures.
- Attach the facility's written hazard abatement log.

i. Standards Compliance and Adoption.

- Identify any standards other than OSHA standards which are being followed.

4. PROGRAM EVALUATION

- Attach the safety and health site evaluation report, if any.

C. Field Review Procedures.

1. Review Written Materials. Review of written materials provided by the site will establish the basis for the field review. The purpose of the field review will be to determine the extent of program implementation and effectiveness at the facility.

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2. Telephone Contact. The FAPO should telephone the site manager, discuss the list of materials needed, and come to agreement on a time for the field review. (The FAPO can communicate that this is an opportunity for the site to demonstrate their program. If they do not produce the requested documentation, we will assume it does not exist.) The telephone call should be followed by a letter for clarification and accountability.

The FAPO should request that the site manager invite union representative(s) to the opening conference. Upon request, a separate opening and closing conference will be held for union representatives.

3. Onsite Review. The onsite review will usually be carried out by a team consisting of the FAPO, a safety specialist and an industrial hygienist. Depending on the complexity of the site, and at the discretion of the FAPO, the FAPO may sometimes conduct the review alone. When field reviews are conducted in conjunction with a targeted inspection, the safety specialist and health specialist shall be CSHOs from the Area Office scheduled to conduct the targeted inspection.
4. Pre-Review Planning. If the field review is not conducted in conjunction with a targeted inspection, a field review team consisting of the FAPO and any necessary support must be appointed.
 - a. The FAPO will make all necessary arrangements with the site manager.
 - b. The team members will review the written program documentation well in advance and prepare for the onsite review.
 - c. The FAPO will conduct a team strategy meeting prior to the onsite review. This meeting may be held by teleconference for convenience.
5. Onsite Review. The onsite review consists of the following sections:
 - a. Opening Conference. Hold with facility officials and employee representatives, or schedule separate opening conference with employee representatives.
 - b. Document Review. Verify the information submitted with the application.

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- c. Site Walkthrough. Assess whether the program is operating as described.
- d. Employee interviews. Conduct to determine level of involvement in and perceptions of the site safety and health program.
- e. Presentation of Findings. Site representatives will conduct a closing conference at the conclusion of the field review, and give the site manager a draft report of the findings.

D. Field Review Preparation.

- 1. The Team. The size will depend upon the site and the complexity of the potential hazards. Field review teams should be composed of:
 - a. The Federal Agency Program Officer is responsible for the onsite review. For the FAPO to lead the review he or she should have a thorough knowledge of the regulations at 29 CFR Part 1960, good knowledge of safety and health program management, and prior experience in previous onsite reviews.
 - b. A safety specialist
 - c. An industrial hygienist
- 2. Arrangements. Arrangements for the field review will be coordinated by the FAPO.
 - a. Schedule. The FAPO will contact the site manager by phone to determine a convenient time for the onsite field review and explain the purpose and general activities of this review. A follow-up letter should be sent to confirm arrangements if time allows.
 - (1) The FAPO should ascertain several dates convenient for the field review team and suggest these dates to the site manager.
 - (2) The duration of the field review will depend upon the size of the site and the complexity of the operations. Usually the visit will take about one week.

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- (3) In the case of the Department of Defense sites, let the site manager know which command(s) will be included in the review.
 - b. Documentation. To save time during the field review the FAPO should review as much documentation as possible in advance. A suggested list of these items is included in paragraph B of this attachment. If other items will be needed at the site, provide the site representative with a suggested list of items to have ready for the team's review.
 - c. Room Arrangements. Arrange the use of a room for document reviews and interviews. If it appears that a word processor will be helpful and can conveniently be made available, arrange during this call.
 - d. Determine whether any special security clearances are required for admission to the buildings and areas of this facility that need to be visited. If they are required, ensure that the team has such clearances, adjusting the team membership as necessary.
3. Advance Planning Responsibilities for Team Members.
- a. Review of Written Information. Team members should review the site's written documentation carefully well in advance of the field review visit.
 - b. Information Needed Onsite. Team members should make notes concurring any other data which must be obtained during the onsite portion of the field review.
 - c. Checklist. Team members should carefully review the safety and health program documentation and compile a checklist to use during the documentation review and walkthrough. The training program should be included on that list.
 - d. Onsite Questions. The FAPO should carefully review the written documentation, compile the list of additional documents to be reviewed and questions to be asked, and provide the list to team members during the strategy meeting. The list can be augmented with questions suggested by the other team members.

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4. Strategy Meeting. Shortly before the scheduled field review, the FAPO will hold a strategy meeting with all the team members to plan the details and to assign specific tasks.
 - a. Timing. The FAPO should carefully plan the time onsite because there is much to accomplish in a short time.
 - b. Briefing. The FAPO should ascertain whether the team members are familiar with both onsite procedures and the written documentation for the site, and if not, provide a quick review.
 - c. Program Evidence. The FAPO should discuss the various signs of an effective safety and health program in action, for example:
 - (1) Conditions are good,
 - (2) Employees are aware of hazards and what management has done to control them, and knowledgeable about how to protect themselves and how to notify management about safety and health concerns; and
 - (3) Management is fully involved in hazard prevention and control, and these efforts are thoroughly tracked.
 - (4) Accident experience is being systematically and programmatically addressed.
 - d. Assignments. The FAPO should make specific onsite assignments to utilize each team member's expertise most effectively.

The FAPO may assign responsibility for various sections of the report to other team members. This should be done at the strategy meeting so they are aware of this responsibility while conducting the field review.

- E. Opening Conference. The opening conference with the top management and employee representatives will set the stage for the onsite review, letting everyone know what to expect and what assistance will be needed. During this session, the team should be able to get a sense of the extent that commitment exists for workplace safety and health.

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1. Discussion Topics. The FAPO should convey the following information.
 - a. Goals. Clearly state that the goals of the field review visit are to assess the adequacy of the safety and health program at the site.
 - b. Schedule. Briefly cover what activities the field review will entail and the appropriate timing of each stage.
 - c. Interviews. Indicate that some private interviews of supervisors and employees will be required and request cooperation. Explain that these individuals will be selected randomly. In addition, there will be some brief conversations with employees during the walkthrough.
 - d. Handling Hazards. Explain what will happen during the site walkthrough, and explain abatement requirements for any hazards identified.
 - (1) Immediate correction is expected.
 - (2) For any hazards that cannot be corrected before the team leaves the site, a Notice of Unsafe or Unhealthful Working Conditions will be issued.
 - (3) If the hazards are abated before the team leaves the site, a Notice of Unsafe or Unhealthful Working Conditions will be issued, but marked "abated."
 - e. Status. Explain that when the field review is over, the team will discuss its findings with management and appropriate employee representatives to clarify any misconceptions. Explain that they will be given an opportunity to review the draft copy of the report prior to the final report being issued. Offer to provide a brief status update at the end of each day.
- F. Documentation. To the extent possible, all documents should be reviewed prior to beginning the onsite review.
 1. Safety and Health Program. Review documentation of all aspects of the safety and health program for compliance with 29 CFR Part 1960. This will include inspections, training, hazard abatement, accountability, complaint and reprisal procedure, PPE, and other Part 1960 requirements.

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2. Recordkeeping. Review of the injury and illness records is important in determining which are the more hazardous work areas, and whether the site is maintaining accurate and appropriate records.
 - a. The team should review the log and a sample of CA-1, CA-2, and CA-6 Office of Workers' Compensation Program forms to see if injuries and illnesses were properly recorded.
 - b. Discrepancies should be discussed with the recordkeeper.
3. Health Program Documentation. Review documentation of potential health hazards, such as basic industrial hygiene survey and monitoring records which are required by relevant health standards. Documentation of the hazard communication system should be checked to ensure that worksite personnel have been properly trained and are aware of chemical products brought onto the worksite.
4. Committee Records. If there are certified safety and health committees, minutes and other records should be reviewed to determine if the committees are properly structured and are fulfilling the requirements of Part 1960.

