OSHA NOTICE

U.S. DEPARTMENT OF LABOR — Occupational Safety and Health Administration

DIRECTIVE NUMBER: 03-06 (ADM 1) | **EFFECTIVE DATE:** August 28, 2003

SUBJECT: The IMIS Enforcement Data Processing Manual: Table of Contents and Chapters 1 through 7

ABSTRACT

Purpose: This Notice transmits a new Table of Contents and updated Chapters 1 through 7 of the IMIS Enforcement Data Processing Manual. OSHA Instruction ADM 1-1.38 establishes the revised IMIS Enforcement Data Processing Manual for use with the NCR.

Scope: The materials transmitted by this Notice apply to all Federal OSHA Enforcement and 18(b) State offices.

References: OSHA Instruction ADM 1-1.38, The IMIS Enforcement Data Processing Manual of August 28, 2003. Those chapters of the Manual as transmitted by OSHA Instruction ADM 1-1.31, the IMIS Enforcement Data Processing Manual, September 20, 1993; Change 1 to ADM 1-1.31, February 27, 1997; and Change 2 to ADM 1-1.31, May 29, 1997 that remain in effect.

Cancellations: The Table of Contents and Chapters 1 through 7 of the IMIS manual transmitted by OSHA Instruction ADM 1-1.31, September 20, 1993 are cancelled. All other chapters of the manual remain in effect.

State Impact: This is a Federal Program Change requiring State adoption. OSHA State Plan Enforcement offices are to adhere to the requirements in this Notice.

Action Offices: National, Regional, Area and 18(b) State offices.

Originating Office: Directorate of Information Technology, Office of Management Data Systems.

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By and Under the Authority of

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Director, Administrative Programs

Executive Summary

This Notice provides a new Table of Contents and Chapters 1 through 7 of the instructional manual for processing IMIS enforcement information on the NCR computer. Definitions of information recorded in the IMIS are included in the individual chapters, where applicable.

Significant Changes

This Notice provides a new Table of Contents, and new Chapters 1 through 7 of the IMIS Enforcement Data Processing Manual. The Table of Contents also identifies planned chapters to follow chapter 7. These new chapters provide clarification and revisions to OSHA's instructions for processing IMIS enforcement information on the NCR. They also have been restructured and renumbered to comply with current directive system rules. Some of the more significant revisions are listed below.

1. Chapter 1, IMIS Design and Manual Organization (last revision dated September 20, 1993), deletes references to OSHA's specialist paper forms no longer supported by DIT, and to "batch and mail" data processing.

2. Chapter 2, Data Processing Concepts and Guidelines (last revision dated May 29, 1997), adds a current Forms Processing Menu illustration, adds step-by-step instructions and screen illustrations for retrieving NAICS codes, and revises form print instructions.

3. Chapter 3, Establishment Processing (last revision dated May 29, 1997), adds OSHA-300 data collection instructions, definitions and screen illustrations; adds conventions for coding U.S. Postal Service activities; adds step-by-step instructions for creating U.S. Postal Service records; and revises much of the detailed and step-by-step establishment processing instructions.

4. Chapter 4, Complaint Processing (last revision dated September 20, 1993), revises references to hard copy forms; removes formal/non-formal complaint definitions and adds new categorization for inspections and investigations; includes National Office Optional Information Codes adopted since last revision; adds instructions for entering North American Standard Industrial Classification System (NAICS) codes; adds three fields (i.e., National Emphasis Program, Local Emphasis Program, Strategic Plan Activity) to the Data Item Definitions/Instructions section; and adds updated form illustrations.

5. Chapter 5, Referral Report Processing (last revision dated September 20, 1993), revises references to hard copy forms; adds National Office Optional Information Codes adopted since last revision; adds instructions for entering North American Standard Industrial

Classification System (NAICS) codes; adds three fields (i.e., National Emphasis Program, Local Emphasis Program, Strategic Plan Activity) to the Data Item Definitions/Instructions section; and adds updated forms illustrations.

6. Chapter 6, Event Processing (last revision dated September 20, 1993), revises references to hard copy forms; adds National Office Optional Information Codes adopted since last revision; adds instructions for entering North American Standard Industrial Classification System (NAICS) codes; adds three fields (i.e., National Emphasis Program, Local Emphasis Program, Strategic Plan Activity) to the Data Item Definitions/Instructions section; and adds updated forms illustrations.

7. Chapter 7, Inspection Assignment Processing (last revision dated September 20, 1993), revises references to hard copy forms, revises instructions for generating/completing assignment records; and adds instructions for entering North American Standard Industrial Classification System (NAICS) codes.

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I. Purpose. This Notice transmits a new Table of Contents and updated Chapters 1 through 7 of the IMIS Enforcement Data Processing Manual. OSHA Instruction ADM 1-1.38 of August 28, 2003 established the revised IMIS Enforcement Data Processing Manual for use with the NCR. This Notice transmits updated chapters 1 through 7 of OSHA Instruction ADM 1-1.31, The IMIS Enforcement Data Processing Manual for use with the NCR.

II. Scope. This Notice applies to all Federal OSHA Enforcement and 18(b) State offices.

III. References. OSHA Instruction ADM 1-1.38, The IMIS Enforcement Data Processing Manual of August 28, 2003. Those chapters of the Manual as transmitted by OSHA Instruction ADM 1-1.31, the IMIS Enforcement Data Processing Manual, September 20, 1993; Change 1 to ADM 1-1.31, February 27, 1997; and Change 2 to ADM 1-1.31, May 29, 1997 that remain in effect.

IV. Cancellations. The Table of Contents and Chapters 1 through 7 of the IMIS Manual transmitted by OSHA Instruction ADM 1-1.31, September 20, 1993, and subsequent changes, are cancelled. All other chapters of the Manual remain in effect.

V. State Impact. This is a Federal Program Change requiring State adoption. OSHA State Plan Enforcement offices are to adhere to the requirements in this Notice.

VI. Significant Changes. These changes provide clarification and revisions to OSHA's instructions for processing IMIS enforcement information on the NCR. The chapters were restructured and renumbered to comply with current directive's system rules. Some of the more significant revisions are listed below.

A. Chapter 1, IMIS Design and Manual Organization (last revision dated September 20, 1993).

1. Removed references to OSHA's specialist paper forms no longer supported by DIT.
2. Removed references to "batch and mail" data processing that no longer applies.
3. Removed explanation regarding the process-oriented application vs. the specialist paper forms and the resulting complex numbering strategy.
4. The completed manual will no longer be divided into parts (i.e., Part I, forms data-entered at the area office; Part II, forms batched and mail to OMDS for data entering and Part III, appendices); therefore the "Manual Design" section was reworded.

B. Chapter 2, Data Processing Concepts and Guidelines (last revision dated May 29, 1997).

1. Incorporated a current Forms Processing Menu illustration. The following three menu options were added after OSHA Instruction ADM 1-1.31 was released:
   a. Establishment Cleanup Form
   b. Health (OSHA-91, 92, 93)
   c. Health (OSHA-98)
2. Added step-by-step instructions and screen illustrations for:
   a. Retrieving NAICS codes via a series of choice lists
   b. Searching for and retrieving NAICS codes using the Table Search feature.
3. Included reference to the OSHA-300 data entry screen. [Detailed OSHA-300 instructions with definitions are included in chapter 3.]
4. Revised the form print instructions for printing via the data entry screen and added instructions for printing numbered and unnumbered forms via the Special Functions Menu.
5. Updated the Function Key Reference Table.
6. Updated the "Obtaining Information for the OSHA Forms" section.

C. Chapter 3, Establishment Processing (last revision dated May 29, 1997).

1. Added OSHA-300 data collection instructions, definitions and screen illustration.
2. Added specific conventions for coding U.S. Postal Service Activities.
3. Added step-by-step instructions for creating U.S. Postal Service records for activities performed after September 29, 1998.
4. Revised much of the detailed and step-by-step establishment processing instructions for clarity.

D. Chapter 4, Complaint Processing (last revision dated September 20, 1993).

1. Removed reference to OSHA's pre-printed forms no longer supported.
2. Removed formal/non-formal complaint definitions and added new categorization (i.e., inspections and investigations).
3. Included National Office Optional Information Codes adopted since last revision.
4. Added instructions for entering North American Standard Industrial Classification System (NAICS) codes.
5. Added three fields (i.e., National Emphasis Program, Local Emphasis Program, Strategic Plan Activity) to the Data Item Definitions/Instructions section
6. Replaced form illustrations (blank and completed) with updated versions.

E. Chapter 5, Referral Report Processing (last revision dated September 20, 1993).
   1. Removed reference to OSHA's pre-printed forms no longer supported.
   2. Included National Office Optional Information Codes adopted since last revision.
   3. Added instructions for entering North American Standard Industrial Classification System (NAICS) codes.
   4. Added three fields (i.e., National Emphasis Program, Local Emphasis Program, Strategic Plan Activity) to the Data Item Definitions/Instructions section.
   5. Replaced form illustrations (blank and completed) with updated versions.

F. Chapter 6, Event Processing (last revision dated September 20, 1993).
   1. Removed reference to OSHA's pre-printed forms no longer supported.
   2. Included National Office Optional Information Codes adopted since last revision.
   3. Added instructions for entering North American Standard Industrial Classification System (NAICS) codes.
   4. Added three fields (i.e., National Emphasis Program, Local Emphasis Program, Strategic Plan Activity) to the Data Item Definitions/Instructions section.
   5. Replaced form illustrations (blank and completed) with updated versions.

G. Chapter 7, Inspection Assignment Processing (last revision dated September 20, 1993).
   1. Removed reference to OSHA's pre-printed forms no longer supported.
   2. Added instructions for entering North American Standard Industrial Classification System (NAICS) codes.
   3. Revised instructions for generating/completing assignment records.

VII. Action Information.
   A. Responsible Office. Directorate of Information Technology, Office of Management Data Systems
   B. Action Offices. National, Regional, Area and 18(b) State offices.

VIII. Action required. Discard chapters 1 through 7 of OSHA Instruction ADM 1-1.31, The IMIS Enforcement Data Processing Manual and replace them with chapters 1 through 7 introduced by this Notice. Paper copies may be printed from the Field Systems Support page accessible via the OSHA Intranet Home page or the OSHANET Limited Access page.

The IMIS Enforcement Data Processing Manual

NOTICE: The Table of Contents (beginning with Chapter VIII) will change and a new one will be provided as chapters are updated, reformatted and renumbered.

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Chapter 1.

INTRODUCTION AND DATA PROCESSING OVERVIEW

I. Overview.

A. The Integrated Management Information System (IMIS) is a functionally integrated system for collecting and storing OSHA information. This information is available to each Area, District, State, and Regional Office as well as the National Office. This manual provides instructions and guidelines to OSHA's Federal and 18(b) field office personnel for use when submitting this information to the IMIS.

B. Each Area, District, and 18(b) State Office has a microcomputer with forms data entry and retrieval capabilities. Information about current OSHA enforcement activities is entered into the office's microcomputer. Reports generated from the microcomputer are then used to manage the local office's resources. Regional Office microcomputers have data retrieval capability, even though no data is entered in these offices.

C. Data entered at the local office is transmitted via telephone lines to the host computer, which contains the National database. The host computer is the repository of historical data from every OSHA office. OSHA activity information must be on file at the host and available for reporting requirements as soon as possible. When the local office requires information which is not on their own database, they may request reports from the host computer. The information for many reports is as current as the latest successful transmission. Therefore, timely transmission of data to the host computer is critical.

D. Some host reports use information from the "derived file." This file is updated once a week on Sunday to reflect information transmitted to the host computer from the Area, District, and 18(b) State offices during the week.

Reference Chapter I of ADM 1-1.19, The IMIS Host Reports Manual, for more information about the "derived file."

II. Computer Printed forms.

A. Forms for recording the information regarding OSHA activities can be printed from the NCR. It is not necessary to complete the paper form manually. The blank form can, however, be printed and completed for data input at a later time or the information can be entered directly into the microcomputer and the completed form printed for case file purposes.

B. Blank forms may be printed with or without unique numbers which identify the record in the case files and the micro and host databases. This unique number is the Activity Number (e.g., inspection number, complaint number) which is entered on each initial and subsequent form/screen used to build the case file/record.

C. Blank templates may be printed via the Special Functions menu as well as the form=s data entry screen.

Refer to Chapter 2, Data Processing Concepts and Guidelines for step-by-step form print instructions.

III. Linking Activities/Subsequent Actions.

OSHA links one action on a case to the next by recording the identifier (activity number) from one action with subsequent actions. For example, violation, PMA or contested case information is linked to the relevant Inspection Report by the activity number. Individual violations are identified by the citation number, item number, and group letter when applicable, along with the inspection number. Record identifiers may not be modified.

IV. Computer Application Design.

A. The computer application includes separate screens for individual processes, e.g., Inspection processing, PMA processing, ISA processing, contested case processing, abatements completed/close processing, etc. This user-friendly approach to data-entry simplifies the forms completion process on the micro-computer.

B. The screens have "pop-up" windows that contain additional fields specific to a particular data item which may or may not be related to that case. In this way, the person entering the data is not bothered with needless screen information. They need only access the additional fields if applicable to the current situation.

C. Several other application features that facilitate data entry are:

- On-line help by pressing F1.
- Choice lists for SIC codes, Supervisor ID, city/county codes, etc.
- Ability to modify Reporting IDs.
- Batch processing of forms.
- Status line prompts user for each form entry.
- No need to specify whether "add" or "mod" function.
- More micro edits, therefore, fewer rejects.
- Deletions accepted with audit trail.
- Generates assignment records when Inspection Planned = Y.
- Calculations automatically performed.

Refer to Chapter 2, Concepts and General Guidelines for an explanation of the special features available during forms processing.

V. Entering the Data.

A. OSHA's activity data is entered into the microcomputer via individual data processing screens formatted for "fill in the blanks", "make a selection" from a Choice List, or invoke word processing for entering text data. Information captured on audio and video tapes, in photos, from note taking, partially completed forms, etc. may be entered directly into the microcomputer and a hard copy printed for storing in the case file.

B. When processing new activity information (e.g., adding a complaint), Establishment Processing is automatically invoked once the cursor gets to the Employer/Establishment Name field. When modifying an activity form, the screen automatically pre-fills with the establishment information previously entered. Establishment Processing can be invoked at any time during event, complaint, referral, or inspection processing by pressing the <F5> function key.

C. Not all case file information is data entered; therefore, some items on the computer printed forms do not appear on the microcomputer screen. These items are denoted in the left hand margin of this manual by a pictorial representation of a paper form. Some items which are required by the IMIS do not appear on the current version of the forms and are designated by a computer icon.

See Table 1-1 of paragraph XVII, Conventions Used in this Manual, for an example of each of these icons.

D. In addition to the information required at the host computer, some information is provided for local use (e.g., the OSHA-168, Inspection Assignment, Item 14c, Track, on the Violation (OSHA-2 or 2H) Processing screen, and Item 16, Case File Prep? -- which contains the Tracking 1, Tracking 2, Tracking 3, and Tracking 4 fields - on the Inspection Update Processing screen) and resides only on the microcomputer.

VI. Transmitting the Data.

A. The data input at the field office level is transmitted to the host computer over telephone lines via a process called End-of-Day. Each weekday night, an Edit/Update procedure at the host checks the validity of the data for each process and either accepts or rejects the record. The field office retrieves the transmittal statistics and a list of any rejected record(s) along with a message stating why each record was rejected via the Start-of-Day procedure. The local office prints this information as the final step of the Start-of-Day procedure.

Refer to OSHA Instruction ADM 1-1.20, IMIS Communications Manual, for End-of-Day and Start-of-Day procedures.

B. The office can then access and correct the rejected record(s) through the Correct Host Rejects option on the Forms Processing Menu. If the office does not understand the error message received for a record or is unable to correct the record for any reason, it can call the DIT Help Desk for assistance. (To reach the DIT Help Desk in Lanham, Maryland, dial 1-800-503-6742 or 202-693-2424.) Help Desk staff can access the rejected record on the host computer where it is held in a temporary file for acceptance into the host database. After determining why the record is being rejected, they will either correct it or explain to the field office what is needed to get the record accepted by the host computer. The record will again be sent to the host during the next End-of-Day.

VII. Retrieving the Data.

If OSHA is to achieve its mission successfully, offices must have access to up-to-date information on which they can base management decisions. The IMIS supports systematic management by providing immediate access to information stored locally as well as access to the host database. Whenever information is not available on a local database, an office may request it from the host database. Normally the requester will receive a response the next day. In an emergency, data can be retrieved in 15-30 minutes by calling the DIT Help Desk and asking for the priority to be increased. The host computer contains the data of all the field offices beginning with July 1992.

Refer to ADM 1-1.21A CH 2, IMIS Enforcement Micro Reports Manual, October 29, 1990 for reports designed for retrieving data from the microcomputer database.

NOTE: In mid 2002, the Directorate of Information Technology mailed to each office an updated DRAFT version of this manual. The updated version is ADM 1-1.21A CH 3 dated December 5, 1995 thru June 24, 1996.

Reports designed for retrieving data from the host database are documented in ADM 1-1.19B CH 1, The IMIS Host Reports Manual.

VIII. Manual Design.

A. This manual serves as a reference guide for compliance staff and computer operators when completing the NCR computer printed forms and entering OSHA activity data into the microcomputer. The processes and procedures involved when processing occupational safety and health related activities on a micro or on a PC computer connected to the micro are given in this manual. The individual data processing chapters present the purpose, data item definitions and instructions.

B. Chapter 2 is the key to understanding the concepts and generic instructions which apply within each of the activity processes. Instructions for entering establishment information are found in Chapter 3. These generic instructions apply within most of the activity processes. Use Chapter 3 in conjunction with the appropriate activity process chapter. PLEASE READ CHAPTERS 2 and 3!