G. Site Walkthrough.

1. Purpose. The site walkthrough is intended to determine whether the safety and health program is being appropriately implemented at the site.
2. Scope.
 - a. All team members should walk through enough of the site to verify their findings from the review of the written program, and to see the program as it is implemented at the site.
 - b. The safety and health specialists must see enough of the site to understand the types of hazards that might exist and to determine that they are being addressed systematically by the site safety and health program.
 - c. If the site being assessed is a targeted site, the team should follow standard targeted inspection procedures.

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3. Problem Areas. If the previous inspection record or the log shows repeated problems of certain types or in certain areas, special attention should be given to them.
4. Interviews. During the walkthrough, safety and health specialists shall talk briefly to randomly selected employees at their work stations and ask them to explain the work procedures and the use of (and the maintenance of, where applicable) any personal protective equipment being used. (Additional questions are included in Attachment II.)
5. Safety Specialist Review. The safety specialist shall:
 - a. Follow the process flow where possible.
 - b. Look for evidence that categories of hazards such as walking-working surfaces, fire safety, storage and handling of general materials, machine guarding, powered tools, and welding are appropriately managed.
 - c. Make notes concerning those categories that need unproved attention and management.
 - d. Relate the problems which are visible in the work areas to documents reviewed concerning work procedures; emergency planning; self-inspection procedures and reports; complaints or reports of hazards from employees; and make notes concerning program improvements needed to provide the management systems which would prevent these problems, if any.
6. Industrial Hygiene Review. The industrial hygienist shall:
 - a. Follow the process flow where possible.
 - b. Based on review of monitoring records and material data sheets, check known potential hazard areas for possible problems in work practices; ventilation; storage, handling and use of toxic materials; emergency equipment; respirator usage and maintenance; and noise and radiation protective measures where applicable.
 - c. Look for evidence that hazards are appropriately managed.

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- d. Make notes concerning any areas that need improvement.
- e. Relate these problems to documents reviewed concerning safe work practices and training, the respirator program, industrial hygiene sampling and analysis, hazard communication systems, etc., and make notes concerning program improvements needed to provide the management systems to prevent these problems, if any.

H. Interviews.

1. Purpose. Employee interviews are conducted to ascertain the extent of involvement and the awareness of employees in the safety and health program.
2. Guidelines. Private employee interviews (supervisors, maintenance personnel, committee members, and/or other employees can be conducted simultaneously with the sitewalkthrough. In this case the team member will select employees at random who can be spared from the workstation for a few minutes and send them back for interviews with the FAPO and backup leader, when applicable, on a staggered schedule. Interviews should be conducted in a manner which keeps work disruption at a minimum. Interview questions are provided in Attachment II for formal interviews with supervisors, employees, and employee representatives.
 - a. Supervisors. A few supervisors, the number depending on the size of the facility, should be interviewed using the interview questions in Attachment II.
 - b. Maintenance Personnel. It is often a good idea to interview a few maintenance personnel. This would be especially important in work situations where high hazard chemicals or biological wastes are present.
 - c. Committee Members. In the agencies with certified committees, at least one management member and one employee member should be interviewed.
 - d. Other employees. It is helpful to interview other employees during the field review. They may be able to offer additional insights on program implementation. Employees should be informed that the interview is voluntary.

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- (1) **Kinds of Employee Interviews.** The following two kinds of interviews can be conducted:
 - (a) Informal, brief chats with employees at their work stations.
 - (b) More formal interviews in a private area away from the work station.
- (2) **Selecting the Employees.** The number of employees formally interviewed is constrained by the time allowed for the whole field review.
 - (a) Time for each formal interview should be estimated as approximately 15-25 minutes.
 - (b) Total time for formal employee interviews should take no longer than the time needed for team members to walk through the work areas.
 - (c) One method of selection involves going to areas where most hazards are expected to occur and selecting employees at random.
 - (d) The team must be flexible in choosing the most sensible method of selection given the characteristics of the site and any concerns expressed by the employer. Where possible a representative sample based on grade levels, gender, and racial composition of the agency should be sought.
 - (e) Some first line supervisors must be interviewed to document the results of training and accountability.
- e. **Use of Interview Questions.** The team members shall assure each interviewee that responses will be treated confidentially and that the answers they give will not by themselves be responsible for the findings of the team. Discuss reprisal rights in the event of harassment or other types of discrimination for participating in the interviews.
 - (1) **Record Responses.** The interviewer will use the list of questions to guide the interview and to note the employee response.

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- (2) Suitability. Not every question listed need be asked and others may be substituted or added. The interviewer must use judgement as to which are most relevant at any given site or for any given interviewee.
 - (3) Other Relevant Information. The interviewer's perception and discussion of any relevant matter not indicated on the list of questions should also be recorded.
- f. Evaluating Responses. Professional judgement is essential in assessing the implementation of a safety and health program. In evaluating employee perceptions of worksite conditions and the safety and health program, it is important to be mindful that the small number of interviews that time permits only enables the team to obtain general impressions rather than draw conclusions which carry the weight of a valid statistical sample.
- (1) Factors Impacting Responses. Many factors may enter into the response that an individual employee may give, for example:
 - (a) Individual employees may have personal agendas to follow in supplying answers to questions.
 - (b) Factors affecting employee morale, including reductions-in-force or furloughs, may be causing temporary antagonism between the employer and employees.
 - (2) Pattern. The team should look for an overall pattern. Employee responses which are supported by information obtained by other employee interviews, document review or observation should carry the most weight.

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I. Preparation for Briefing on Findings.

1. When the documentation review, the employee interviews, and the walkthrough have been completed, the FAPO should ascertain that the team has seen everything that the site representative believes is relevant and that the representative is satisfied that the team has a good “picture” of the safety and health program in action. The FAPO should specifically address any unresolved issues noted by the team.
2. Briefing Schedule. The briefing(s) should then be scheduled to give time to get on appropriate calendars.
 - a. The briefing(s) should be scheduled at least 24 hours after the end of the field review in order to allow time to prepare a draft report.
 - b. The number of briefings will depend on whether the employee representatives attend the management closing briefing or a separate briefing is held for them.
 - c. A preliminary meeting may be scheduled with the site safety and health staff to discuss general findings before writing begins.

J. Preparation of Findings.

1. Findings Meeting. The team should meet privately (off-site if possible) to review and summarize their findings.
 - a. Discussion of Findings and Conclusion. Allow time for complete discussion of issues and reaching consensus prior to the oral presentation of findings and drafting the report.
 - b. Discussion Guide. The grid report format provided to the FAPO may be useful as a discussion guide.
2. Responsibility. The FAPO is responsible for organizing the findings from team input.
 - a. Organization of Findings. The findings should be organized for the briefing presentation as a comparison to the program requirements contained in 29 CFR Part 1960.

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- b. Hazard Correction. Safety and health specialists should state, both during this meeting and at the presentation of findings which allows, the apparent violations, if any, that they have noted, any Notices of Unsafe or Unhealthful Working Conditions that may be issued, and the correction plans they have discussed with management.
 - c. Examples of Problems. Where more general problems have been detected, the team should be prepared to give examples.
 - d. Confidentiality. Care should be taken to protect the confidentiality of information provided by employees, specifically or in general, whether negative or positive. On one hand, the sample of employees could be small enough to make identification fairly supple. On the other hand, the sample may be too small to provide anything more than confirmation of what the team has gathered from other sources
 - e. Consensus. The team should come to consensus on the major findings and recommendations that will be presented to management at the closing briefing.
3. Guidelines. In summarizing the findings, the team must consider the following information in relation to the program requirements contained in 29 CFR Part 1960.
- a. What has been observed in the work areas.
 - b. The kind of accidents or illnesses in the log and in the workers' compensation data in terms of what documentation has been seen.
 - c. What employees, their representatives, and, where applicable, committee members have said about the program and conditions.
 - d. The degree to which the written program is implemented and adequately covers the potential hazards of the facility.

EXAMPLE: If the log and workers' compensation data indicate few head, foot and eye injuries; the team has seen documentation of training and enforcement of safety rules concerning the wearing of hard hats, safety shoes and safety glasses; all employees in areas requiring such

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equipment were wearing them and at least some show signs of wear; and information gathered by the team confirms that they wear the equipment and that management enforces the wearing of equipment; then the team can say without hesitation that the personal protective equipment program for safety is working well.

K. Presentation of Findings. The major findings and recommendations of the team must be presented before leaving the site.

1. Purpose. The purpose of this briefing is to inform management and employee representatives of the major findings of the field review. Findings and recommendations will be presented in terms of the site safety and health program's compliance with the requirements of 29 CFR Part 1960.
2. Measures. Presentation of the findings should give the applicant a clear idea of how the site measures up to the 29 CFR Part 1960 requirements for the program. This includes:
 - (1) Rates and recordkeeping.
 - (2) Employee involvement in the safety and health program to the extent of having an impact on safety and health decisions.
 - (3) A qualitative review of the site safety and health program in relation to the basic minimum requirements contained in 29 CFR Part 1960 and in relation to the potential hazards of the facility.
3. Hazards. If serious hazards have been noted, they must be discussed along with the agreed-upon time and means of abatement. Any Notices of Unsafe or Unhealthful Working Conditions which are expected to be issued should be discussed.
4. Federal Safety and Health Councils. Encourage the site to participate in the local Federal Safety and Health Council as a cost-effective way of networking and expanding their training and problem-solving capability. Be prepared to give them information on the local Council.

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5. Positive Approach. Always express appreciation to the site representatives for their cooperation in the field review and make it clear that the OSHA contact person will be available to assist with their safety and health program.
- L. Draft Report. The FAPO is responsible for preparing a report following the grid report format provided to the FAPO.
1. Report Assignments. The FAPO is responsible for the preparation of the report and will be the coordinator if sections of the report have been assigned to team members.
 - a. Deadlines. Each writer must meet established deadlines.
 - b. Team Review. Each team member will review the draft report.
 - c. Team Consensus. The draft report should reflect the consensus of the team, but the FAPO is more familiar with the specific requirements which 29 CFR Part 1960 places on Federal agencies, and the FAPO should take a leadership role in the discussions.
 2. Location and Timing. The draft report shall be prepared as quickly as possible, and not later than two weeks after the closing briefing. In the interest of speed and efficiency, the report might be drafted prior to the closing briefing at the site. If this is done, it is preferable that the team meet off site (at the motel, for example), but, if necessary, the team can make arrangements for a work area at the site.
 3. Review of the Draft Report. The FAPO shall provide an opportunity for the site management to review the draft report and suggest changes. The draft report shall be given to site management for review not later than two weeks after the closing briefing.
 - a. A follow-up meeting for review and discussion may be scheduled, or minor changes can be handled by telephone.
 - b. A one week deadline should be established for the site to provide any comments on the draft report.

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- M. Final Report. After comments are received from the site management, the final report will be prepared by the FAPO.
1. After the comments have been received from the site, or any follow-up meetings have been held to discuss changes in the draft report, the FAPO should prepare the final report.
 2. The FAPO should use professional judgement as to what changes, if any, should be made in the report based on the comments received from the site management.
 3. The final report should be sent from the Regional Administrator to the top manager at the site not more than 30 days after the closing briefing. Copies of the report should be sent to:
 - a. the Agency's top safety and health manager.
 - b. OSHA's Office of Federal Agency Programs.

ATTACHMENT II

FIELD REVIEW QUESTIONS

During field reviews, safety specialists and industrial hygienists will review working conditions to determine if the facility complies with OSHA standards, and, if not, why not. (For example, lack of training, failure to conduct inspections, lack of funds for correction, etc.) Safety and health hazards should be pointed out to management and labor representatives mentioned in the closing conference and in the field review report.

The attached questions have been supplied as a guide to safety specialists and industrial hygienists for their interviews of supervisors, employee representatives and employees.

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SAMPLE INTERVIEW QUESTIONS

SUPERVISORS

1. Have you seen any policy statements on occupational safety and health? From whom?
2. Does your performance evaluation have an element for occupational safety and health? In what way does it measure your safety and health performance (i.e., reduction in injuries, training courses, etc.)?
3. Do employees report unsafe or unhealthful conditions to you? How do you get the condition corrected?
4. Who selects your employees' personal protective equipment? Does it have to be approved by the safety office before it is purchased?
5. Have you received any safety and health training? When? From whom? What was the subject?

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SAMPLE INTERVIEW QUESTIONS

EMPLOYEE REPRESENTATIVES

1. Have you ever seen any policy statements on occupational safety and health? From whom?
2. What type of personal protective equipment are you issued? Do you feel you need any other type?
3. Does management consult with employee representatives about the occupational safety and health program?
4. Do employee representatives accompany inspectors during inspection? Do inspectors question employees privately?
5. Have you received any occupational safety and health training? When? From whom? What was the subject, and how long was the training?
6. Are there any unresolved occupational safety and health concerns that have been raised to management?

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SAMPLE INTERVIEW QUESTIONS

EMPLOYEES

1. Have you ever seen any information about occupational safety and health at this facility? Where? What was it?
2. Do you know of anyone who has gotten into trouble for making a safety or health complaint?
3. Do you know what you can do if you see an unsafe condition?
4. Have you ever reported a safety or health hazard? Who did you report it to? Was it taken care of? How long did it take?
5. Have you received any training about your agency's occupational safety and health program, or about the hazards of your job? When? Who gave it? What subjects were covered?
6. Are there any unresolved occupational safety and health concerns that have been raised to management?

APPENDIX D

FEDERAL SECTOR STANDARD FORM LETTERS

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I. COMPLAINT FORM LETTERS (a. through p.)	D-1
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APPENDIX D

FEDERAL SECTOR STANDARD FORM LETTERS

I. COMPLAINT FORM LETTERS

a. No Inspection - Invalid Complaint

.dfcomplaint.drcmp_first_name .drcmp_last_name
.drcmp_street
.drcmp_city, .drcmp_state.drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

We have received your report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements in your workplace. After careful review, we have decided not to conduct an inspection because:

[Choose One]

1. More information is needed about the complaint item(s). Please contact the area office as soon as possible to complete the report.
2. As a result of a recent inspection [give date] or on the basis of other objective evidence [describe], I believe that the hazard which you brought to our attention [is not present] [has been corrected] [will shortly be corrected].
3. The hazard does not fall within OSHA's jurisdiction because:

[Choose One]

- a. It involves conditions covered by [name other Federal agency].
- b. OSHA only has inspection authority for non-military work operations in Executive Branch agencies. Under the Occupational Safety and Health Act of 1970, however, your agency is required to have a safety and health program. You may wish to contact your agency's safety and health staff. [If known, provide name and address.]

OSHA Instruction FAP 1.3

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Office of Federal Agency Programs

- c. Your agency has certified that it has established safety and health committees that comply with Department of Labor regulations 29 CFR Part 1960. Your report, therefore, has been transferred to [name and address] for investigation.

[Note: Use only if statement applies.]

Since you have requested anonymity, we will provide you a copy of your establishment's investigation findings. Enclosed is a copy of the letter for your information.

If you can provide additional information concerning this report which you think we should consider, please contact us.

Your interest in workplace health and safety is appreciated.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

OSHA Instruction FAP 1.3

May 17, 1996

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b. No Inspection - Referred to Agency

.dfcomplaint.drcmp_last_name, .drcmp_first_name
.drcmp_street
.drcmp_city, .drcmp_state.drcmp_zip

Dear .drcmp_last_name:

In response to your report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements in your workplace, the Occupational Safety and Health Administration (OSHA) has sent a letter to your establishment requesting that appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information.