C. Subsequent chapters document OSHA's activities that are processed on the microcomputer. These chapters are presented by processes rather than forms and are ordered as they appear on the micro's Forms Processing Menu. If there are special form or screen processing instructions that are unique to a process, they are presented in that chapter. Specific instructions for completing an item are given when required.

D. IF THE PERMISSIBLE VALUE FOR ANY FIELD IS SHOWN ON THE SCREEN AND ON THE OSHA FORM, IT IS NOT REPEATED IN THIS MANUAL. If the permissible value for a field is shown on the screen but not the form, it is included with this manual for the use of those who choose to continue updating case information via the hard copy form.

E. A separate section in each of these chapters present the data definitions for each form or forms that constitute that process. For example, the OSHA-7 and the OSHA-167C are combined into Chapter 4, Complaint Processing; therefore, the

data definition section for this chapter includes all the data elements for each of these two forms and for the complaint processing screens.

F. Pictorial images depicting pop-up window items, items which invoke word processing, items which appear on the paper form only, and items which are on the screen but not on the paper form have been inserted in the left hand margin beside the appropriate item. (See paragraph XVII, Conventions Used in this Manual.)

G. The items in individual data processing chapters of this manual are sequentially numbered following the order they appear on the screen with paper form only items incorporated as appropriate and may be unnumbered.

H. Step-by-step instructions for entering data into the NCR computer for specific activities under the following categories are included in the appendices.

- Establishment Processing
- Violation Processing
- Violation Processing Due to an Event
- PMA Processing
- Contested Case Processing
- Penalty Payment Processing
- Case Closing

IX. **Conventions Used in this Manual.** Because some of the items on a screen may be "hidden" in pop-up windows or repeating screens (see Chapter 2, Concepts and General Guidelines, for the explanation of pop-up windows and repeating screens), special icons are incorporated into this manual to identify these fields. Icons are also used to identify items that invoke word processing, paper form only items and screen only items. Table 1-1 below illustrates these and other conventions used in this manual.

Table I-1
Conventions Used

Convention	Description
Bold Text	If there is action to be taken by a user, the action that should be taken is shown in **boldface**.
Italicized Text	When referencing a field name on a form or screen, the name is in italics.
Press Enter,<CR>, or Return	This is synonymous with pressing the Return key OR the Enter key on the keyboard.
Displayed Messages	When referencing messages that display on the screen, the message is shown in small print.
	Depicts items that invoke word processing.
	Depicts items that appear on the paper form only.
	Depicts items that are on the screen but not on the paper form.
	Double line extending to the right margin denotes fields from which a pop-up window may be accessed.
	Depicts "hidden" items located in a pop-up window or repeating screen.
	Depicts items located in a pop-up window accessible only from another pop-up window.

Chapter 2.

DATA PROCESSING CONCEPTS AND GUIDELINES

I. **Overview**. This chapter provides guidelines for processing OSHA enforcement data on the NCR microcomputer and explains the concepts related to NCR data processing. Concepts, procedures, and instructions which apply to several screens or to the entire system are explained in this chapter and will not be repeated elsewhere in this manual. Form/screen specific data entry instructions are given in the appropriate individual chapters of this manual. However, to avoid disarray in succeeding chapters, functions that require lengthy instructions, although specific to one screen, will be documented in this chapter.

II. **Getting Started**.

A. Data is entered into the NCR via individual data processing screens. The application checks the data as it is entered and displays messages to aid the operator in entering the data properly. Data that has been entered into the system pre-fills on the screen for subsequent entries for the same activity number.

B. Login with your assigned user name. The OSHA IMIS User Main Menu, Figure 2-1, displays. The data entry process begins with the "Forms Processing Options" selection from the OSHA IMIS User Main Menu.

C. The Forms Processing Menu screen, as shown in Figure 2-2, lists all the OSHA Enforcement processes and their respective OSHA forms. To access any of the processes listed on this screen, **type the letter shown to the left of that process or use the arrow key to highlight the process and press <Enter>**. For example, to start Violation Processing, you can type **g** regardless of the process highlighted on the menu. The Violation Forms Entry sub-menu displays. Other processes, such as Complaint or Event, will place you directly into a data entry screen.

D. If you inadvertently access the wrong menu or data entry screen, REMEMBER that the **<F7>** function key will let you exit most menus (unless the screen indicates another exit method, such as **q** for quit), and **<Esc><Esc>** will let you exit a data entry screen. When you use <Esc><Esc> to exit a data entry screen, any data not saved IS LOST. Refer to paragraph VI for instructions on saving the data and exiting the data entry screen.

Figure 2-1
OSHA IMIS User Main Menu

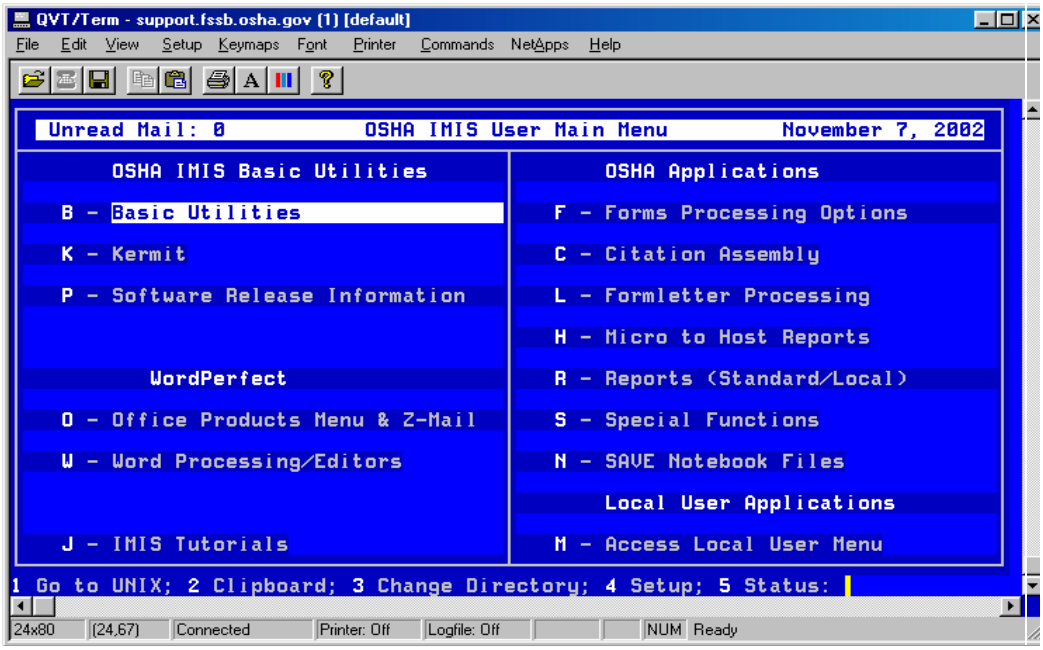
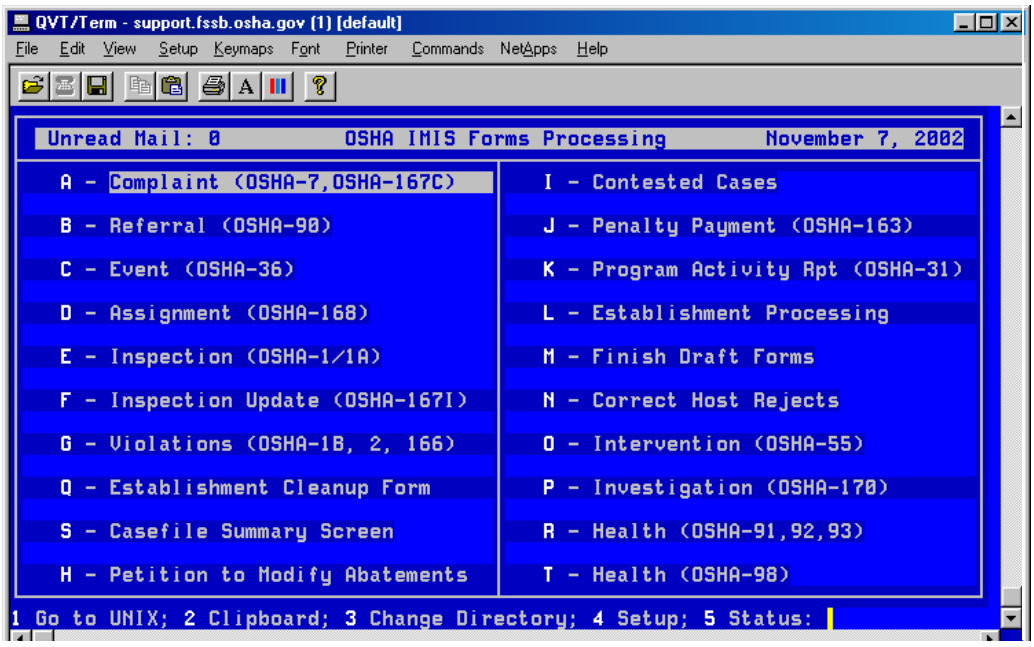


Figure 2-2
Forms Processing Main Menu



III. **Data Processing Features and Functions**. Special features and functions utilized by the OSHA Applications Program to facilitate data entry are listed below. Explanations and/or instructions for utilizing these features are provided in succeeding sub-paragraphs.

- Unique activity number generation
- Automatic "add"/"mod" function
- Reporting ID pre-fill/ability to modify
- Choice lists
- Popup windows
- Scrollable regions
- Repeating screens
- Optional Information Processing
- Word processing/text editor invocation
- Form letter processing
- Pre-programmed function keys
- Action (pull down) menus
- Search capabilities for:
  - SIC and NAICS codes
  - Federal agency codes
  - Hazardous substance codes
  - Occupation codes
  - OSHA-170 summary number (by event date)
  - OSHA-36 event number (by date)
- Establishment Processing invocation with access to:
  - OSHA-200 Log data screen
  - OSHA-300 Log data screen
  - Program Evaluation Profile (PEP) data screen

A. **Unique Activity Number Generation**. The program automatically assigns a unique number when you press <Enter> or any <Arrow Key> from the activity number field. Alternatively, you may enter the activity number from a printed form.

B. **Automatic "add"/"mod" Function**. When the program assigns an activity number, it automatically performs an "add" function. When you key in an activity number, the program performs an "add" function if it cannot find that activity number in the database. If the activity number already exists in the database, the screen pre-fills with the data in preparation for modification.

C. **Reporting ID Pre-fill**. The office's identification number for reporting to the IMIS automatically pre-fills on the screen. For office's with multiple reporting IDs, the primary ID pre-fills but may be overwritten. You may type in the ID or make a selection from a Choice List.

D. **Scrollable Screen**. During forms data entry, lines of text scroll from top to bottom on the terminal screen. Portions of information at the bottom of the monitor will reappear at the top of the next monitor display as you continue processing.

E. **Status Line Help/Prompts**. Throughout forms entry the status line at the bottom of the terminal guides you through each entry. It indicates additional screens, displays the options, specific values or action required. [Examples are given directly below.] **READ THE STATUS LINE!**

- If a choice list is available for a field, *F2 for choice list* displays.
- If entering a value in a field makes another field mandatory, it is indicated on the status line.
- If a date must be today's date or earlier, the status line displays that message.
- If the valid values for a field are, for example, A or B, the status line prompts you to enter either A or B and gives a description of each value.
- If there is a pop-up window associated with a field, the status line prompts you to enter Y to bring up the pop-up window.

F. **F1 On-line Help**. The <F1> function key lets you access a special "help window" which contains definitions and/or guidance for completing most of the items on the various data entry screens. Pressing <F1> displays the help associated with the item where the cursor is located. When you press <F1> while the cursor is in a field that has no "special" help, the window displays with either the message *No help available* or a list of available function keys and their uses. <Esc><Esc> exits the window.

G. **F4 Goto**. The "F4 Goto" feature allows you to quickly move from field to field. Press <F4> (the message *Go to which field* displays), type the item number and press <Enter>; the cursor moves to that item.

H. **Edit Checks**.

1. Virtually all edit checks are performed on the NCR. Often the edit check messages are shown on the status line. For example, if one field is mandatory when another field has a specific value, that edit will be displayed on the status line. Other times the edit message will appear if you type an invalid choice. For example, if the choices are A through D, and you enter L, the message *Entry is invalid* displays directly above the status line. You must space out the incorrect value and replace it with an acceptable value in order to continue processing.

2. When you press <F3> or <F6> to save a form as "complete," more edits are performed. The cursor returns to the first field it finds that does not pass the edit check and you are prompted, via the status line, to enter the new or mandatory data. This will occur until all the data passes the various NCR edit checks. Although initially this may seem cumbersome and frustrating when entering data, it will reduce the number of host rejected forms, thereby improving the integrity of the data before it is transferred to the host.

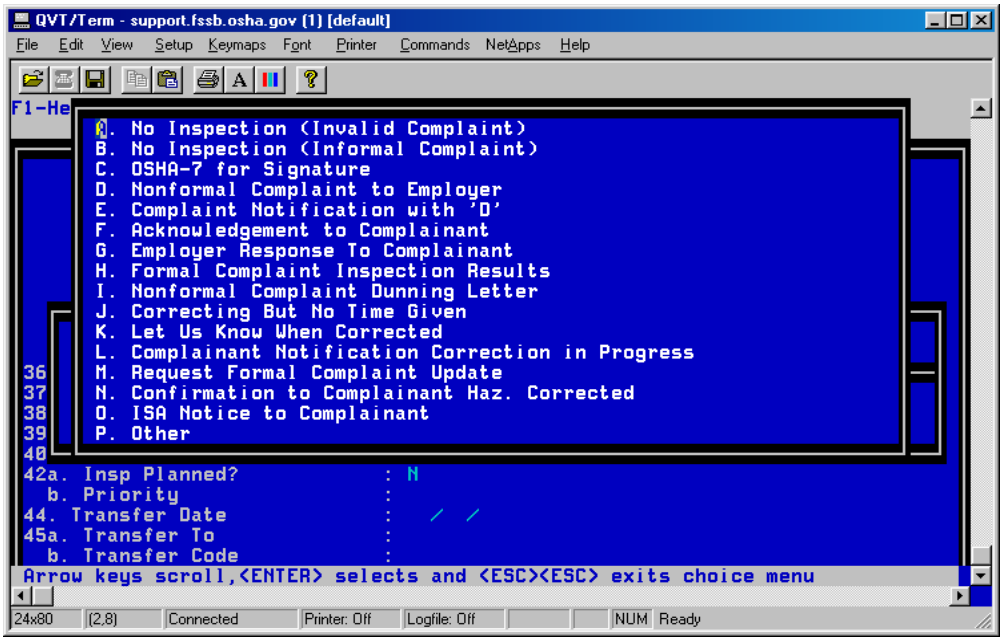
3. Note that the edits are not just on forms or processes. Relational checks such as not permitting a case to be closed unless all items are abated and all penalties paid (or waived or adjusted) are included.

I. **Calculations**. The programs automatically calculate LWDI/LWDII rates, abatement dates, action dates, letter due dates, and installment payments. This is explained in detail in the appropriate chapters of this manual.

J. **Assignment Record Generation**. Anytime you update a process with information that an inspection is planned (Inspection Planned = **y**), you are asked if an assignment record(s) should be generated. Entering **y** prompts you to select safety, health, or both and creates the specified assignment record(s) with a system-generated number(s). You must then go into Assignment Processing to complete data entry of the assignment-related information. When that assignment number is entered during Inspection Processing, the screen pre-fills with the information from the assignment record.

K. **<u>Choice Lists</u>**. A Choice List displays the admissible values where there is more than one acceptable value for an entry. For example, if you are uncertain what the allowable choices are for the scope of an inspection, or if you cannot remember which complaint letter you want to send, the <F2> function key will give you all the available options as illustrated in Figure 2-3. To select an option from the choice list, type in the identifier (letter or number) to the left of your choice or use the arrow keys to highlight the desired selection, then press <Enter>. Pressing <Esc> twice allows you to exit a Choice List without making a selection.

Figure 2-3
Example of a Choice List

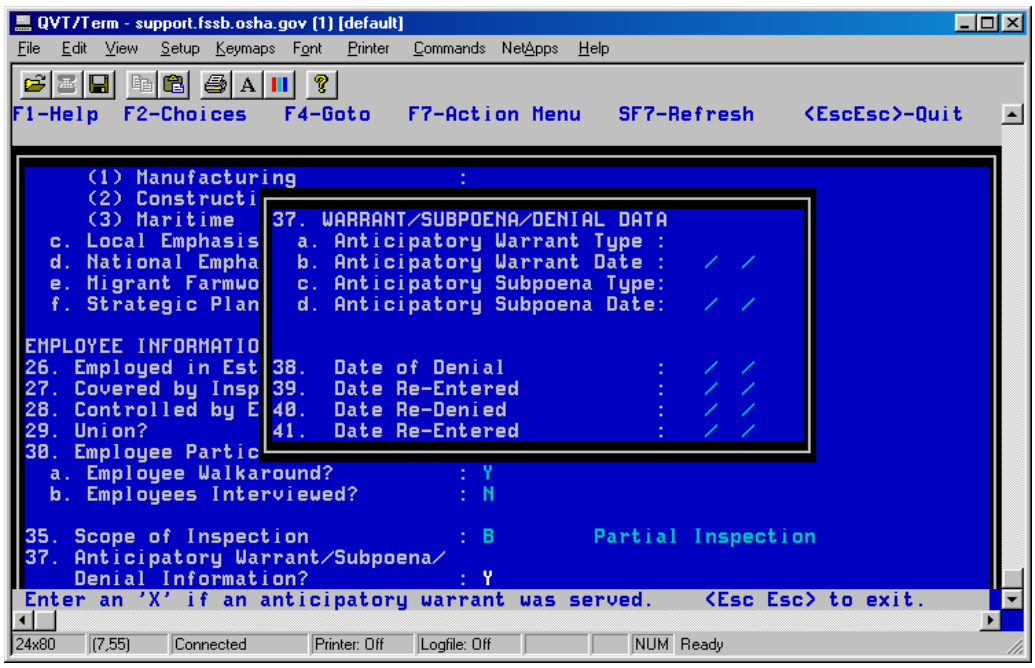


L. **<u>Pop-up Windows</u>**. A pop-up window (see Figure 2-4) contains additional fields specific to a particular data item. The additional fields, which are listed within a small box or window, are displayed <u>only</u> when you enter **y** in the associated item.