[Choose one or more]

1. Your report was sent to your Agency because it is OSHA policy to refer certain reports of hazards to the agency for investigation and action, if necessary.
2. We have requested that your Agency provide you with a copy of the investigation findings and actions taken.
3. Since you have requested anonymity, we will provide you with a copy of your establishment's investigation findings.

Please let me know if the violation(s) have not been corrected in the time allowed as shown in the enclosed letter to your agency.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

c. OSHA-7 for Signature

.dfcomplaint.drcmp_first_name .drcmp_last_name
.drcmp_street
.drcmp_city, .drcmp_state.drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

This letter is in response to your recent report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements in your workplace and your desire to have an on site inspection conducted by OSHA. The information you provided has been entered on the enclosed Notice of Alleged Safety or Health Hazards, OSHA-7 Form.

Please sign your name on the "signature" line provided on the back of the form and return the signed form to us within 10 days. If a signed copy is received within 10 days, and the condition(s) you describe provides reasonable grounds to believe that a violation exists, an OSHA inspection of your workplace will be scheduled. If the signed copy of the form is not received in 10 days a letter will be sent to the appropriate Federal agency establishment official (without revealing your identity), requesting that the hazardous condition(s) be corrected.

[Choose one]

- (1) Since you have requested anonymity, we will provide you with a copy of your establishment's investigation findings.
- (2) We will request that your agency provide you with a copy of the investigation findings.

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3

May 17, 1996

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d. Deleted

d1. Notification to Employer Without Certified Committee - No inspection

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

On .kedate_received_rpt, the Occupational Safety and Health Administration (OSHA) received a report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements in your workplace at [establishment and address]. The specific nature of the report involves [describe the reported condition(s) in detail].

OSHA has decided not to conduct an inspection in response to this report. However, since allegations of the violation of standards have been made, you should investigate the alleged violation(s). Department of Labor regulation 29 CFR 1960.28 requires that your inspection be conducted within 3 working days for potentially serious conditions and within 20 working days for other-than-serious hazards. Any necessary correction(s) should be made within 30 calendar days after completion of the inspection. If correction(s) cannot be made within 30 calendar days, please provide me with a detailed abatement plan. Your plan should include.

- (1) All steps taken and the dates of such action to achieve compliance during the prescribed abatement period.
- (2) The specific additional abatement time estimated to achieve compliance.
- (3) The reasons such additional time is necessary, including the unavailability of professional or technical personnel or of materials and equipment, or because necessary construction or alteration of facilities cannot be completed by the original abatement date.
- (4) Interim steps being taken to safeguard the employees against the cited violation(s) during the abatement period.

[Choose One]

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1. [Anonymous] - Since the complainant has requested to remain anonymous, please advise me in writing, within 30 calendar days after completion of inspection, of your finding(s) and of any action you have taken. Your response should be detailed, stating specifically what corrective action(s), if any, were taken. If it is determined that, based on the report, no violation(s) exist and an inspection will not be conducted, please notify me in writing within 15 calendar days of receipt of this letter. We have notified the complainant that the complaint has been forwarded to you for action, and, if the violation(s) are not corrected, to notify us. We will forward a copy of your report to the complainant.
2. [Anonymity not requested] - The complainant has been advised of this preliminary response to the report and given a copy of this letter. Please advise the complainant, in writing, within 30 calendar days after completion of the inspection, of the findings and of the action you have taken. Your response should be detailed, stating specifically what corrective action(s), if any, were taken. If it is determined that, based on the report, no violation(s) exist and an inspection will not be conducted, the complainant shall be notified in writing within 15 calendar days of receipt of this letter. Please provide me with a copy of your response to the complainant.

You should enclose any supporting documentation on the action(s) taken, such as monitoring results, new equipment orders, or photograph(s) of corrected condition.

If we do not receive a response from you within 30 calendar days, indicating that appropriate action has been taken or that no violation(s) exist, an OSHA inspection may be scheduled.

If you have any questions or need assistance concerning this matter, please contact our office.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

d2. Notification to Employer With Certified Committee - No Inspection

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

On .kedate_received_rpt, the Occupational Safety and Health Administration (OSHA) received a report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements in your workplace at [establishment and address]. The specific nature of the report involves [describe the reported condition(s) in detail].

Since your agency exercises the option of using Certified Safety and Health Committees, OSHA expects you to notify the Committee(s) of this complaint and to take action(s) that may be required to protect employees.

[Choose One]

- (1) [Imminent Danger] - This letter is to confirm that you were notified of the report by telephone. Since the report was of an imminent danger, you were reminded that your investigation was required within 24 hours and that since your agency has Certified Committees, OSHA was required by Section 1-401(i) of Executive Order 12196 to respond if your investigation did not begin within 24 hours. You are also reminded that if an imminent danger exists, employees exposed to it must immediately be removed from danger and corrective action taken as soon as possible.
- (2) [Serious/Other-than-Serious] - The Department of Labor regulation 29 CFR 1960.28, requires that your investigation be conducted within 3 working days for potentially serious conditions and within 20 working days for other-than-serious conditions.

Please review the operation of your establishment's safety and health program in light of the reported deficiencies. If corrective action(s) are deemed necessary we request that you implement them. Please advise us of the findings of your review and any corrective actions taken.

OSHA Instruction FAP 1.3

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[Choose One]

1. [Anonymous] - Since the complainant has requested to remain anonymous, please advise me in writing, within 30 calendar days after completing the inspection, of your finding(s) and of any action you have taken. Your response should be detailed, stating specifically what corrective action(s), if any, were taken. If it is determined that, based on the report, no violation(s) exist and an inspection will not be conducted, please notify me in writing within 15 calendar days of receipt of this letter. We have notified the complainant that the complaint has been forwarded to you for action, and, upon receipt of your report, we will provide him/her with a copy.

2. [Anonymity not requested] - The complainant has been advised of this preliminary response to the report and given a copy of this letter. Please advise the complainant, in writing, within 30 calendar days after completion of the inspection, of the findings and of the action you have taken. Your response should be detailed, stating specifically what corrective action(s), if any, were taken. If it is determined that, based on the report, no violation(s) exist and an inspection will not be conducted, the complainant shall be notified in writing within 15 calendar days of receipt of this letter. Please provide me with a copy of your response to the complainant.

If you have any questions or need assistance concerning this matter, please contact our office.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

d3. Notification to Employer With Certified Committee - Announced Inspection

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m state .drest_m_zip

Dear .keemployer_name:

On .kedate_received_rpt, the Occupational Safety and Health Administration (OSHA) received a report of alleged hazardous working conditions and for violations of 29 CFR Part 1960 citable program elements occurring in your workplace at [establishment name and address]. Pursuant to Executive Order 1-401(i) we are announcing our plans to conduct a complaint inspection at your worksite.

Since your agency exercises the option of using Certified Safety and Health Committees, OSHA expects you to keep the Committee(s) informed of OSHA's inspection plans and subsequent actions. If you have any questions concerning this matter, please contact our office.

Sincerely,

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

e. Acknowledgement to Complainant - Referral to Complainant's Agency

.dfcomplaint.drcmp_first_name .drcmp_last_name
.drcmp_street
.drcmp_city, .drcmp_state .drcmp zip

Dear .drcmp_first_name .drcmp_last_name:

In response to your report alleging hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements in your workplace, the Occupational Safety and Health Administration (OSHA) has sent a letter to your establishment requesting that appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information.

[Choose One or More]

1. Your report was sent to your Agency to investigate because OSHA does not have jurisdiction over your agency.
2. We have requested that your Agency provide you with a copy of the investigation findings and actions taken.
3. Since you have requested anonymity, we will provide you with a copy of your establishment's investigation findings.

Please let me know if the hazard(s) have not been corrected in the time allowed as shown in the enclosed letter to your agency.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

f1. Acknowledgement to Complainant - With Inspection

.dfcomplaint.drcmp_first_name.drcmp_last_name

.drcmp_street

.drcmp_city, .drcmp_state .drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

The purpose of this letter is to acknowledge receipt of your report of hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements, and to inform you that an inspection of the workplace will be scheduled as soon as possible. You will be informed of the results of our inspection when they are available.

Thank you for your interest in workplace safety and health.

Sincerely,

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

f2. Acknowledgement to Complainant - Referral to Another OSHA Office

.dfcomplaint.drcmp_first name.drcmp last_name

.drcmp_street

.drcmp city,.drcmp state .drcmp ZiP

Dear.drcmp first_name.drcmp_last name:

This letter is to acknowledge receipt of your report of hazardous working conditions and/or violations of 29 CPR Part 1960 citable program elements at [establishment name and address]. The Occupational Safety and Health Administration (OSHA) office in .drcmp city, .drcmp_state has jurisdiction over the above named establishment so we sent your report to that office for appropriate action. You may also contact the area office listed below.

.dftabsite.drsite_director

Area Director

U.S. Department of Labor

.kestreet_address

.kecity, .kestate .kezip

.keoffice_telephone

That office will inform you as to what action is being taken on your report.

Sincerely

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

g. Notification to Complainant - Satisfactory Employer Response

.dfcomplaint.drcmp_first_name .drcmp_last name

.drcmp_street

.drcmp_city,.drcmp state .drcmp zip

Dear.drcmp_first_name .drcmp_last_name:

As the enclosed letter indicates, we have been advised by your establishment official that the hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements you reported to the Occupational Safety and Health Administration (OSHA) on .drcmp_cmp_rec_dt, have been investigated and that corrective action has been taken.

With this information, OSHA feels the case can be closed on the grounds that the hazardous condition(s) no longer exist(s). If you do not agree that the condition(s) you reported have been satisfactorily corrected, please contact us within 10 calendar days. If we do not hear from you within that time period, we will assume that the condition(s] have been eliminated and we will close our case file.

Your action on behalf of safety and health in the workplace is appreciated.

Sincerely,

.dftabsite.drsite_director

Area Director

Enclosure: Copy of the Federal establishment official's response.

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

h. Notification to Complainant with Inspection Results

.dfcomplaint.drcmp_first_name .drcmp_last_name
.drcmp_street
.drcmp_city, .drcmp_state .drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

In response to your report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements at .dfestablish.drest_name, .drest_m_street, .drest_m_city, .drest_m_state .drest_m_zip, the Occupational Safety and Health Administration (OSHA) has conducted a workplace inspection. The inspection was completed on .kedate_insp_cmpl.

We found that [list reported conditions] did not violate OSHA standards and/or citable program elements [describe findings in detail].

We also found that [list condition(s)] violated OSHA standards and/or citable program elements. Therefore, a Notice of Unsafe and Unhealthful Working Conditions (Notice) was sent to your establishment official stating that violations identified by OSHA must be corrected. The Notice (enclosed) reflects the dates by which the violations must be corrected. The contents of the Notice must be posted near the violation(s) for three working days or until the violation(s) are abated, whichever is later.

If you do not agree that the condition(s) you reported have been satisfactorily investigated or cited, please contact us within 10 calendar days and request a review of the complaint handling process.

Thank you for your concern about workplace safety and health.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

i. Request for Employer's Response to Complaint Letter - No Inspection

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

On .kedate_of_notification, this office sent a letter to you concerning alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements at your establishment. A copy of the letter is enclosed.

We have not received a reply from you concerning these allegations. Please advise this office of your findings and of any corrective actions you have taken within 10 days. If we do not hear from you, an inspection may be scheduled.

A copy of this letter is being sent to the complainant.

Your cooperation in this matter is appreciated.

Sincerely,

.dftabsite.drsite_director

Area Director

Enclosure

cc: Complainant

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

j. Correcting But Additional Information Needed

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear.keemployer name:

Thank you for your response to our letter of .kedate. Your letter stated that you were making progress toward correcting the conditions but did not provide sufficient information. The additional information needed is: [described information needed, i.e., abatement dates, interim measures to protect employees, etc.]

Please advise this office of the time which will be required to correct the conditions. Further, when final corrective action has been completed, please notify this office in detail of the abatement steps taken to remove the hazard.

A copy of this letter is being sent to the complainant.

Your interest in the safety and health of your employees is appreciated.

Sincerely,

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

k. Deleted

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

1. Notification to Complainant - Unsatisfactory Employer Response

.dfcomplaint.drcmp_first_name .drcmp_last_name

.drcmp_street

.drcmp_city, .drcmp_state .drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

On .kedate_of_notification, this office notified you that your report of alleged hazardous working conditions and/or violations of 29 CFR Part 1960 citable program elements was sent to your establishment requesting that appropriate action be taken. We have not received a satisfactory response.

[Choose One.]

1. Therefore, this office will schedule an inspection as OSHA priorities allow. You will be informed of the inspection results.
2. Therefore, I have requested additional information from your establishment official. I will keep you informed of the progress of your report of alleged hazard

Sincerely,

.dftabsite. drsite_director

Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

m. Deleted

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

m1. Notification To Reprisal Complainant - Cover Federal Employee

.dfcomplaint.drcmp_first_name .drcmp_last_name
.drcmp_street
.drcmp_city, .drcmp_state .drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

The Occupational Safety And Health Administration (OSHA) has received your report of alleged reprisal against you for your occupational safety and health activities. Executive Order 12196 and 29 CFR Part 1960, which establish safety and health programs for Federal employees, do not give OSHA authority to take remedial action on behalf of Federal employees who believe that they have suffered reprisal.

We are forwarding your report to the Office of Special Counsel, which may have jurisdiction to investigate your allegation of reprisal under the Whistleblower Protection Act of 1989.

If you have further questions you may contact:

Office of Special Counsel
Complaints Examining Unit
1730 M Street, N. W.
3rd Floor
Washington, D.C. 20036

Telephone: 1-800-872-9855

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

m2. Notification To Reprisal Complainant - NonCovered Federal Employee

.dfcomplaint.drcmp first_name .drcmp_last_name
.drcmp_street
.drcmp_city, .drcmp_state .drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

The Occupational Safety And Health Administration (OSHA) has received your report of alleged reprisal against you for your occupational safety and health activities.

The options available to [Insert specific agency name, e.g. Postal] employees who believe they have been discriminated against for reporting unsafe or unhealthful working conditions are:

- 1 To have an investigation conducted by their agency.
2. To follow agency grievance and arbitration procedures which have been established to resolve disputes, differences, disagreements or complaints between parties concurring conditions of employment.

Pursuant to item number one, above, we have requested your agency to conduct an investigation and take appropriate action. You should be aware that under Executive Order 12196 and 29 CFR Part 1960, which establish safety and health programs for Federal employees, OSHA's authority is limited. Specifically, OSHA does not have the authority to take remedial action on behalf of Federal employees who believe that they have suffered reprisal for reporting unsafe or unhealthful working conditions. That authority is vested with their employing agency.

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

m3. Notification To DASHO - NonCovered Federal Employee

.keofficialname

Designated Agency Safety and Health Official

.kestreet_address

.kecity, .kestate .kezip

Dear .kDASHO_name:

The Occupational Safety and Health Administration (OSHA) is forwarding to you the enclosed employee's allegation of reprisal for reporting unsafe or unhealthful working conditions.

Executive Order 12196 and 29 CFR Part 1960, which establish safety and health programs for Federal employees, requires each agency to establish a reprisal plan. Since OSHA does not have the authority to take remedial action on behalf of Federal employees who believe that they have suffered reprisal for reporting unsafe or unhealthful working conditions, we ask that you investigate this allegation and take appropriate action.