<u>For example</u>: If there is denial of entry information to be entered in inspection processing, enter **y** in the *Anticipatory Warrant/Subpoena/Denial Info* field to bring up the data entry pop-up window. This provides an additional 8 fields related only to denial of entry and warrant/subpoena served information. Exit a pop-up Window by pressing **<Esc><Esc>**. If denial of entry data is not required, you simply bypass this field and the additional 8 fields are not displayed. In essence, this enhances data entry since the user does not step through unneeded fields.

A figure illustration of each pop-up window is included in the applicable chapters of this manual. In the Data Item Definitions/Instructions section of each process, ICONS denoting the items located within pop-up windows are inserted in the left hand margin by the item. Double lines extending from the item name to the right hand margin identify items from which a pop-up window may be displayed.

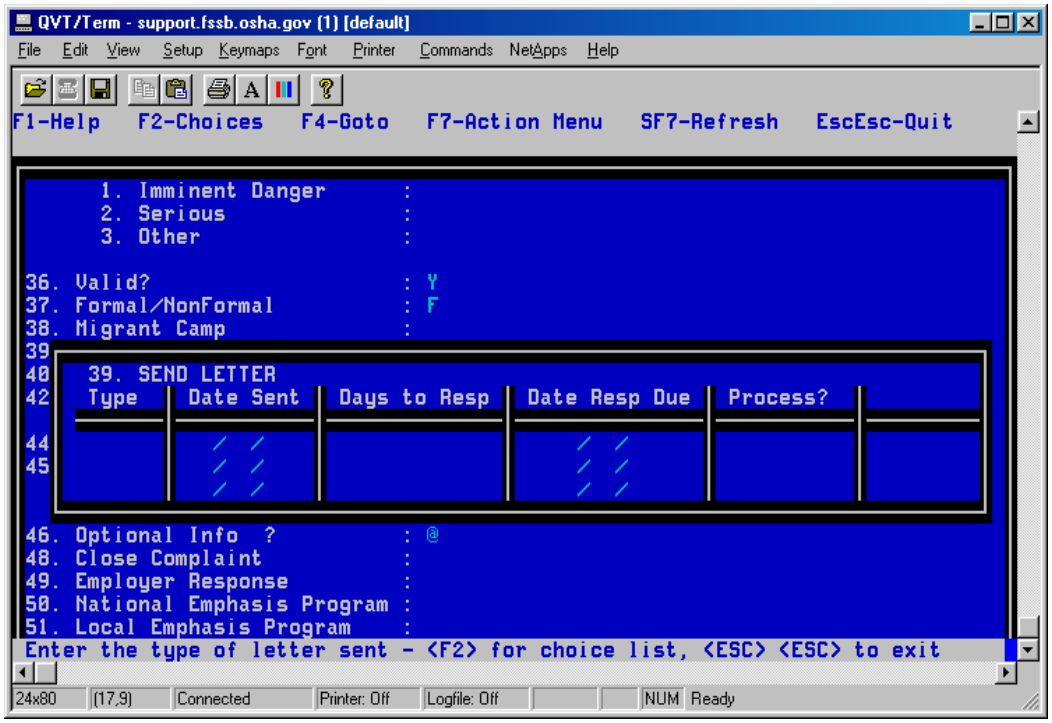
Figure 2-4
Example of a Pop-Up Window Example of a Pop-Up Window



M. **<u>Scrollable Regions</u>.** A Scrollable Region functions as a repeating group for data entry of one or more lines of information and is displayed by entering **y** in the associated item. For example, *Send Letter* is a Scrollable Region consisting of five fields (*Type*, *Date Sent*, *Days to Respond*, *Date Response Due*, and *Process*) per line. Each line of data repeats as a group. The NCR application accepts multiple line entries. Three lines of data may be viewed at a time. To view all line entries in a scrollable region, use the up and down arrow keys to display the previous and next lines of data. Exit a scrollable region by pressing <Esc><Esc>. (See Figure 2-5 for an example.)

A figure illustration of each scrollable region is included in the applicable chapters of this manual. In the Data Item Definitions/Instructions section of each process, ICONS have been inserted in the left hand margin by each item located in a scrollable region. Double lines extending from the item name to the right hand margin denote the items from which a scrollable region may be accessed.

Figure 2-5
Example of a Scrollable Region



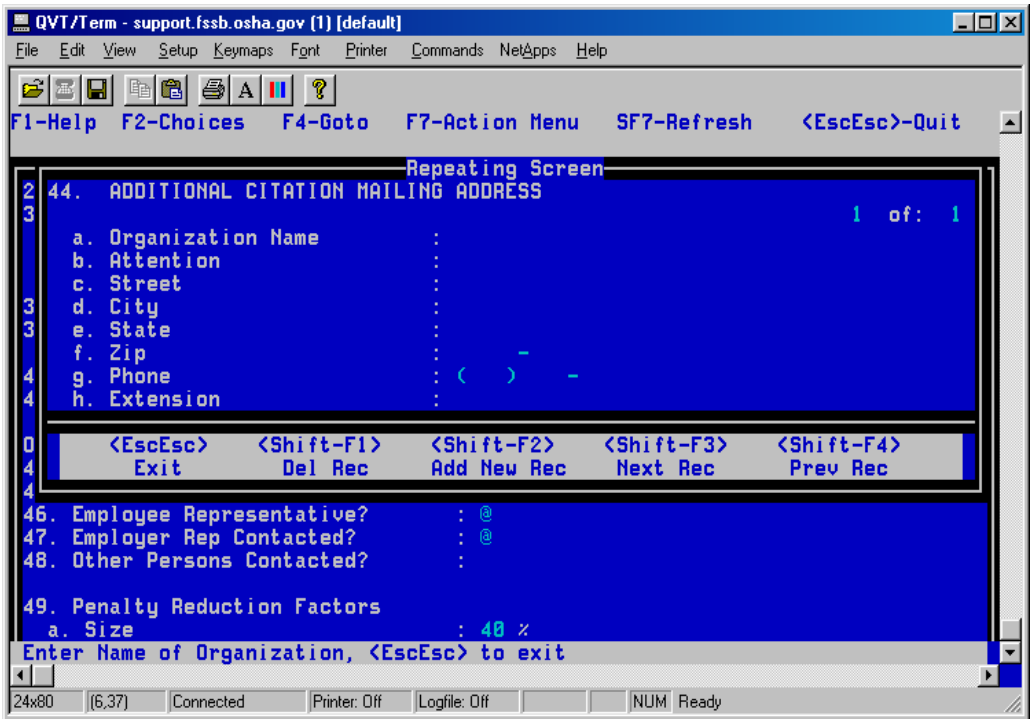
N. **<u>Repeating Screens</u>.** Like a pop-up window, a repeating screen (see Figure 2-6) contains additional fields specific to a particular data item and is displayed by entering **y** in the associated item. Unlike a pop-up window, a repeating screen allows for multiple record entries. After completing the items on the pop-up screen, the data may be cleared from the screen and another record entered.

<u>For example</u>: For recording the information for any additional destinations for copies of the Citation, enter **y** in the *Additional Citation Mailings?* field to display the repeating screen that contains the associated items. Enter the name, address, and phone number for the first citation mailing record, press **<Shift-F2>** to clear the data from the screen in preparation for the next record, enter the next record, and so forth until all records have been entered.

- **<Shift-F4>** displays the previous record.
- **<Shift-F3>** displays the next record.
- **<Shift-F1>** deletes the displayed record.
- **<Esc><Esc>** exits the repeating screen and redisplays the main form screen.

A figure illustration of each repeating screen is included in the applicable chapters of this manual. In the Data Item Definitions/Instructions section of each process, ICONS (same as for pop-up window items) have been inserted in the left hand margin by each item located on a repeating screen. Double lines extending from the item name to the right hand margin denote the items from which a repeating screen may be accessed.

Figure 2-6
Example of a Repeating Screen



O. **<u>Optional Information Processing</u>.** The entry of **y** in the *Optional Information* field displays a popup-scrollable region for entering additional information of interest to the Regional, Area or State offices or additional information as required by the National office. (See Appendix C.)

P. **Word Processing / Text Editor Invocation**. When completing items requiring the entry of text for which sufficient space cannot be allotted on the data entry screen, the program invokes word processing or text editor. An entry of **y** in these fields temporarily removes the form from the screen and places you in a word processing or text editor file. After typing the appropriate text, use the normal word processing functions to save the file and return to the data entry screen.

The table directly below gives the location (directory and filename) of files created during data entry and the file's corresponding processing screen (e.g., Complaint Processing) and item name (e.g., Hazard Description).

Table 2-1
Location of Text Files Created During Data Entry

Screen	Item Name	Directory/Filename
Complaint	**Hazard Description**	**/usr/Wp/O7/DXXXXXXXXX** **where:** **D = Description** **XXXXXXXXX = Complaint Number**
Complaint	**Hazard Location**	**/usr/Wp/O7/LXXXXXXXXX** **where:** **L = Location** **XXXXXXXXX = Complaint Number**
Inspection	**Coverage Info, Eval, Recs, Checklist and Narrative**	**/usr/Wp/Csho-1A/NXXXXXXXXX** **where:** **N = Narrative** **XXXXXXXXX = Inspection Number**
Violation	**AVD/Variable Info**	**/usr/Wp/AVD/VXXXXXXXXX/Vnnnnn** **where:** **V = Violation** **XXXXXXXXX = Inspection Number** **V = Variable Information** **nnnnn = serial key (system assigned no.)**
Intervention	**Supporting Documentation**	**/usr/Wp/o55/TXXXXXXXXX** **where the X's = the Intervention Number**
Investigation Summary	**Edit Abstract?**	**/usr/Wp/O170/XXXXXXXXX** **where the X's = the Summary Number**

Q. **Form Letter Processing**. Form letter processing is available via the data entry screen, when applicable. If a form letter is to be generated based on the data currently being entered, the user MUST FIRST SAVE THE DATA and update the database using the <F3-Save & Continue> function, then proceed with letter processing. Three options are available in letter processing: 1) not to process the letter, 2) assemble, edit, and print the letter, or 3) print a previously-assembled letter. If you elect to assemble, edit, and print the letter, the letter may be sent directly to the printer or to a file. The "Send Letter" processing feature is depicted in Figure 2-7.

NOTE: The database is NOT automatically updated with letter sent information nor is the data transmitted to the host computer for letters generated via the OSHA User Main Menu selection. LETTER INFORMATION MUST BE ENTERED ON THE DATA ENTRY SCREEN IN ORDER TO UPDATE THE NCR AND HOST DATABASES. It is not necessary to assemble or print the letter while in data entry.

1. Date Calculations. Date calculations for responding letters due can be performed by the computer. When the date sent and the number of days to respond is entered, the computer performs the calculation using calendar days and enters the date in the *Date Response Due* field. This system calculated date can be modified by the user. If desired, the user may bypass the *Days to Respond* field and type in the date the response is due.

2. Letter Received. When letters are received, additional activities associated with the receipt of the letter can be easily updated. For example, if a letter must be evaluated or there may be an abatement date associated with a letter, the *Receive Letter* process includes those fields. The *Receive Letter* processing feature is depicted in Figure 2-8

Figure 2-7
Example of "Send Letter" Processing

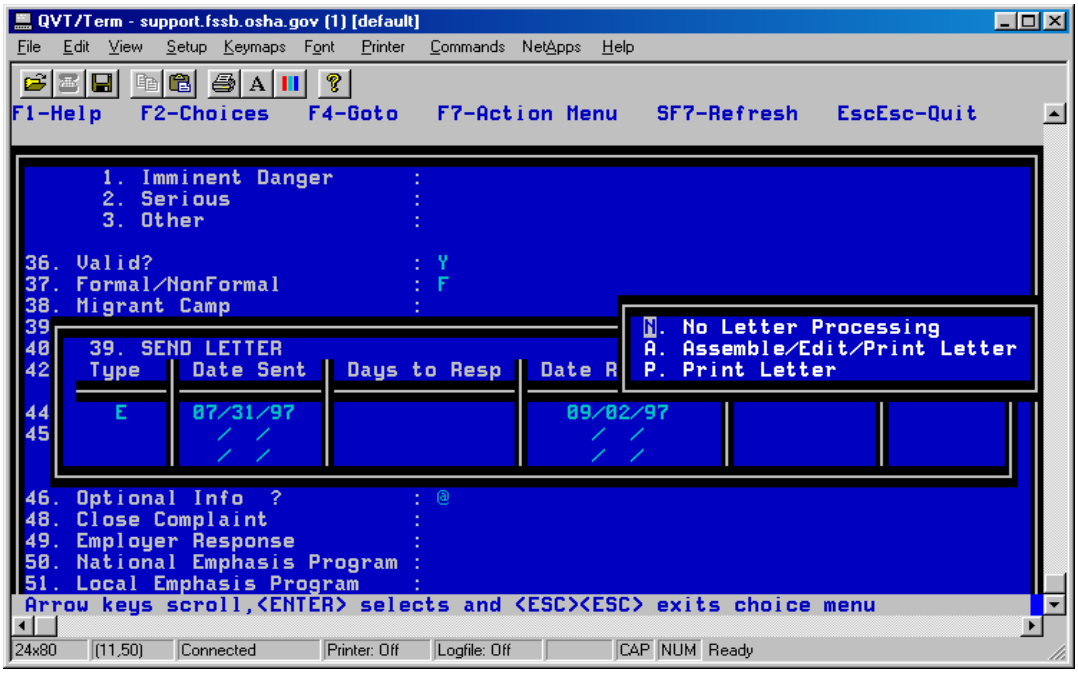
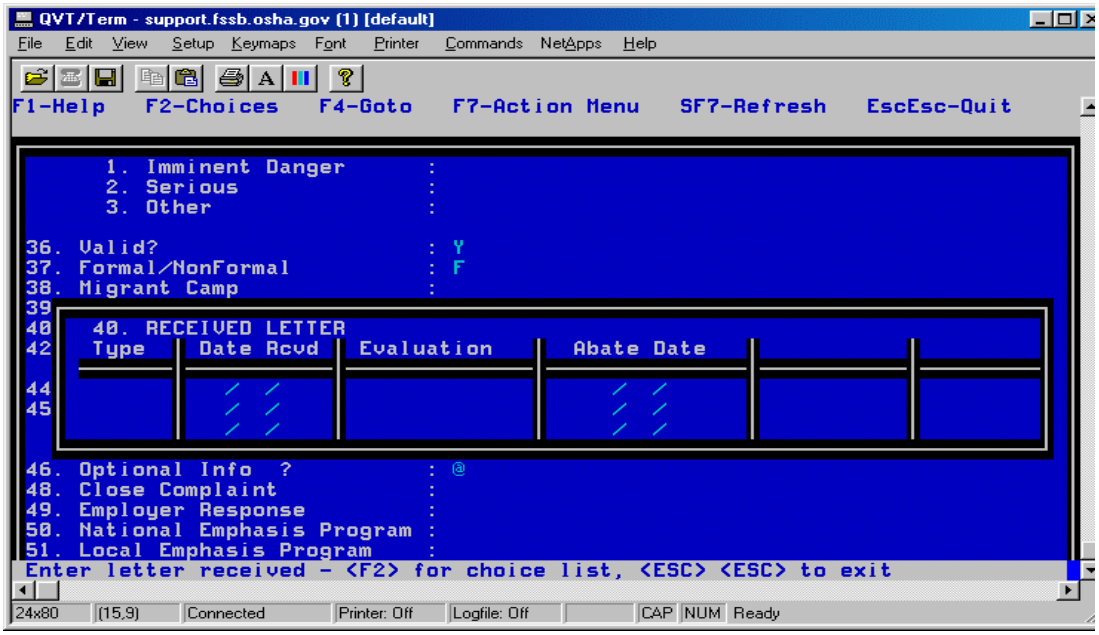


Figure 2-8
Example of "Received Letter" Process



R. **<u>Pre-programmed Function Keys</u>**. The <F1> through <F10> function keys are pre-programmed to instruct the computer to perform specific functions. Function key help displays at the top of each forms data entry screen. For example:

```
--------------------------------------------------------------------------------
F1-Help   F2-Choices   F4-Goto   F7-Action Menu   SF7-Refresh   EscEsc-Quit
--------------------------------------------------------------------------------
```

The function keys are summarized in Table 2-2 directly below.

Table 2-2
Function Key Reference Table

PLEASE NOTE: The functions shown with an asterisk (*) are available only when you are in Establishment Processing. Refer to Chapter 3 for details.

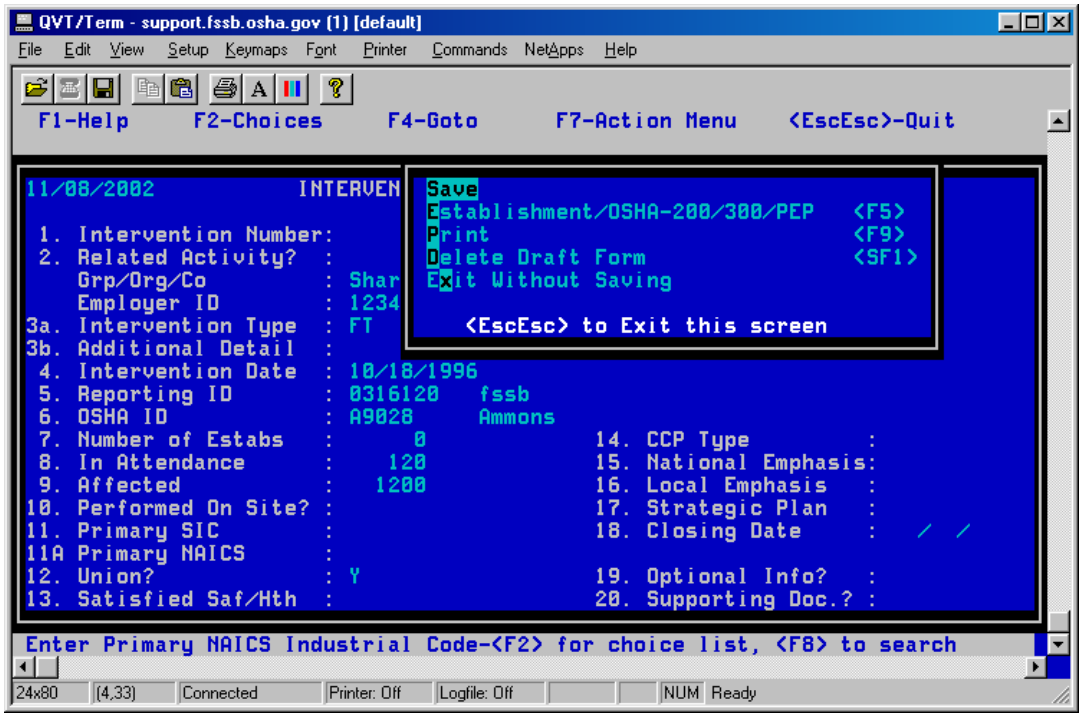
Function Key	Function	Description
F1	Help	Activates on-line instructions for each field. If you don't know what should be entered into a field, press **F1** and a "help" window displays. Use the arrow keys to scroll through the help text. When you press the arrow key, the status line will tell you to press **<Enter>** or press the **<Esc>** key twice to exit help.
Shift F1	Delete Record/Form	Used to delete displayed records (e.g., citation mailings, employee representative records) and draft forms.
F2	Choice List Goto *	Activates the Choice List feature.
Shift F2	Clear Screen	Clears the data from a repeating screen in preparation for another entry.
F3	Save & Continue Begin Search * Accept Match * Accept/Save Link *	Updates the database with the information entered and clears the screen in preparation for another entry for the same type of process or form. This facilitates batch processing of forms and speeds data entry. For example, if you are entering multiple worksheets, pressing **F3** will save the current worksheet data and give you to a blank worksheet screen.
Shift F3	Next Record	Displays the next record on a repeating screen.

F4

F9	Displays Print Menu Displays OSHA-200 Screen *	Lets you access the Print Menu with printer and form options. See paragraph V for printing instructions.
F10	Save Incomplete & Continue Displays OSHA-300 Screen * Build and print Shift F10 Save Draft and Exit	Saves the information in "draft" and clears the screen in preparation for another entry for the same type of process or form. Use this function key if you have entered data but cannot "complete" the transaction. Consult Chapter XVI for instructions on finishing incomplete forms. Activates the build process for the form(s) selected from the Print Menu and sends them to the selected printer. Saves the information in "draft" and returns you to the menu.
ESC ESC	Abort/Quit	Hitting the **Escape** key (Esc) located at the upper left of your keyboard **twice** will abort any process. You will be asked if you want to abort the form. Pressing **n** (for no) leaves you in the form. Pressing **y** (for yes) returns you to the menu. If you are in a window, <Esc><Esc> backs you out of the window and returns you to the main data entry screen.
Enter	Select	1) Selects the item highlighted and 2) moves to the next data item.

S. **Action (Pull Down) Menus.** While in data processing, a menu containing actions (e.g., saving, printing, etc.) applicable to the current process displays when you press **<F7>**. From this menu, you may activate an action or select a submenu of actions. An Action Menu is illustrated by Figure 2-9.

Figure 2-9
Action Menu for the OSHA-55



T. Search Capabilities.

1. SIC/NAICS Code Search. Standard Industrial Classification (SIC) and North American Industrial Classification System (NAICS) codes are stored on the system. You may select the appropriate code from a series of choice lists. For SIC codes, the activity is broken down to a 4-digit code. For NAICS codes, the activity is broken down to a 6-digit code.

> The guidelines below demonstrate the use of the F2 choice list feature for "building" a SIC code. When conducting a NAICS code search, the F2 feature works the same as with the SIC code; however, two additional windows display activities at the 5-digit and 6-digit levels (see Figures 2-10 and 2-11 for examples.)

Follow the guidelines below to use the SIC code search feature.

a. With the cursor in the Primary SIC field, **press <F2>**.

A window containing a list of primary industrial activities (e.g. Manufacturing) displays.

b. Use the up and down arrow keys to **highlight the appropriate activity and press <Enter>**.

Another window displays containing the chosen activity broken down at the 2-digit level preceded by the 2-digit code (e.g. 25 Furniture and Fixtures).

c. **Again highlight the appropriate activity and press <Enter>**.

A third window displays with the activities coded at the 3-digit level (e.g. 252 Office Furniture).

d. **Make a selection at the 3-digit level**.

A fourth window displays the related activities at the 4-digit level (e.g. 2521 Wood Office Furniture).

e. **Make a selection at the 4-digit level**. The system places the chosen code in the Primary SIC field.

When conducting a NAICS code search, two additional windows display activities at the 5-digit and 6-digit levels (see Figure 2-11 for an example.) In addition, NAICS codes may be located via the Table Search Feature described in paragraph III.T.2., Federal Agency/Hazardous Substance/Occupation/NAICS Code Search, below.

Figure 2-10
SIC Code Selection Illustration

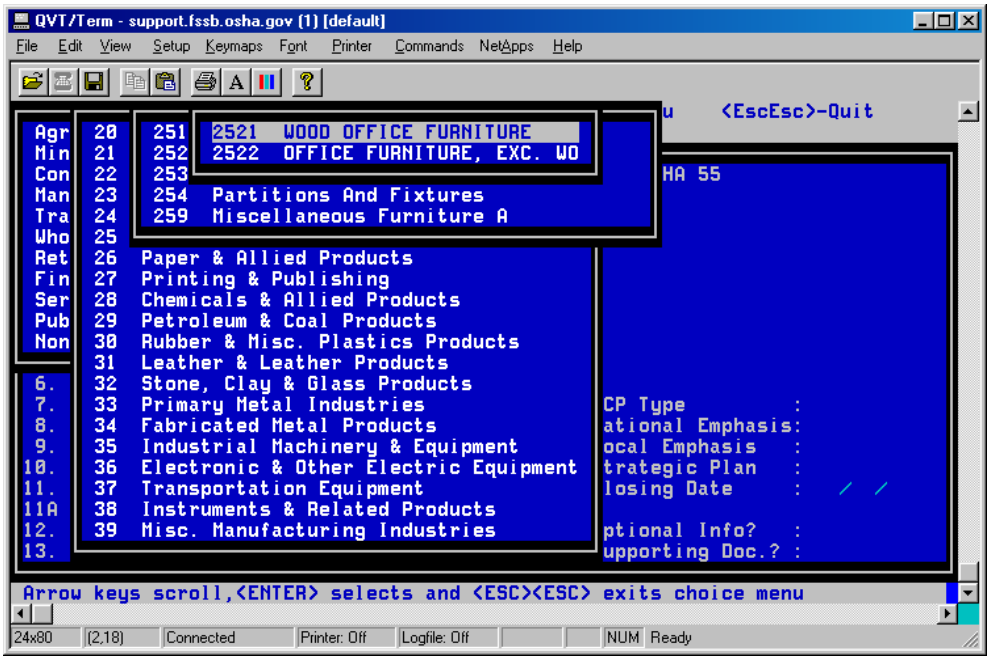
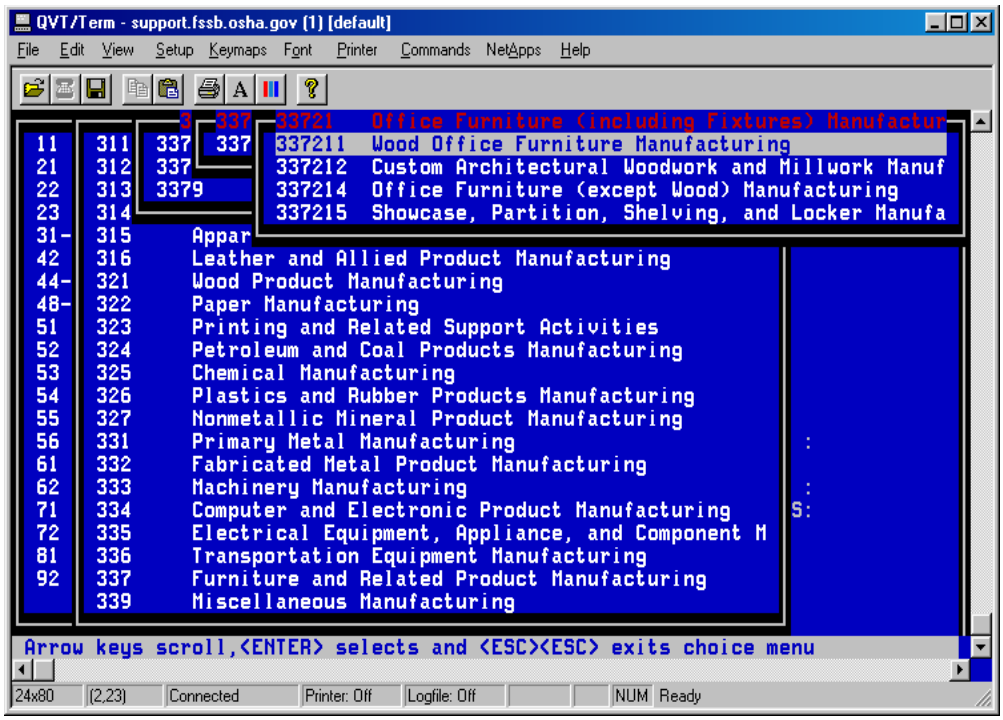


Figure 2-11
NAICS Code Selection Illustration



2. **Federal Agency/Hazardous Substance/Occupation/NAICS Code Search.** Federal Agency, Hazardous Substance, Occupation and North American Industrial Classification System codes are stored on the system in tables. You may search for, and retrieve the appropriate code by using the **Table Search feature**. Pressing <F7> or <F8>, depending on where you are in forms processing, from a field that accepts one of these codes, selects the appropriate table and initiates the search feature.

NOTE: Some of the fields use the F7 function key to initiate the search and some use the F8 function key. PLEASE READ YOUR SCREEN.

To utilize the table search feature:

a. With the cursor in the "*Code*" field, **press <F7>** or **<F8>** as instructed by your status line. A search string prompt displays.

b. **Enter a search string of one or more words**. (The search string may consist of a maximum of 50 characters. A Federal Agency code search for ***Labor*** is illustrated in Figure 2-12.)

c. **Press <Enter>**. The message *Searching, please wait...* appears while the program searches the appropriate table. The program then displays a list of selections that contains the word or words keyed preceded by its code. (See Figure 2-13, Federal Agency codes; Figure 2-14, Hazardous Substance codes; Figure 2-15, Occupation codes; Figure 2-16, NAICS codes.)

Examples of Search Strings used for the illustrations below.

Federal Agency:	Labor
Hazardous Substance:	Alcohol - skin
Occupation:	Construction
NAICS:	Furniture

d. When the correct option is highlighted, **press <Enter>**. The program places the selected code in the field.