Sincerely,

.dftabsite.drsite_director

Area Director

Enclosure

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

n. Deleted

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

o. Notification to Complainant - Failure-to-Abate Issued

.dfcomplaint.drcmp_first_name .drcmp last_name
.drcmp_street
.drcmp_city, .drcmp_state .drcmp_zip

Dear .drcmp_first_name .drcmp_last_name:

In my letter of .kedate_letter sent you were informed that the Occupational Safety and Health Administration (OSHA) had conducted an inspection and issued a Notice of Unsafe or Unhealthful Working Conditions to your establishment. OSHA has conducted a followup inspection and determined that item(s) was/were not abated.

Enclosed for your information is a copy of the Notice of Failure-to-Abate Alleged Violations which was sent to your establishment.

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

P. Deleted

II. INSPECTION FORM LETTERS

a. Notification to Employer - Inspection Results

NOTE: Do not use if the Laser Notice of Unsafe or Unhealthful Working Conditions is being used.

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

Dear. keemployer_name:

On .kedate_of_insp, representatives of this office conducted an inspection at your establishment.

[Choose One]

1. Violations of OSHA standards and/or violations of 29 CFR Part 1960 citable program elements were found during the inspection which are described on the enclosed Notice of Unsafe or Unhealthful Working Conditions (Notice). Included are the correction date(s), discussed for each condition. Although the Notice is normally issued only to the establishment official, in the case of repeated or willful violations a copy of the Notice is also sent to the Designated Agency Safety and Health Official (DASHO).

Copies of the Notice or your Agency's form on which you have reproduced the information shown on the Notice, must be posted at or near the area where the violation occurred for three working days or until the violation(s) are corrected, whichever is longer.

[If the inspection was for an imminent danger, conclude the letter here.]

Please advise me promptly, in writing, of the abatement actions you have taken. Since we need to assess the effectiveness of the corrective measures, please describe them in detail, and include any pertinent information; e.g., photographs, monitoring results, measurements and equipment requisitions. If correction of any

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Office of Federal Agency Programs

listed violation cannot be achieved within the time period, please provide me with an abatement plan which includes:

- (1) A timetable of the steps to be taken to achieve compliance during the prescribed abatement period.
- (2) The specific additional abatement time estimated to achieve compliance.
- (3) The reasons such additional time is necessary, including the unavailability of professional or technical personnel or of materials and equipment, or because necessary construction or alteration of facilities cannot be completed by the original abatement date.
- (4) Interim steps being taken to safeguard the employees against the cited hazard during the abatement period.

You may request an informal conference with me within 15 working days of receipt of this Notice. The request must be in writing or by telephone with a confirming letter that identifies the items on the Notice you wish to discuss. During the informal conference, you may present any evidence or views which you believe would support an adjustment to the violation(s) listed on the Notice.

Any violation which is not corrected within the agreed upon time frame will be subject to a Notice of Failure to Abate Alleged Violations, a copy of which will be sent to your DASHO.

2. As we discussed at the closing conference, no violations of OSHA standards or citable program elements were found during the inspection. Thank you for your cooperation during our inspection. If this office can be of assistance in the future, please contact us.

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

Enclosure

cc: Complainant [If complaint inspection and anonymity not requested]
Employee Representative
DASHO

OSHA Instruction FAP 1.3

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Office of Federal Agency Programs

b. Deleted

OSHA Instruction FAP 1.3

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Office of Federal Agency Programs

c. Notification to Employer - Evaluation Results

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

Federal agency heads are required to operate effective occupation safety and health programs. The Occupational Safety and Health Administration (OSHA) is required to evaluate the effectiveness of Federal agency occupational safety and health programs. Effectiveness is determined by analyzing injury/illness statistics, by comparing the agency's written program with 29 CFR Part 1960, and by conducting field reviews at agency establishments.

On .kedate_conducted_review, OSHA personnel conducted a field review at your establishment as part of an evaluation of your Agency's safety and health program. The purpose of the review was to evaluate program implementation at the workplace. As explained in the opening conference the field review may or may not be part of an OSHA inspection. If violations of OSHA standards and/or citable program elements are observed during the review, a Notice of Unsafe and Unhealthful Working Conditions (Notice) will be issued.

[Choose One]

1. Violation(s) were found during the evaluation and are described on the enclosed Notice. Included are the correction date(s) discussed for (the/each) violation. A copy of the Notice or Agency's form on which you have reproduced the information shown on the Notice, must be posted near the violations for three working days or until the violation(s) are corrected, whichever is longer.

Please advise me promptly, in writing, of the abatement actions you have taken. Since we need to assess the effectiveness of the corrective measures, please describe them in detail, and include any pertinent information; e.g., photographs, monitoring results, measurements and equipment requisitions. If correction of any violation(s) listed cannot be achieved within the time period, please provide me an abatement plan which includes:

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- (1) A timetable of the steps to be taken to achieve compliance during the prescribed abatement period.
- (2) The specific additional abatement time estimated to achieve compliance.
- (3) The reasons such additional time is necessary, including the unavailability of professional or technical personnel or of materials and equipment, or because necessary construction or alteration of facilities cannot be completed by the original abatement date.
- (4) Interim steps being taken to safeguard the employees against the cited hazard during the abatement period.

You may request an informal conference with me within 15 working days of receipt of the Notice. The request must be in writing, or by telephone with confirming letter, and identify the items on the Notice you may wish to discuss. During the informal conference, you may present any evidence or views which you believe would support an adjustment to the violation(s) listed on the Notice.

Any violation(s) which is not corrected within the agreed upon time frame will be subject to a Notice of Failure to Abate Alleged Violation. A copy will also be sent to your Designated Agency Safety and Health Official.

If you have any questions or need assistance concerning this matter, please contact our office.

2. As we discussed at the closing conference, no violations of OSHA standards or citable program elements were found during the evaluation. Thank you for your cooperation during our evaluation. If this office can be of assistance in the future, please contact us.

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3

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Office of Federal Agency Programs

Enclosure

cc: Employee Representative (who participated in the Closing Conference)

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

d. Notification to Employer - ATAR Scheduled

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

The purpose of this letter is to acknowledge receipt of your request for technical assistance. An Agency Technical Assistance Request (ATAR) visit is scheduled at your establishment for .kedate_ATAR_scheduled. Someone from this office will contact you to make the necessary arrangements.

During the opening conference of the visit, ATAR procedures will be explained in detail by the Occupational Safety and Health Administration (OSHA) team. If serious violations of OSHA standards and/or citable program elements are observed, we will work with you to develop a reasonable abatement plan and will assist you in their abatement. If serious violation(s) are abated within the agreed upon time frames, no further OSHA action will be necessary. However, uncorrected serious violation(s) may result in a Notice of Unsafe or Unhealthful Working Conditions being issued to you and to your Designated Agency Safety and Health Official.

Upon completion of the ATAR visit, you will be advised of OSHA's action taken in response to your request and provided OSHA's findings and recommendations.

If you have any questions, please feel free to contact me.

Sincerely,

.dftabsite.drsite_director

Area Director

e. Notification to Employer - ATAR Results

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer name:

In response to your request for technical assistance, the Occupational Safety and Health Administration (OSHA) conducted an Agency Technical Assistance Request (ATAR) visit on .kedate_ATAR_visit.

[Choose one or more as applicable.]

1. The following violation(s) of OSHA standards or citable program elements were observed during the visit by the OSHA team. The violation(s) were eliminated prior to the completion of the closing conference. [List observed violation(s) and describe findings in detail.]
2. We have determined that the violation(s) of OSHA standards or citable program elements observed during the visit by the OSHA team listed below do not appear to present a threat of serious physical harm (other-than-serious hazard).

[List observed violation(s) and describe findings in detail, including recommended corrective action.]

Since these violation(s) were not corrected prior to the closing conference, you should take the necessary action to correct them within 30 calendar days.