Figure 2-12
Screen Showing Search String Prompt

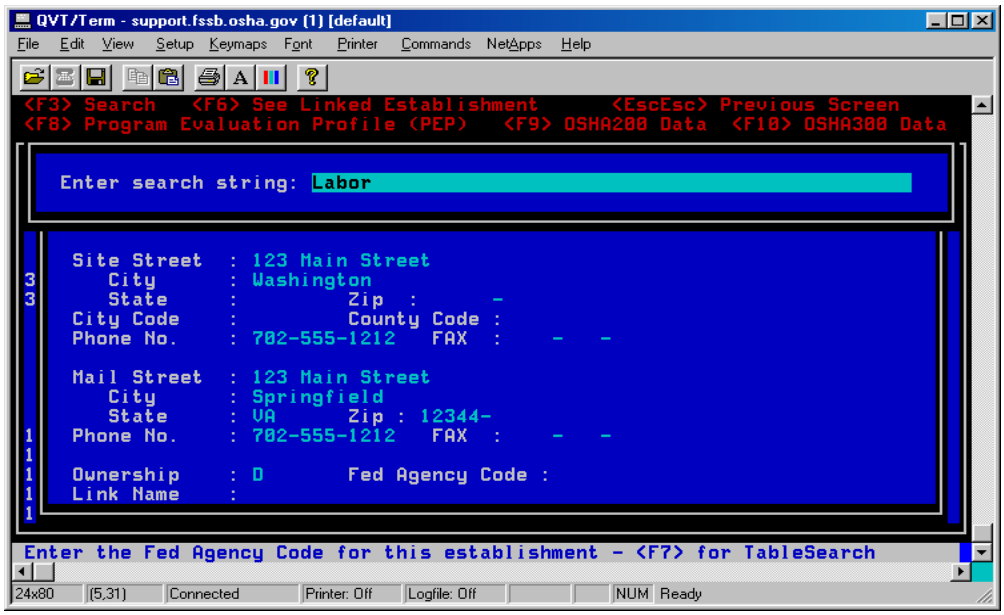


Figure 2-13
List of Federal Agencies Selected

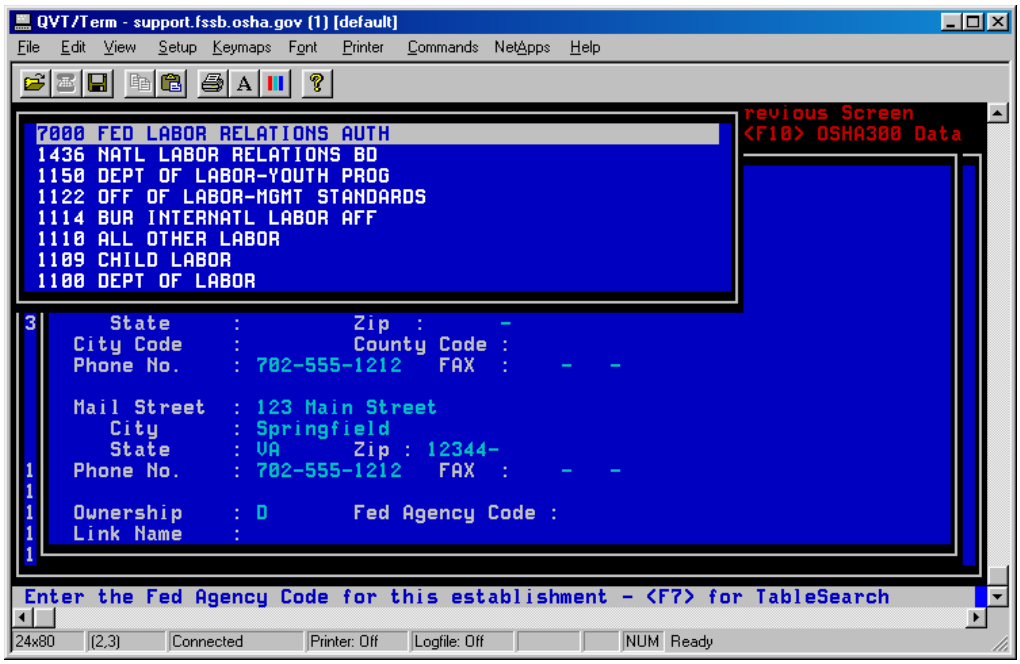


Figure 2-14
List of Hazardous Substances Found

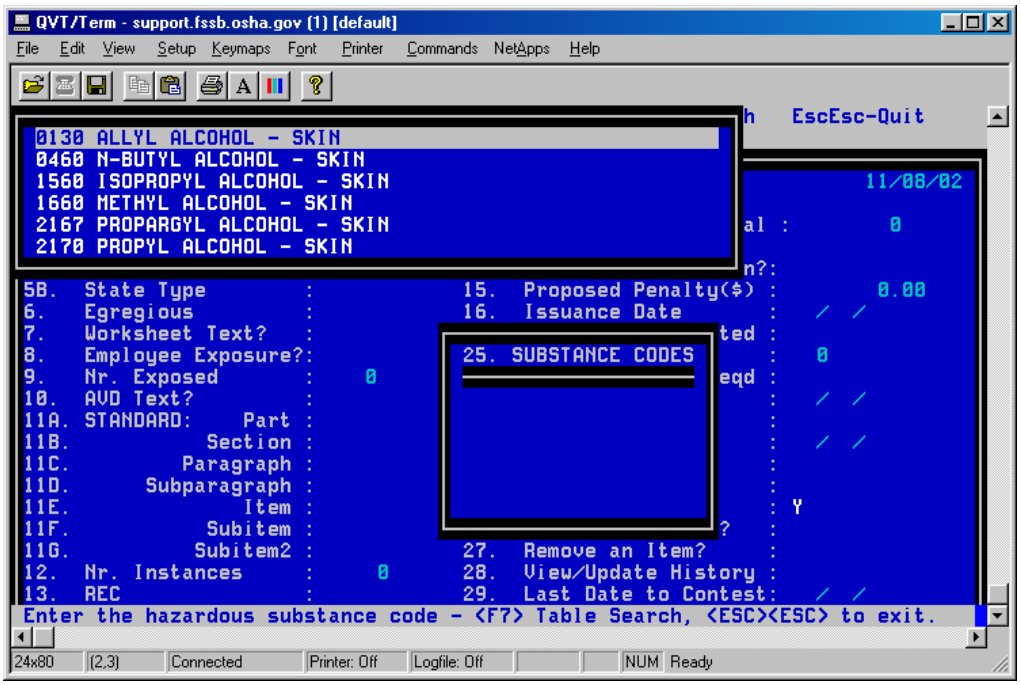


Figure 2-15
List of Occupations & Codes Found

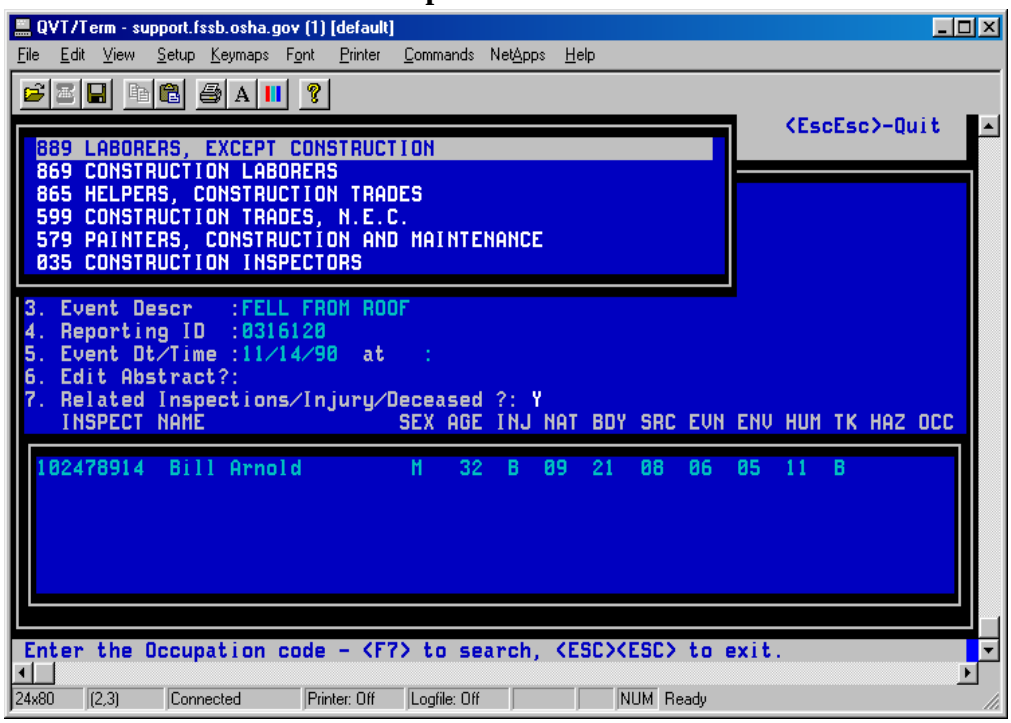
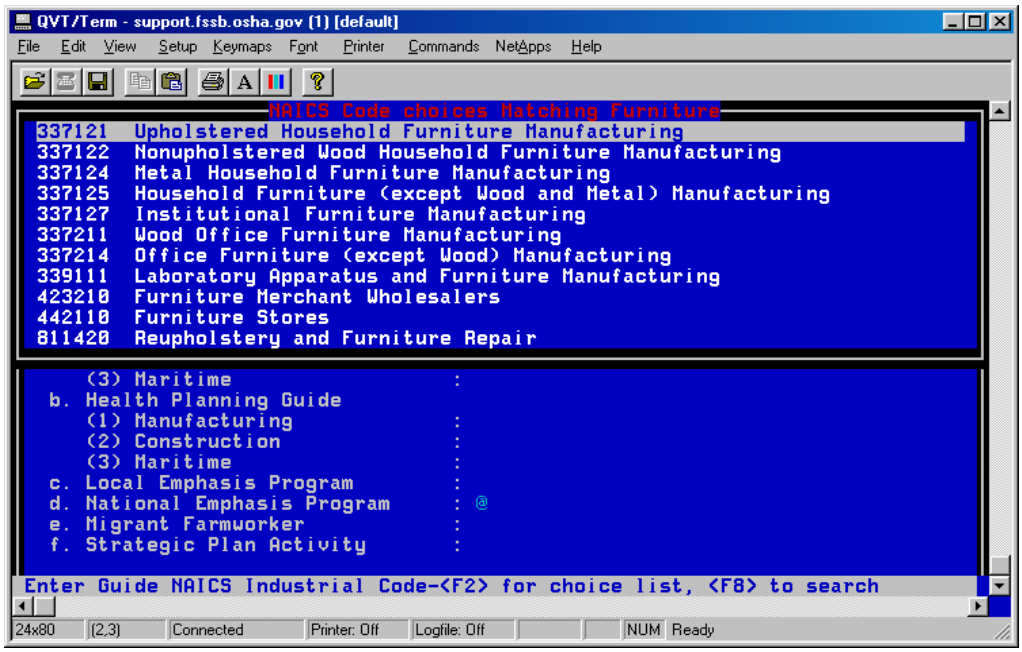


Figure 2-16
List of NAICS Codes Found



3. **<u>OSHA-170 Summary Number Search</u>.** When modifying an OSHA-170 and the *Summary Number* is <u>unknown</u>, the "Find <u>Summary</u> Number by Event Search" feature may be used for retrieving the data <u>if</u> the OSHA-170 is linked to an OSHA-36.

   To utilize the "Find Summary Number by Event Search" feature:

   a. **Leave the *Summary Number* field <u>BLANK</u>** (do NOT press <Enter> or hit any arrow keys as this will generate a new summary number).

   b. **Press <F7> to display the Action Menu**. See Figure 2-17 below.

   c. **Select "Find Summary Nr by Event Search."** The window illustrated as Figure 2-18 displays.

   d. **Enter the beginning and ending event report received date range**; do NOT press <Enter>. A list of events, as shown in Figure 2-19, appears.

   e. **Highlight the applicable event and press <Enter>**. The *Summary Number* and all other data fields fill.

Figure 2-17
Action Menu with Summary Number Search Selection

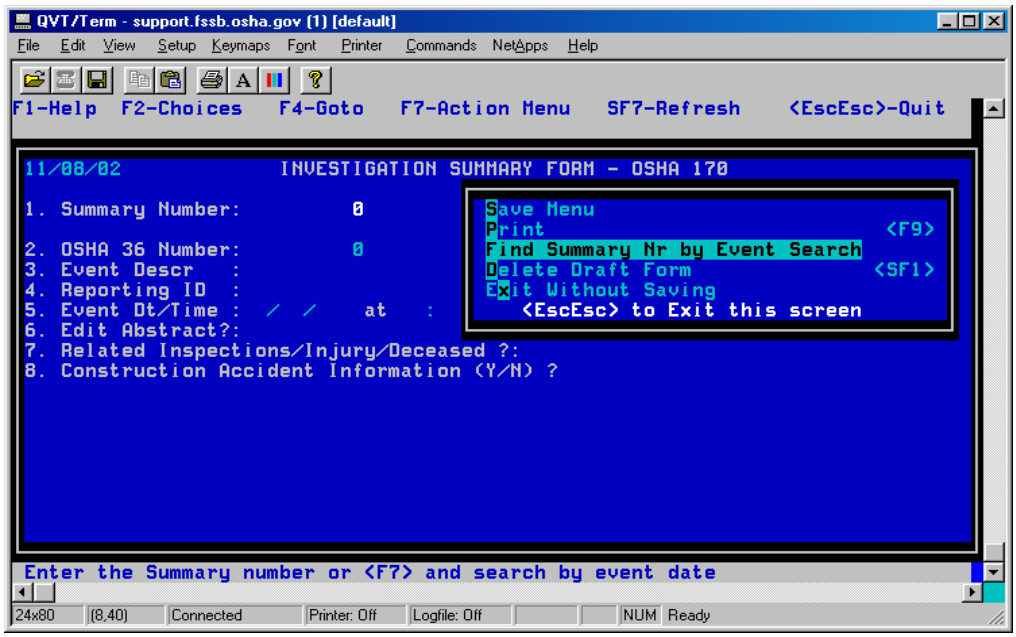


Figure 2-18
Search for Events within Date Range Window

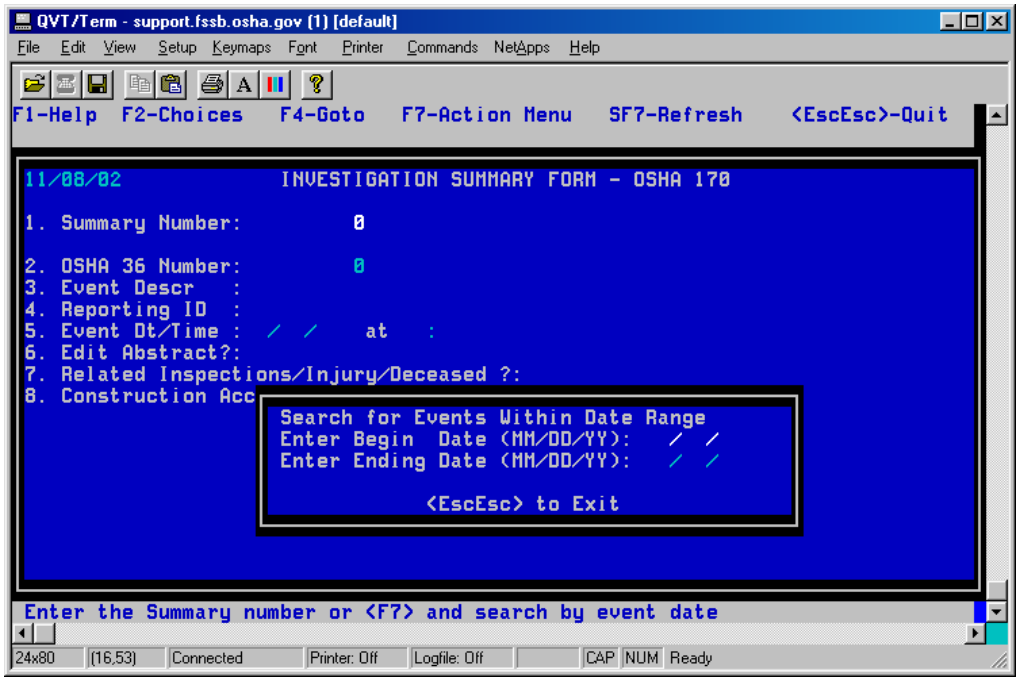
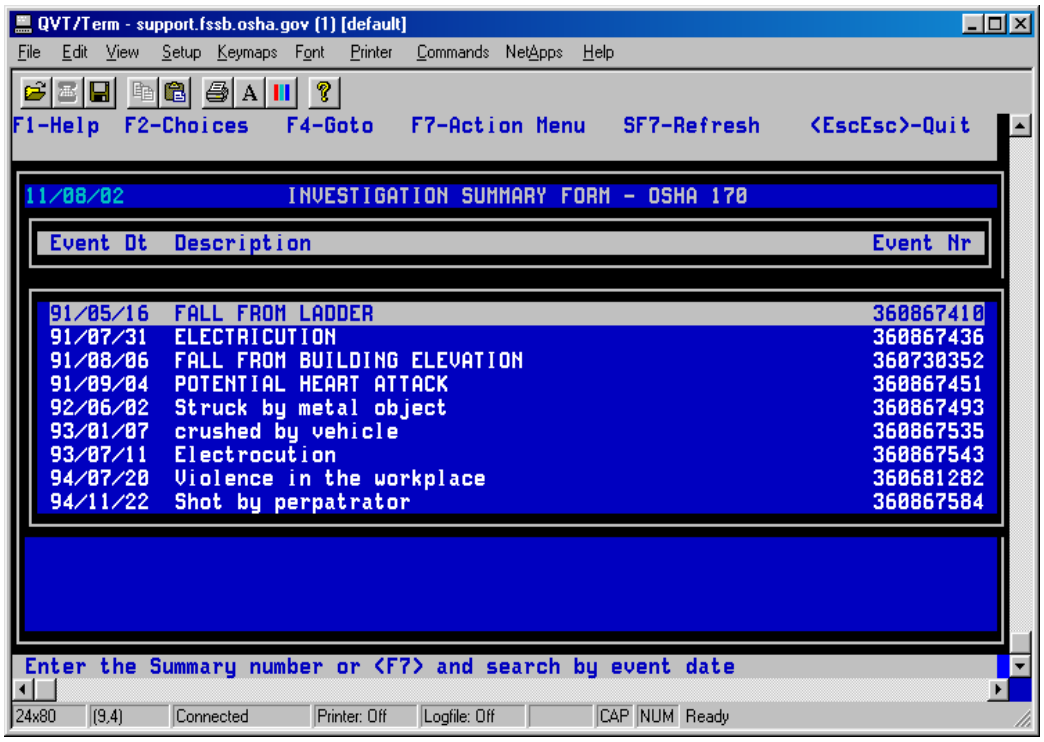


Figure 2-19
OSHA-36 Choice List



4. **<u>OSHA-36 Event Number Search</u>.** When entering an OSHA-170 with a related OSHA-36 and the related OSHA-36 number is unknown, the "Find <u>Event</u> Number by Date Search" feature may be used for retrieving the OSHA-36 number and data.

   This is the same search feature used for finding the <u>summary</u> number described above. The "Find <u>Event</u> Number by Date Search" selection only appears on the Action Menu when the cursor is in the *OSHA-36 Number field*; therefore this search feature can be implemented only from that field.

U. **<u>Establishment Processing</u>**. Establishment Processing is the means by which database records/rows containing information about a specific company, group, union, or organization may be added, modified, or linked to an activity record/row or to another establishment record/row. It is also the means by which you access the Program Evaluation Profile (PEP), OSHA-200 Log and OSHA-300 Log data entry screens. Complete Establishment Processing instructions are given in Chapter III of this manual.

IV. **When to Press the <Enter> Key**. For fields where the number of characters that may be entered varies, the <Enter> key lets the system know that the entry is complete. For example, when you enter an establishment name, the system does not know when data entry is complete until you press <Enter> because the length of the name varies. However, since the state code is always a 2-character field, the system knows when you key in the state abbreviation that entry is complete and automatically moves the cursor to the next field. For any item where the computer does not automatically move the cursor to the next field, you must press <Enter>.

V. **Printing the Form**.

A. **From the Data Entry Screen.** For case file purposes, form templates filled with the data (including the data in the popup windows, scrollable. regions, repeating screens, and text files) may be printed via the data entry screen. Blank forms may also be printed from the data entry screen, then manually completed and used for data entry purposes.

1. Automatic Save. When you choose to print via the data entry screen, the program displays a warning that the print option saves the data to the database and gives you a "*Continue (Y/N)*" prompt. (See paragraph E, Printing Features/Instructions, below for complete detail.)

2. Printing Only a Blank Form. You can choose to print a filled and/or blank form at any point during the data entry process. When printing a blank form via the data entry screen, the activity number does not print on the form. However, the program will not allow you to print without a number in the activity number field on the screen. If no data has been entered, an empty record is created in the database for that activity number. Therefore, if you are not entering data at this time and just want a blank form, it is suggested that you print the form from the Special Functions menu (see below).

B. **From the Special Functions Menu.** A user-specified number of BLANK templates, numbered and unnumbered (i.e., with and without activity numbers) may be printed as needed via the Special Functions menu accessible from both the OSHA IMIS User Main Menu and the CSHO Application Main Menu.

C. **Printer Types**. All forms may be printed on both laser and dot matrix printers. A printer choice list is available.

D. **Form Types**. Some of the forms have several variations of templates from which to choose while others have only one that may be printed with or without data. The available form types are discussed in the applicable forms processing chapter.

E. **Printing Features/Instructions**. Printing characteristics are identical for most of the forms; however there are variations to the print feature. For example, the Inspection Record Update, Penalty Payment and Assignment forms utilize a more simple print method. These are discussed in the applicable forms processing chapter. The print feature utilized for the majority of forms is discussed and illustrated below.

NOTE: We are using the OSHA-1/1A to illustrate the print feature.

1. To Print the OSHA-1/1A via the Data Entry Screen:

a. **Press <F9>** OR **select the "*Print*" option** from the <F7> Action Menu.

If the current form's data has NOT been saved OR has been saved in draft, the following message displays....

```
Warning: Selecting this option will save this form
         DRAFT to the database.

         Continue? (Y/N) N
```

.... or, if the form's data has been saved as complete, the message shown below displays.

```
Warning: Selecting this option will save this form FINAL to the database
         and perform field validation checks.

         Continue? (Y/N) N
```

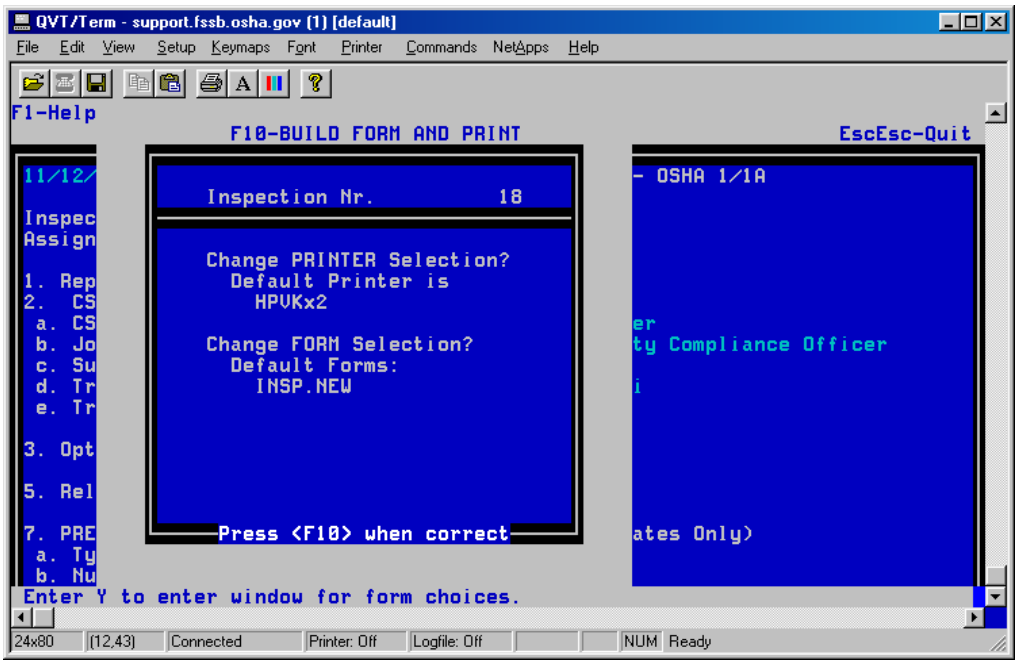
b. Enter "y." The screen illustrated as Figure 2-20 displays.

If the message ….

```
WARNING:  Employer ID is missing!!
Hit any key to continue
```

…. displays, **press <Enter>.**

Figure 2-20
Build Form and Print Screen



Note in the Figure above that the <u>default printer and form is identified</u>. Your cursor stops on the "*Change FORM Selection*" field.

- The <Up-Arrow> and <Down-Arrow> keys let you move between the PRINTER and FORM selection fields.

- Entering a "y" displays the options for the field where the cursor is located.

- <Esc><Esc> lets you return to the main data entry screen without printing.

<u>If</u> <u>the desired form(s) is identified</u> on the Build Form and Print Screen, <u>skip steps c thru e</u>.

Chapter 3.

ESTABLISHMENT PROCESSING

I. **Introduction.** Establishment Processing allows you to add information on an establishment (or accept information already resident in the NCR database) where an event occurred, a complaint or referral is being made, an inspection is conducted or other intervention activities performed. Establishment information may also be modified and if an establishment changes its name or relocates, the records containing former and current information may be "linked" to provide an audit trail for the establishment.

II. **Information Collected.** Information collected in establishment processing includes:

- the name of the employer, group, union or association,
- the number assigned by Dun & Bradstreet for the establishment,
- the employer ID (IRS number),
- the name of the controlling corporation,
- the site address, phone and fax numbers,
- the mailing address, phone and fax numbers, and
- the ownership code. If the establishment is a Federal Agency, the agency code is also included.
- Program Evaluation Profile (PEP) data
- OSHA-200 data
- OSHA-300 data

NOTE: The Program Evaluation Profile (PEP) data entry may be completed as a local office option. PEP was cancelled on November 15, 1996; however, it has been noted that some offices find the information useful and still use the data entry screen. Therefore, as a courtesy to those offices, the instructions for completing the screen will remain in this chapter until such time as the screen is no longer available.

III. **Definition of Establishment.** The IMIS definition of an establishment is based on the employer name AND the site address. For example, if the employer is a construction company operating five different sites, each site is a separate establishment. Use this concept of employer name AND site address to determine the proper action to take in Establishment Processing.

Refer to Chapter 2, paragraph VII.B of CPL 2-0.131, Recordkeeping Policies and Procedures Manual, January 1, 2002 for the formal definition of Establishment.

IV. **Using the Proper Format.** Proper format of the establishment name and site address is important to ensure that citations and other legal documents reference the correct establishment as well as to ensure accurate establishment history.

> Reference Appendix B for rules and guidelines to follow when completing the establishment name and address fields.

V. **Using the Legal Name.** When feasible, the establishment name should be the legal name of the company, group, union or association. When that rule is followed, the names will be entered consistently in each office throughout the country. Often, however, data is entered when the legal name is not known. This is particularly true for complaints and fatality/catastrophe/accident reports where the source of the information only knows the name by which the company is generally referenced.

> Follow the guidelines in Appendix B for maintaining consistency when entering data, thereby facilitating more accurate establishment history searches.

VI. **Specific Conventions for Coding U.S. Postal Service Activities.** It is imperative that OSHA tracks its intervention and inspection activity with the U.S. Postal Service under the privatization legislation effective September 29, 1998. Specific conventions for coding this activity on IMIS forms are as follows.

A. Begin the Establishment Name with **U.S. Postal Service** in the first 19 positions. This will normalize site-name searches. The rest of the name may vary, e.g., U.S. Postal Service Bulk Mail Facility.

B. Always use the Standard Industrial Classification (SIC) code **4311**. The U.S. Postal Service is the only employer in this SIC.

C. Designate Ownership as **Private Sector**. Do NOT use the Federal Agency Code of 5100.

Do NOT modify Federal Agency establishment records on file for U.S. Postal Service activity that occurred prior to September 29, 1998.

> Refer to paragraph XI.C for special step-by-step instructions for processing U.S. Postal Service records.

VII. **Data Storage.** Because the data for one establishment may be valid for more than one activity (e.g., complaint and inspection), the establishment data and activity data are stored in separate files/tables in the OSHA database.

A. **Why Store Establishment Data and Activity Data Separately?** By storing the data separately, the establishment data needs ONLY to be entered once, either via the Establishment Processing selection on the OSHA IMIS Forms Processing Menu or during entry of the associated activity data. Each subsequent entry of an associated activity record/row may then be linked to the "single" establishment record/row. This is accomplished through the Establishment Search feature by "accepting the match." When used properly, this feature not only saves time and space but it assures that the establishment data is consistent for all associated activity records.

B. **Where is the Data Stored?** The establishment information is stored in the *establish* file/table while the remaining data for the activity being processed is stored in the appropriate activity file/table (e.g., *complaint*, *referral*, etc.) and related auxiliary files/tables. PEP, OSHA-200 log and OSHA-300 log data are stored in the *pgm_eval*, *osha200_log* and *osha300_log* database tables, respectfully, and linked to the associated *establish* file/table.

ONE record/row ONLY of the SAME NAME AND ADDRESS should reside in the database for each establishment (refer to paragraph III, Definition of Establishment above.)

VIII. **Initiating Establishment Processing.** There are two ways to initiate Establishment Processing: 1) through the ***Establishment Processing*** **selection on the OSHA IMIS Forms Processing Menu**, and 2) **during data entry of an activity** (complaint, referral, event, assignment, inspection or other intervention).

A. **From the Menu Selection.** Although it is not the recommended practice in most cases, the program does allow you to process establishment data via the Establishment Processing menu selection. When you add a record via the menu, you create a stand-alone record not linked to an activity (e.g., an Inspection Report). However, during data entry of the activity, you can search for and select/accept the establishment record. When you accept a record, the program links its data to the activity being processed.

B. **From an Activity Form.**

1. When adding a new activity record, Establishment Processing is automatically invoked once the cursor gets to the *Establishment/Employer Name* field. The establishment record created or accepted is automatically linked to the activity data being processed.

2. If you make an entry in *Related Activity* the program accepts the establishment information associated with the related activity, links that record to the current activity and bypasses establishment processing.

> Each process (1 and 2 above) overrides the other until you perform a save transaction (intermediate or otherwise) on the activity data. Please read paragraphs X.B.2 and XI.B for detailed and step-by-step establishment processing instructions when adding an inspection or intervention record where the establishment information associated with the related activity is INCORRECT (e.g., wrong site address) for the activity being processed.

3. Establishment Processing can be invoked at any time from a new or mod activity form **by pressing the F5 function key**.

IX. Establishment Processing Options. Because the data for one establishment may be valid for more than one activity, Establishment Processing allows you to search the NCR database for an existing record for the establishment. If a record(s) is/are found meeting your criteria, the program displays the record/listing and provides you with the following three options: 1) **accept a match**, 2) **add a new establishment record**, or 3) **add and link establishment records**).

A. Option 1 - Accept a Match.

1. When Should I Accept a Match? For establishments where there has been previous OSHA activity and a record resides in the database with the **SAME NAME AND SITE ADDRESS** as for the current activity, you should **accept the match**, thus eliminating the need to re-key this information. When you accept a match, you are accepting establishment data that already exists in the NCR database as correct for the current activity. This eliminates the creation of duplicate records in the database, thereby saving space on the system.

> Special instructions for accepting a match for **U.S. Postal Service** records are given in paragraph XI.C.

2. What Happens when I Accept a Match? First, the Establishment Detail Screen automatically displays the accepted record's data for review. When you exit the view screen, the data entry screen for the activity re-displays with the relevant establishment data fields filled with the information you accepted. These fields fill for reference purposes only and cannot be overwritten. The establishment record that you accepted and the activity record currently being processed are linked in the database.

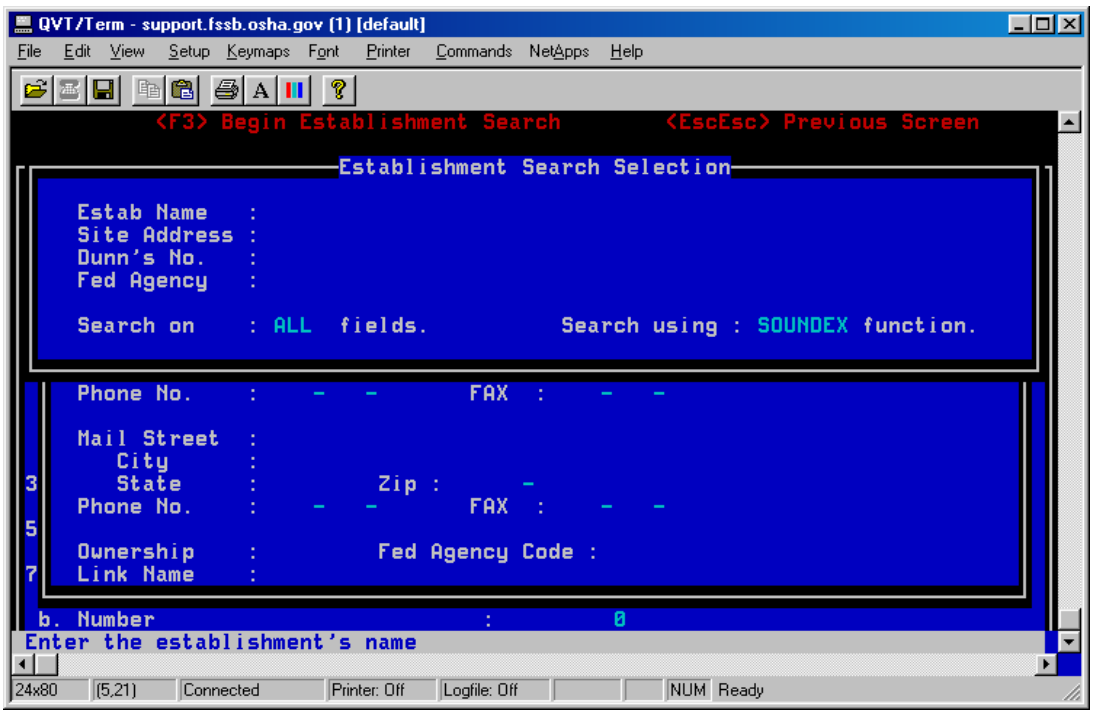
3. **What Should I do if I Inadvertently Accept the Wrong Record?** From the activity form, press F5 to invoke Establishment Processing and perform another search. From the records found, you should then select the correct establishment record where both the name and address are correct for the current activity. If none are correct, you must add a new record.

B. **Option 2 - Add a New Establishment Record.** In cases where no matching establishment record exists (i.e., OSHAs first contact with an establishment), you must enter the establishment data to **ADD a new record** to the database. If the establishment record is added via the activity (e.g., complaint, inspection) processing screen, the new record is automatically linked to the activity.

C. **Option 3 - Add and Link Establishment Records.** If your search yields a record for the establishment but its **name or address has since changed**, select this option. Enter the current data for the establishment to **create a new record and** follow the instructions in paragraph XI.D to **link the current and former establishment records**. The new record will be linked to the current activity data and to the pre-existing establishment record containing the former name or address, thus allowing for an audit trail of activities at the establishment.

X. **Establishment Search Fields/Options.** Establishment searching allows you to key in an establishment name, a site address, a Dun's number and/or a Federal agency code on the Search Selection screen (see Figure 3-1 below) and search the NCR database to determine if the information already exists on the system. It gives you the flexibility of searching on **ALL** or **ANY** of the data elements entered and of choosing the type of search feature (i.e., **SOUNDEX** or **STRING**) to be used.

Figure 3-1
Establishment Search Selection Window



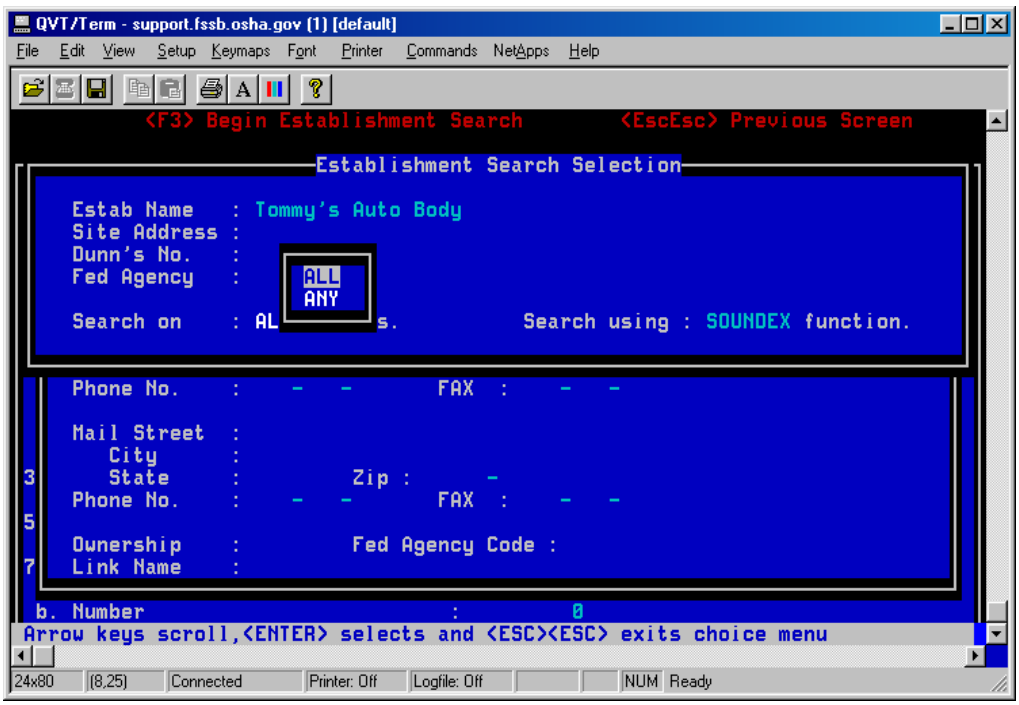
A. **<u>ALL or ANY Search Capability</u>.** Establishment searching allows you to specify whether you want the computer to search on **ALL** or **ANY** of the data elements selected. When the cursor is in the *Search on* field, a window automatically displays the **ALL** and **ANY** options (see Figure 3-2 below). If the search feature is initiated without moving the cursor to the *Search on* field, the system defaults to **ALL**. The field(s) on which you choose to search should depend upon the type of establishment you are entering.

1. **<u>Meanings</u>.**

- **ALL** means each of the data elements you keyed must be found in an existing record on the NCR in order for it to find a match.

- **ANY** means if any of the data elements you keyed are found, the application should display the record.

Figure 3-2
Search Selection Window Showing the ALL or ANY Option



2. Examples.

a. Example 1: The establishment is probably at only one site. Key in the establishment name. Since you are asking for only one search criterion, you can specify **ALL** or **ANY** from the *Search on* field; then press **F3** to begin the search.

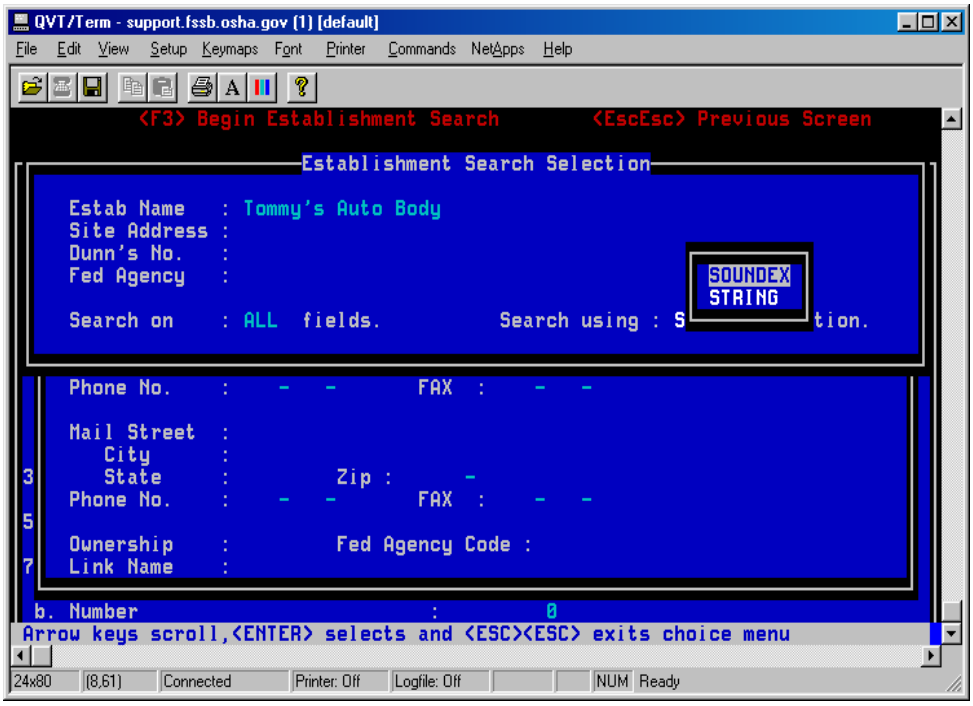
b. Example 2: The establishment is probably at multiple sites. Key in the establishment name AND the site address. Select **ALL** by pressing <Enter> while ALL is highlighted, then press **F3** to begin the search.

c. Example 3: You know the Dun's number. If you know the Dun's number and there is a record on your system with that number, the establishment name is not required. Key in the Dun's number, select **ALL** or **ANY**, and press **F3** to begin the search.

d. Example 4: You know the Federal Agency code. If you know the Federal Agency code and you are entering an inspection at the location of that agency, press <Enter> until your cursor is on the *Fed Agency* field. Key in the code. When your cursor moves to the *Search on* field, select **ALL** or **ANY** and press **F3** to begin the search.