3. The violation(s) of OSHA standards or citable program elements observed during the visit by the OSHA team appear(s) to present a threat of serious physical harm (serious violation) and were not corrected prior to the closing conference. The violation(s) are described below including the agreed upon correction date(s) for each violation.

[List observed violations) and describe findings in detail, including abatement dates and agreed upon corrective action.]

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For the serious violation(s) described above which cannot be corrected within 30 calendar days of receipt of this letter, please provide me with an abatement plan which includes:

- (1) All steps taken and the dates of such action to achieve compliance during the prescribed abatement period.
- (2) The specific additional abatement time estimated to achieve compliance.
- (3) The reasons such additional time is necessary, including the availability of professional or technical personnel or of materials and equipment, or because necessary construction or alteration of facilities cannot be completed by the original abatement date.
- (4) Interim steps being taken to safeguard the employees against the cited hazard during the abatement periods.

Please advise me in writing of the actions taken to correct the violation(s) identified as serious. Since we need to assess the effectiveness of the corrective measures, please describe them in detail. If correction of any serious violation listed cannot be achieved within the agreed upon time period, please contact this office so that we can provide further assistance and discuss new abatement dates if necessary.

4. As we discussed at the closing conference, OSHA can provide technical assistance to help you correct the violation(s). Any violation(s) which is not corrected within the agreed upon timeframe will be subject to a Notice of Unsafe or Unhealthful Working Conditions (OSHA Notice). A copy will also be sent to your Designated Agency Safety and Health Official.
5. As we discussed at the closing conference, no violations of OSHA standards or citable program elements were observed during the visit.
6. The following [technical/program] assistance was provided during our visit: [List services rendered.]

(NOTE: Use if no partial or comprehensive inspection was conducted.)

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

If this office can be of assistance in the future, please contact me.

Sincerely,

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

f. Agency Technical Assistance Request (ATAR) - Issuance of Notice

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

In response to your request for technical assistance, the Occupational Safety and Health Administration (OSHA) conducted an Agency Technical Assistance Request (ATAR) visit on .kedate_of_visit.

On .kedate_of_ATAR_letter a letter was sent to you in which the serious violation(s) of OSHA standards and/or citable program elements observed by the OSHA team were listed along with the agreed upon abatement date(s).

We found that the necessary action to correct the violation(s) were not taken within the agreed upon time frame. Therefore, a Notice of Unsafe or Unhealthful Working Conditions (Notice) is being issued.

Please advise me promptly, in writing, that you have taken appropriate corrective action within the time frame set forth on the Notice.

Any violation which is not corrected will be subject to a Notice of Failure to Abate Alleged Violation. A copy will be sent to your Designated Agency Safety and Health Official.

Sincerely,

.dftabsite.drsite_director

Area Director

Enclosure

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

g. Letter for a Hazard Not Covered by Standard - General Duty Clause

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

An inspection of your workplace at .dfestablish.drest_name on .kedate disclosed the following hazards:

[Describe Hazards]

OSHA does not have a specific standard that applies to these hazards and it is not considered appropriate at this time to issue a Notice of Unsafe and Unhealthful Working Conditions for violation(s) of 29 CFR 1960.8a, the general duty clause for Federal agencies.

In the interest of workplace safety and health, however, I recommend that you take the following steps voluntarily to eliminate or reduce your employees exposure to the hazards described above:

[Described recommended abatement methods]

Sincerely,

.dftabsite.drsite_director
Area Director

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

h. Notification of Failure to Abate Alleged Violation

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer name:

A Notice of Unsafe and Unhealthful Working Conditions (Notice) was issued to you on .kedate. A reinspection conducted on .kedate noted that you had failed to abate the violation(s) listed on the Notice within the time prescribed. Therefore, you are now being issued the enclosed Notification of Failure to Abate Alleged Violation. The Designated Agency Safety and Health Official for your agency has been furnished a copy of this Notification.

If I have not been notified, in writing, within .kenumber days that the violation(s) have been abated, I will forward the necessary information to the Occupational Safety and Health Administration's Regional Administrator for resolution at a higher organizational

Sincerely,

.dftabsite.drsite_director

Area Director

Enclosure

cc: Employer Representative
Complainant if appropriate

OSHA Instruction FAP 1.3

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Office of Federal Agency Programs

i. Informal Conference Scheduled

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

Dear .keemployer_name:

This is in response to your letter of .kedate_of_letter requesting an informal conference to discuss the Notice of Unsafe or Unhealthful Working Conditions issued to you on .kedate_notice_issued. An informal conference has been scheduled for .kedate, .ketime, .kelocation.

[Use if applicable.]

Please notify the appropriate employee representative(s) that they have the right to attend the conference.

If you have any questions, please call me at .ketelephone_name.

Sincerely,

.dftabsite. drsite_director

Area Director

III. PMA FORM LETTERS

a Notification of Modification of the Abatement Dates

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

RE: Inspection No. .dfinspection .drins_ins_nr
Notice: .dfvioiation.drvio_cit_nr
Issuance Date: .drvio_issue_dt

Dear .keemployer_name:

Your request for a modification of the abatement dates contained in the above captioned Notice(s) is acknowledged. However, it fails to fully meet the requirements for filing a Petition for Modification of Abatement (PMA). The deficiencies are highlighted in the rules which follow:

You, as an employer, may file a PMA when you have made a good faith effort to comply with the abatement requirements of a Notice, but such abatement dates have not been completed because of factors beyond your reasonable control.

A PMA must be in writing and must include the following information:

1. All steps taken by you and the dates of such action, in an effort to achieve compliance during the prescribed abatement period.
2. The specific additional abatement time estimated to achieve compliance.
3. The reasons such additional time is necessary, including the unavailability of professional or technical personnel or of the materials and equipment, or because necessary construction or alteration of facilities cannot be completed by the original abatement period.
4. Interim steps being taken to safeguard the employees against the cited hazard during the abatement period.

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5. A certification that a copy of the petition has been posted and, if appropriate served on the authorized representative of affected employees in accordance with the rules set forth below and a certification of the date upon which such posting service was made.

[Enclosure a copy of the certification form letter d.]

If you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

b. Notification of Amended Abatement Date

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

RE: Inspection No. .dfinspection .drins_ins_nr

Notice: .dfviolation.drvio_cit_nr

Issuance Date: .drvio_issue_dt

Dear .keemployer name:

This will serve to advise you that this office has received your Petition for Modification of Abatement Date (PMA).

Within 10 days after the expiration of 15 working days from the date the PMA was posted and if no objection was received from an employee or representative of employees, we shall issue the amended abatement date.

Sincerely,

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

c. Notification to Employer - Approval - No Objections

.dfestablish.drest_name
.drest_m_street
.drest_m_city, .drest_m_state .drest_m_zip

RE: Inspection No: .dfinspection.drins_ins_nr
Notice: .dfviolation.drvio_cit_nr
Issuance Date: .drvio_issue_dt

Dear .keemployer_name:

Your Petition for Modification of Abatement date(s) (PMA) .dfviolation.drvio_issue_dt, for the violation(s) alleged by Item(s): .drvio_item_nr of above captioned Notice has been approved:

Inspection No.	Notice No.	Item No.	New Abatement Date
_____	_____	_____	_____

Our records are being adjusted according to the new abatement dates. This letter should be posted next to the original Notice(s).

Since all Notices are subject to follow-up inspection, timely abatement responses with adequate supporting documentation, i.e., photographs, purchase orders, air sampling results, etc. may allow us to administratively close the case without such follow-up action.

If you have any further questions do not hesitate to contact this office.