B. SOUNDEX or STRING Search Capability. Users have the capability of searching for establishment names by using the **SOUNDEX** routine or a search **STRING**. When the cursor is in the *Search using* field, a window automatically displays the **SOUNDEX** and **STRING** options (see Figure 3-3 below). If the search feature is initiated without moving the cursor to the *Search using* field, the system defaults to "**SOUNDEX**."

Figure 3-3
Window Showing the SOUNDEX or STRING Option



1. **The SOUNDEX Routine.** The soundex option selects all records "sounding" the same. It brings up fewer matches than the **STRING** search that matches the characters. The **SOUNDEX** search is the preferable search strategy if you are confident of the establishment name's proper spelling.

2. **The STRING Search.** The string option selects records that match the characters you entered. If you enter "Smith", establishment search displays any establishment name with "Smith" anywhere in the name. [See example directly below.] A lot of records could be found using **STRING** search. **STRING** search should be used if you believe the establishment to be on the NCR but did not find it using the **SOUNDEX** search routine.

For example:	**Smith**, Inc.
	Allen A. **Smith** & Brothers
	Cindy **Smith**sonian and Clark

XI. Detailed Information. When adding a new activity record (e.g., complaint, inspection) the establishment **Search Selection Window** (see Figure 3-4 below) automatically displays when the cursor gets to the *Establishment/Employer Name* field prompting you to search for an existing record for the establishment. Alternatively, the F5 function key allows you to invoke Establishment Processing at any time and as many times as needed.

- PLEASE READ -

If an entry is made in *Related Activity* (i.e., for an inspection or intervention), the establishment information for the related activity fills the relevant fields on the activity form and Establishment Processing is bypassed. If you use the F5 function key to invoke Establishment Processing after entering the related activity data, the program bypasses the search screen and promptly displays the establishment data for the related activity on the Establishment Detail Screen. If the data is incorrect (e.g., establishment has changed its name or relocated) for the current activity, you must add a new record. Refer to paragraph XI.B below for step-by-step instructions for adding a new establishment record where related activity is present and for linking the former and current establishment records.

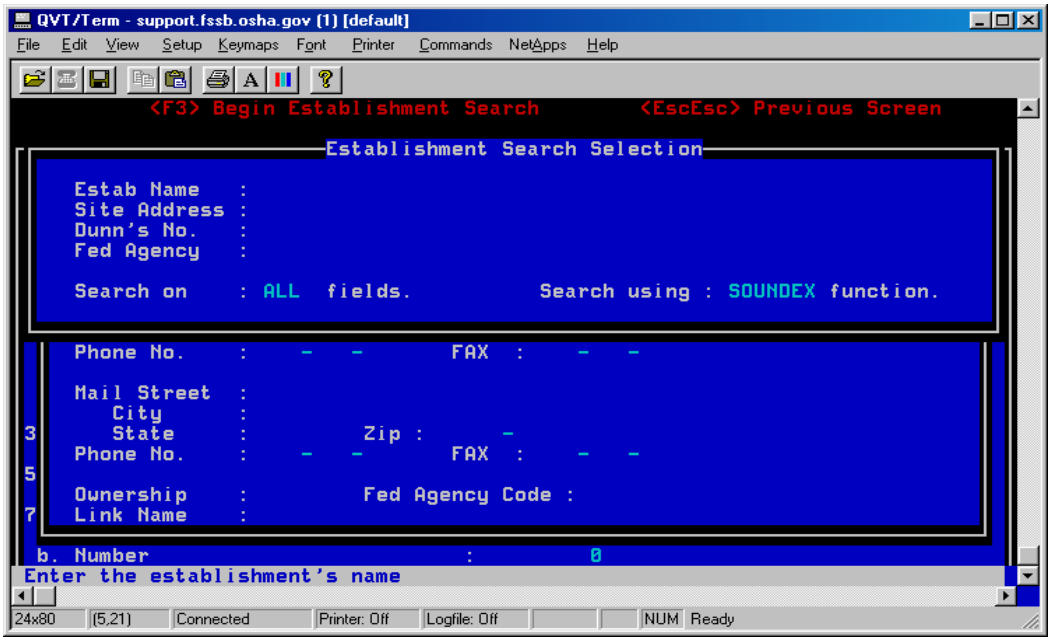
SPECIAL INSTRUCTIONS for when to add a new record and when to accept an existing **U.S. Postal Service** record are given in paragraph XI.C.

A. Searching for Establishment Records. Although a search for an existing establishment record is not mandatory, we urge you to utilize the function to avoid creating duplicate records for the same establishment. After entering the desired search criteria in the Search Selection window, **press F3** to begin the search.

In Establishment Processing, some of the keys are programmed to perform more than one function. A key's function depends on the users location. The keys applicable to Establishment Processing and their functions are given in Table 3-1 of this chapter.

Figure 3-4
Establishment Search Selection Window

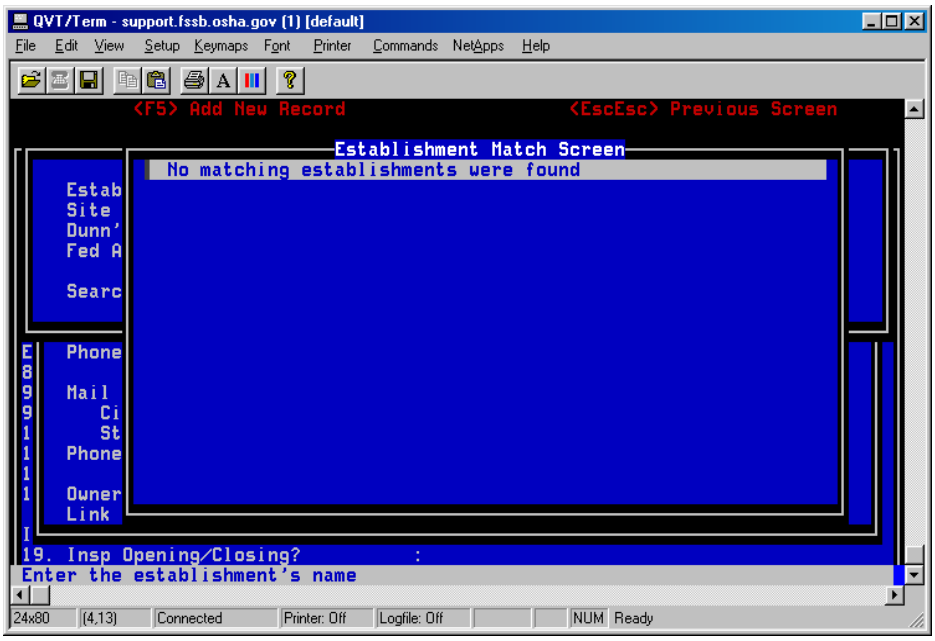
Note the applicable function keys here.



If you are positive there has been no prior OSHA activity at this establishment and wish to skip the search routine, **press <Esc><Esc>** to display a blank Establishment Detail Screen for entering the information

1. **<u>When No Match is Found</u>.** When no matching records are found (see Figure 3-5 below), the program prompts you to **press <Esc><Esc> to return to the previous screen** [to check the validity of your criteria] or **press F5 to add a new record**.

Figure 3-5
Establishment Match Screen - No Match Found



a. **<u><Esc><Esc> - Return to Previous Screen</u>.** If you know that a match exists, **press <Esc><Esc>** to return to the Establishment Search Selection window to verify that the information was entered correctly. **Correct the entry(ies)**, **press <Enter>**, **select ANY** or **ALL** as appropriate, and **press F3** to begin a new search.

b. **<u>F5 - Add a New Record</u>.**

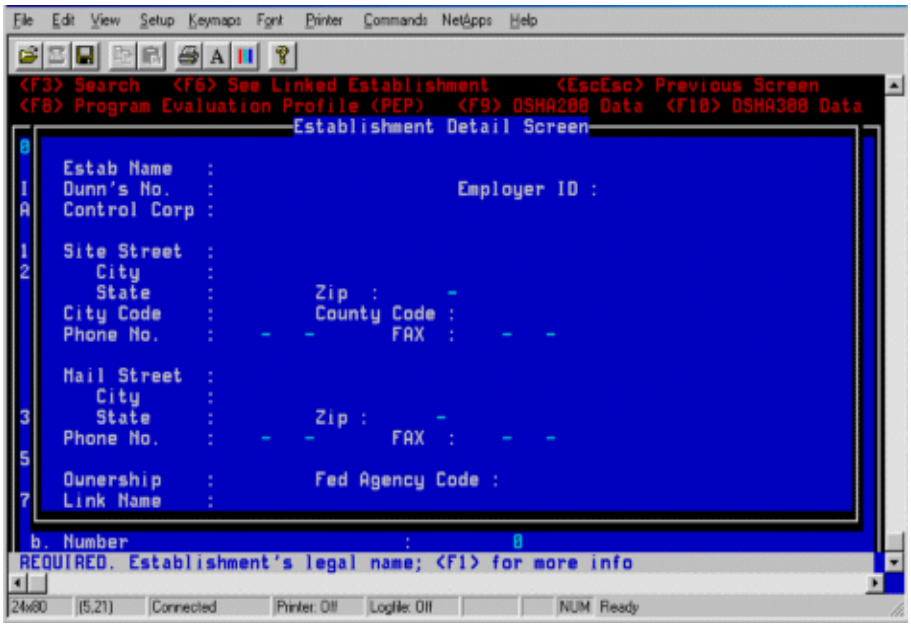
(1) <u>When to Add a New Record</u>. The information must be added to the database when 1) a search of the database finds no matching establishment records or, 2) none of the [matching] records displayed contain the same name **AND** site address of the establishment for which the activity data is being entered.

(2) <u>How to Add a New Record</u>. When you are sure no record exists, **press F5** to display a blank Establishment Detail Screen (see Figure 3-6 below) for adding a new record. [Follow the directions on the status line to key in the establishment data for each field. The function key prompts for the window are listed at the top of the screen.] After all the necessary information has been entered, **press <Esc><Esc>** to return to the activity form

Pressing <Esc><Esc> to exit Establishment Processing does not delete nor save the data entered. The activity form must be saved before or upon exiting the main form screen in order to write (save) the establishment data to the database.

Figure 3-6
Blank Establishment Detail Screen

Note your choice of keys and their functions here.



See paragraph XII for definitions of, and instructions for completing the items on the Establishment Detail screen. Use of the *Link Name* is explained in paragraph X.C. Step-by-step linking instructions are provided in paragraph XI.D.

2. **<u>When a Match(s) is Found</u>.**

- The name and street address of any establishment record(s) found, if any, which met the search selection criteria appear in a window.

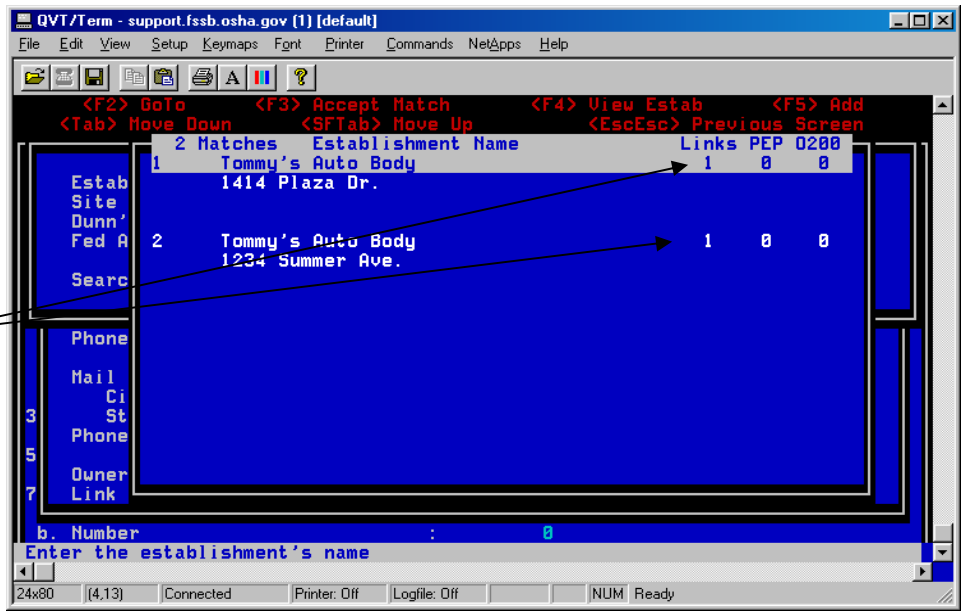
- This "match" window also displays to the right of each "match" the total number of links to that particular establishment record as well as how many, if any, PEP, OSHA-200 and OSHA-300 records are linked.

- The program counts each activity record entered for that particular establishment record and if the establishment record is linked to

another establishment, adds one (1) to the total and that number is displayed in the "Links" column.

The screen illustrated below denotes that two matches were found meeting the search criteria.

Figure 3-7
Screen Displaying "Matching" Records Found



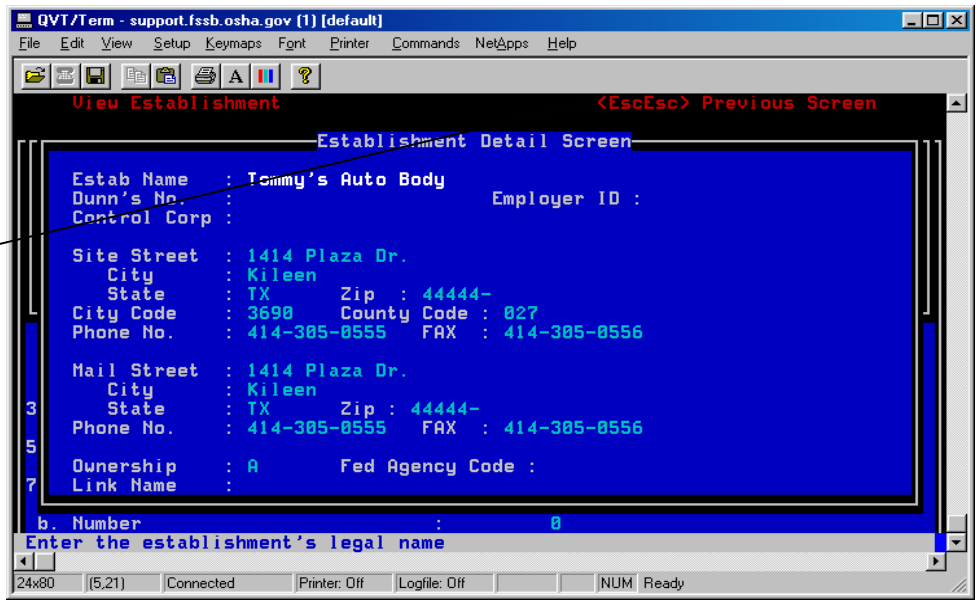
Note the applicable keys and their functions and the number of links.

a. **<u>Moving Through the List of [Matching] Records</u>.** Before any further action is taken, you must determine if any of the records found are correct for the current activity. Use the **up and down arrow keys or tab through the listing** in an attempt to locate a record containing data <u>identical</u> to the establishment information for the activity being processed. The F2 (GoTo) function key lets you quickly move to the record of your choice.

b. **<u>Viewing a Record</u>.** To look at a record, **place the cursor on that record and press F4** (View), as indicated at the top of the screen. All the establishment information for that record displays on the Establishment Detail [view] Screen (See Figure 3-8 below). The information displays for viewing only and cannot be modified at this point. If the information does NOT match the data for the activity being processed, **press <Esc><Esc>** to re-display the matching records found and make another selection for viewing, if appropriate.

Figure 3-8
Establishment Detail "View" Screen

Note that the only function available on the View screen is <Esc><Esc> to return to the previous screen.



c. **<u>Accepting the Match</u>.**

(1) If a record is found where both the establishment name **AND** site address are the same as the establishment for the current activity data, **highlight that record** (see Figure 3-7 above) **and press F3 to** "**Accept the Match**." The Establishment Detail [mod] Screen (see Figure 3-9 below) displays the information.

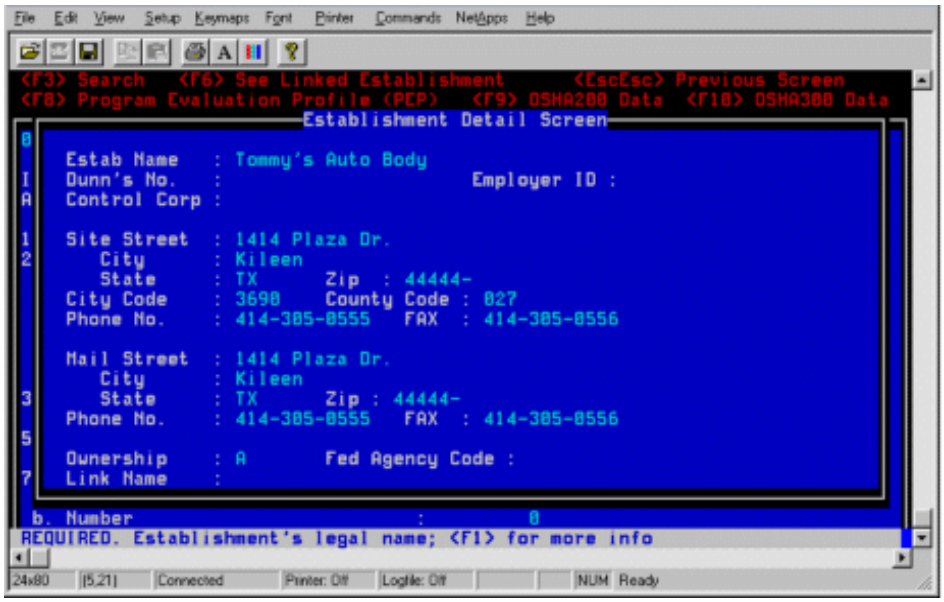
> Instructions for breaking a match are given in Paragraph XI.F.

(2) Do **NOT** change the <u>legitimacy</u> of the information displayed on the Establishment Detail Screen. However, if the establishment name was entered incorrectly (e.g., Johnson, Inc. instead of J. R. Johnson, Inc) or the record contains a typographical error, make the correction(s) and **press <Esc><Esc>** to exit Establishment Processing and return to the activity form. The establishment information is retrieved into the current activity record being processed.