Sincerely,

.dftabsite.drsite_director
Area Director

Enclosure

cc: Employee Representative

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

d. Petition for Modification of Abatement Date(s)

Inspection No: _____
Date of Posting: _____
Date of Service: _____
on Employee Representative

Notice No.	Item No.	Standard	From	Abatement Date	To
---------------	-------------	----------	------	----------------	----

On behalf of the employer, I hereby certify that a copy of our Petition for Modification of Abatement date(s) have been posted on the above indicated date, in a conspicuous place, where all affected employees will have access to, or near such location where the violation(s) occurred. In addition, the petition has been served upon each authorized representative of affective employees, if any.

Affected employees or their representatives may file an objection in writing to the above mentioned petition with the Area Director of the United States Department of Labor who issued the Notice. This objection must be filed within ten (10) working days of the date of posting of the petition or of service upon an authorized representative.

Signature

Title

Enclosures

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

e. Notification to Employer - Review of Request

.dfestablish.drest_name

.drest m_street

.drest_m_city, .drest_m_state .drest_m_zip

RE: Inspection No: .dfinspection.drins_ins_nr

Notice Number: .dfviolation.drvio_cit_nr

Issuance Date: .drvio issue_dt

Dear .keemployer_name:

This is in reference to your Petition for Modification of Abatement date(s), dated .kedate_of_letter, for the violation(s) alleged by item(s) .keitem_nr, of the above captioned Notice.

Our office is undertaking a detailed review of your request and anticipates being able to respond to your petition by .kedate of response.

If you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

.dftabsite.drsite_director

Area Director

cc: Employee Representative

OSHA Instruction FAP 1.3

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f. Deleted

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

g. Notification to Employer - Object to Petition

.dfestablish.drest_name

.drest_m_street

.drest_m_city, .drest_m_state .drest_m_zip

RE: Inspection No: .dfinspection.drins_ins_nr

Notice No: .dfviolation.drvio_cit_nr

Issuance Date: .drvio_issue_dt

Dear .keemployer_name:

After our review of your Petition for Modification of Abatement date(s), dated .keletter_date, with regard to Item(s) .keitem_nr, of the above captioned Notice, we have decided to object to your petition with regard to Item(s) .keitem nr.

Further correspondence concerning this matter will be forthcoming.

Sincerely,

.dftabsite.drsite_director

Area Director

cc: Employee Representative

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

h. Processing Petition for Modification of Abatement

SUBJECT: information Required for Processing Petition for Modification of Abatement (PMA)

COMPANY NAME: _____
ADDRESS: _____

CSHO Number	Inspection Number	Notice Number	Item Number	Notice Date	Original Abatement Number	Abatement Date Requested
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_____ Monitoring visit conducted on _____.

_____ PPE violations were found on monitoring inspection.

_____ Regional approval on _____ by _____.

Rationale for granting/denying PMA:

Supervisors
Signature _____ Date _____.

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

i. Notification to Employer - Objection by the Union

.dfestablish.drest_name

.drest m_street

.drest_m_city, .drest_m_state .drest_m_zip

RE: Inspection No: .dfinspection.drins_ins_nr

Notice No: .dfviolation.drvio_cit_nr

Issuance Date: .dfviolation.drvio_issue_dt

Dear .keemployer_name:

This office has advised the Occupational Safety and Health Administration (OSHA) Regional Administrator that .keunion_name has objected to your Petition for Modification of Abatement. If the objection cannot be resolved at the regional level this may be referred to the Occupational Safety and Health National Office for handling.

If you have any further questions do not hesitate to contact this office.

Sincerely,

.dftabsite.drsite_director

Area Director

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

j. Notification to Employer - Objection by OSHA

.dfestablish.drest_name
.drest_m_street
.drest_m_city, . drest_m_state .drest_m_zip

RE: Inspection No: .dfinspection.drins_ins_nr
Notice No: .dfviolation.drvio_cit_nr
Issuance Date: .dfviolation.drvio issue dt

Dear.keemployer name:

This is to notify you that the Occupational Safety and Health Administration (OSHA) objects to your Petition for Modification of the Abatement date(s) for the item(s) outlined below.

Notice No.	Item No.	Standard No.
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Your petition is being forwarded to the OSHA Regional Administrator as to the merits of the petition and objections.

If you have any questions, please feel free to contact this office.

Sincerely,

.dftabsite.drsite_director
Area Director

cc: Employee Representative

OSHA Instruction FAP 1.3
May 17, 1996
Office of Federal Agency Programs

APPENDIX E

FEDERAL AGENCIES NOT COVERED BY OSHA

APPENDIX E

FEDERAL AGENCIES NOT COVERED BY OSHA

I. LEGISLATIVE BRANCH

- a. Congress
 - Senate
 - House of Representatives
- b. Architect of the Capitol
 - Incl. Botanic Garden
- c. Congressional Budget Office
- d. General Accounting Office
- e. Government Printing Office
- f. Library of Congress
- g. Office of Technological Assessment
- h. U.S. Tax Court

II. JUDICIAL BRANCH

- a. Supreme Court
- b. U.S. Court

III. EXECUTIVE BRANCH

- a. Military Personnel
- b. Uniquely military equipment, systems and operations

OSHA Instruction FAP 1.3

May 17, 1996

Office of Federal Agency Programs

APPENDIX F

DOL INTERAGENCY AGREEMENTS AFFECTING FEDERAL AGENCY

SAFETY AND HEALTH PROGRAMS

APPENDIX F

**DOL INTERAGENCY AGREEMENTS AFFECTING FEDERAL AGENCY
 SAFETY AND HEALTH PROGRAMS**

FEDERAL AGENCY	TYPE OF AGREEMENT	DATE OF AGREEMENT	SUBJECT OF AGREEMENT
USDA/FSIS	MOU	9/13/82	FSIS and OSHA to coordinate OSHA job safety and health standards and FSIS sanitation and health standards.
DOD/Army	Letter of Agreement	7/2/73	Application of OSHA's standards to the procurement mission of the Army Material Command.
DOD/Army GOCO Ammunition Plants	MOU	11/6/78	Establish procedures for entry of OSHA Compliance Officers to Army GOCO ammunition plants and to establish procedures for mutual resolution of any conflicts.
DOE	Letter of Agreement	2/4/74	Letter of Agreement with AEC, (DOE's predecessor agency) clarifying applicability of section 4(b)(1) of the OSH Act to working condition for private AEC contractors performing contractual operations in facilities owned or leased by AEC.
DOT/Coast Guard	MOU	12/19/79	To coordinate enforcement activities for occupational safety and health on the Outer Continental Shelf.
DOT/Coast Guard	MOU	3/8/83	To set clear boundaries of the authority to prescribe and enforce regulations affecting the safety and health of seamen aboard USCG-inspected vessels.

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FEDERAL AGENCY	TYPE OF AGREEMENT	DATE OF AGREEMENT	SUBJECT OF AGREEMENT
EPA	Letter of Agreement	2/14/86	Provides for OSHA consultants to respond to requests from arsenical wood treatment plant employees.
EPA	Letter of Agreement	11/8/79	Allows EPA enforcement of wood preservations.
GSA	MOU	11/4/83	Cooperative efforts between GSA and OSHA for addressing occupational safety and health concerns in Federal agencies under GSA authority
HHS/NIOSH	MOU	12/18/80	Provided guidelines for worker protection at hazardous waste sites.
HHS/NIOSH/ EPA/DOE/ CG/NASA/ Army R&D/ Navy SWC/	MOU	12/18/80	Provide guidance to workers who investigate and/or clean up waste sites and respond to hazards substance emergencies. Sub-agreement 1/7/86 provides for additional coordination of activities regarding chemical protection clothing.
NRA	MOU	10/21/88	To delineate OSHA and NRC responsibilities at NRC-licensed facilities and to establish cooperative measure to increase worker protection at such facilities.
Treasury	MOU	7/5/74	Letter explaining the jurisdictional authority between OSHA and the BATF regarding standards for the storage and handling of explosives.

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APPENDIX G

MAP SHOWING OSHA REGIONS

APPENDIX G

Offices of the **Occupational Safety and Health Administration**