- REMEMBER -

When you accept a match, the information that displays is linked to one or more activity records (e.g., complaint, inspection) that already exist in your database. If you modify the information, you are changing the establishment data associated with another activity record(s).

Figure 3-9
Establishment Detail "Mod" Screen



B. **<u>When to Add a New Establishment Record</u>.** A new establishment record should be added ONLY when 1) a thorough search yields no matching records or 2) the search yields a record for the establishment but either the name or address is incorrect for the activity being processed; i.e., the establishment has changed its name or relocated.

- PLEASE READ -

If a record already exists for the establishment but its name or address has since changed, a new record should be added and linked to the existing record to create an audit trail of activities at the establishment. See paragraph XI.D for step-by-step linking instructions

1. **When Adding New Activity Data - No Entry in Related Activity.** When adding a new activity record and Establishment Processing is invoked WITHOUT an entry in Related Activity, the Establishment Search Selection window (see Figure 3-4 above) automatically displays prompting you to search for an existing record for the establishment. At this point, you may **initiate a search** or **press <Esc><Esc>** to display a blank Establishment Detail Screen (see Figure 3-6 above) and add a new record. Although a search is not mandatory, it is recommended unless you are positive there has been no previous OSHA activity at the establishment.

2. **When Adding New Activity Data - With an Entry in Related Activity.** If an entry is made in Related Activity, the relevant fields on the activity form fill with the establishment information associated with the related activity.

   a. **If the Establishment Information is Correct**. If the information is correct for the activity being processed (i.e., same name AND site address), no establishment processing is needed. You may, however, invoke establishment processing (press F5) and correct any typographical errors or correct the name if it was previously entered incorrectly (e.g., Johnson, Inc. instead of J. R. Johnson, Inc.). The activity data currently being processed is automatically linked to the existing establishment record that is linked to the related activity. The changes and links are saved only if/when a save (intermediate or otherwise) is performed on the activity data.

   See paragraph XI.C for special instructions for U.S. Postal Service records.

   b. **If the Establishment Information is Incorrect**. If the displayed information is incorrect for the current activity (e.g., employer has since moved; the name is correct but the site address is wrong), **YOU MUST ADD A NEW RECORD**. When you invoke Establishment Processing, the establishment information associated with the related activity displays on the Establishment Detail Screen. **Do NOT MODIFY** this record to accommodate your needs for the current activity. By modifying the displayed data, you are changing the legitimacy of the information associated with the record identified in Related Activity. **YOU MUST ADD A NEW RECORD** with the establishment information for the current activity. You **SHOULD** then **LINK** the former and current establishment records to create an audit trail for the establishment.

Follow the instructions in paragraph XI.B carefully to avoid inadvertently changing the legitimacy of valid establishment records.

For U.S. Postal Service activities, follow the instructions in paragraph XI.C.

C. Linking Establishment Records.

1. Use of the Link Name Field. The *Link Name* field on the Establishment Detail Screen (see Figure 3-9 above) is used to "tie together" or "bridge" old and new establishment information on the NCR and host when the establishment has changed its name or relocated.

2. When to Link Records. If details about an establishment have changed since previous OSHA activity was entered into the system, create a new establishment record with the new information and "link" it to the existing database record containing the old information (i.e., former name or former address).

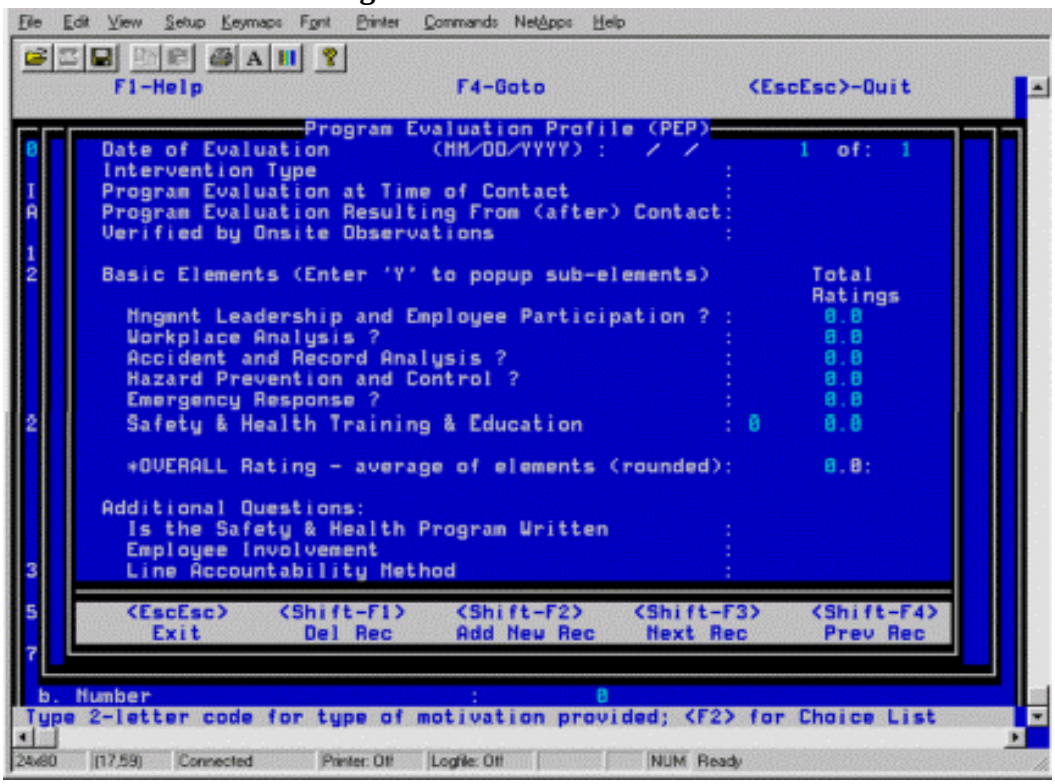
Step-by-step instructions for making and breaking links are provided in paragraphs XI.D and XI.E, respectively.

D. Subordinate Data Entry Windows. Windows for recording safety and health program evaluation profile and work-related injuries and illnesses data are accessed from the Establishment Detail screen.

1. Program Evaluation Profile. The Program Evaluation Profile (PEP), used as a source of safety and health program evaluation for the employer, employees, and OSHA, may be completed as a **local office option**. The data may be entered into the NCR application from information captured on audio and video tapes, in photos, from note taking, etc. If desired, the computer form may be printed with data and placed in the case file and a copy sent to the employer. The F8 function key allows you to access its data entry screen (see Figure 3-10 below).

Refer to paragraph XII.B below for data item definitions and instructions for completing the items on the PEP screen.

Figure 3-10
Program Evaluation Profile Screen



The PEP screen's popup windows for entering your factor ratings for the basic elements are illustrated as Figures 3-10a through 3-10e below.

Figure 3-10a

Figure 3-10b

Figure 3-10c

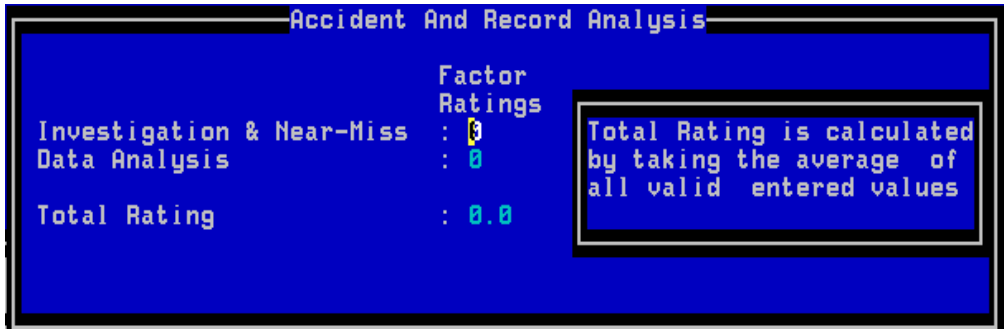


Figure 3-10d

Figure 3-10e

2. **Work Related Injuries and Illnesses.** The OSHA-200 and OSHA-300 screens (see Figures 3-11 & 3-12) are accessed through the Establishment Detail Screen using the F9 and F10 function keys, respectively.

   a. **Is This a Hazardous Workplace?** In the CSHOs use of the OSHA 200/OSHA-300 as part of an overall evaluation of an establishment, his/her principal concern continues to be "Is this a hazardous workplace?"

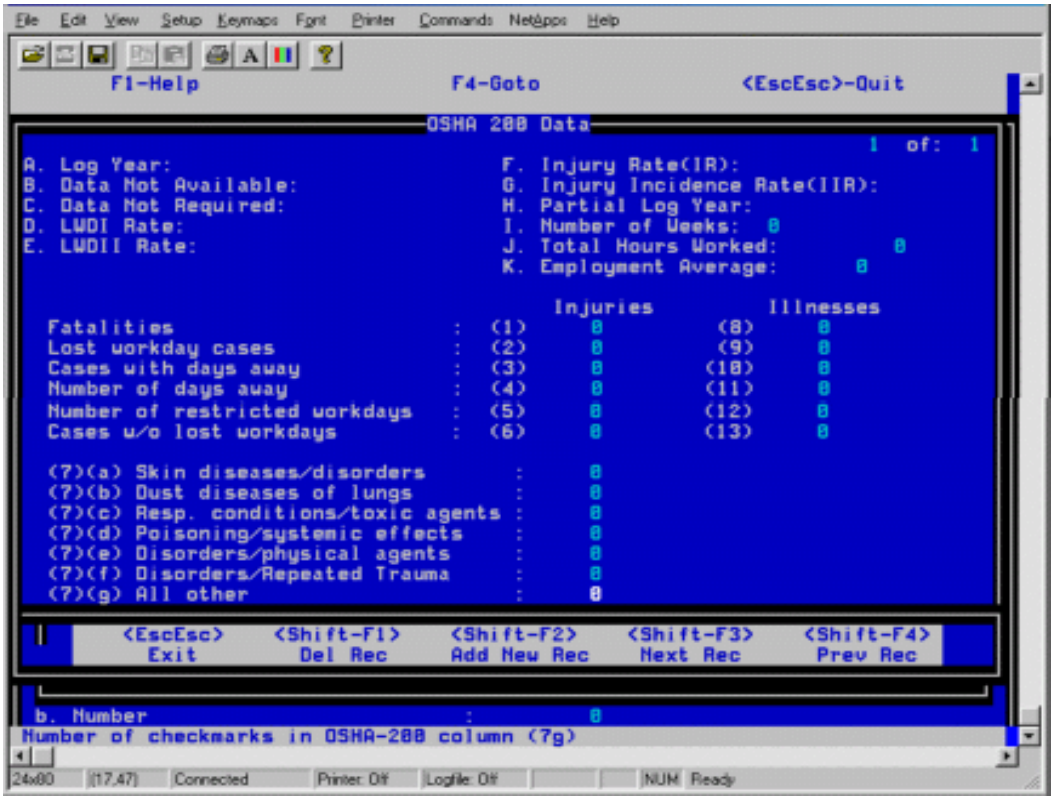
   b. **Why Collect OSHA-200/OSHA-300 Data?** The data can be valuable in an historical context and as an adjunct to OSHAs increasing focus on performance measurement. The premise underlying the data collection is that it will allow an examination of the establishment over time to see whether it is becoming a more or less hazardous place in which to work. The collection and analysis of the data collected may be useful in more accurately assessing OSHAs effectiveness in reducing workplace hazards and injuries.

   c. **Rate Calculation Differences.** The OSHA-300, newer of the two forms, represents a simpler format and a reduced number of entries. OSHA-200 rate calculations such as the Lost Workday Injury Rate (LWDI), Lost Workday Injury and Illness Rate (LWDII), Injury Rate (IR) and Injury Incidence Rate (IIR) are not calculated for the OSHA-300. Two new calculations, Total Recordable Cases (TRC) and Days Away, Restricted, Transfer (DART) are made on the OSHA-300.

   d. **Data Collection.** OSHA will continue to collect OSHA-200 data. There is no requirement, at this time to correlate OSHA-300 to OSHA-200 data or convert OSHA-200 data to the OSHA-300 format.

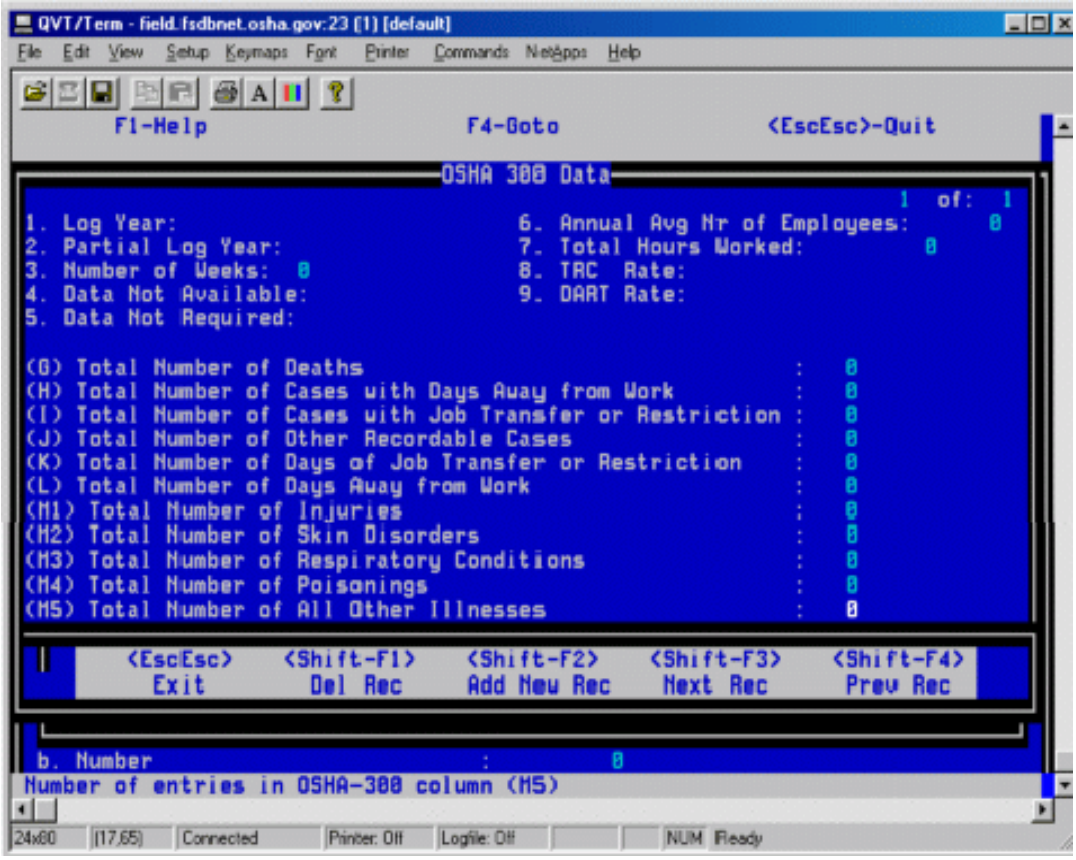
While entering OSHA-200 or OSHA-300 data, the forms entry program will not allow a record to be saved if either an OSHA-200 or OSHA-300 record already exists for the same year linked to the same establishment.

Figure 3-11
OSHA-200 Data Screen



Refer to paragraphs XII.C and XII.D below for <u>data item definitions and instructions</u> when completing the items in the OSHA-200 and OSHA-300 popup windows.

Figure 3-12
OSHA-300 Data Screen



E. **<u>Modifying Establishment Data</u>.** When you access a <u>mod activity form</u>, the establishment data fields on the form automatically fill with the establishment information previously entered or accepted. When Establishment Processing is invoked, the program bypasses the Search Selection window and displays the Establishment Detail Screen (see Figure 3-9 above) for making any necessary modifications.

1. If the displayed establishment data is for the correct establishment but contains typographical errors, correct any errors and press **<Esc><Esc>** to exit Establishment Processing. The changes are saved only if and when you perform a save from the activity form.

2. If the wrong establishment data was erroneously retrieved for the activity, press F3 to display the Search Selection screen, initiate a search for and accept the correct record; thus overwriting the incorrect data.

F. **Saving Establishment Data Entered via an Activity Form.** New or modified establishment information, including the Program Evaluation Profile (PEP), OSHA-200 and OSHA-300 data is saved to the appropriate database tables only if and when the activity form is saved, whether it be an intermediate save or a save when exiting the form. Pressing <Esc><Esc> to exit Establishment Processing and return to the activity form does not delete nor save the data entered. The activity form must be saved before or upon exiting the main form screen in order to write (save) the establishment data to the database. If the form is aborted without a preceding save, the establishment data will NOT be retained. (See Chapter 2, Data Processing Concepts and Guidelines for "save" instructions.

G. **Unique Establishment Processing Function Keys.** Some of the keys used in Establishment Processing are programmed to perform more than one function. The table below lists the keys and their functions.

Table S-1
Unique Establishment Processing Function Keys

Key	Function	Description
F2	Goto	When matching records are listed during the search routine, F2 lets you quickly move to the record of your choice.
F3	Begin Search	Activates a search for any/all pre-existing establishment record(s) containing the data elements specified in the "Establishment Search Selection" window.
	Accept Match	When a matching record(s) is found, accepts the record at the cursor location as data for the current activity process. The record then displays and may be modified and/or linked to another record, as necessary.
	Save Link	If you enter an establishment in the Link Name field on the Establishment Detail Screen, and that establishment is found, F3 saves that link between the two establishments.
F4	View Estab	When an establishment is found after performing a search, F4 allows you to display the data to ensure it is the correct establishment before accepting the match.
F5	Invoke Estab. Proc.	F5 may be used to invoke Establishment Processing from any field while within an activity form.
	Add New Record	After performing a search from the Establishment Search Selection screen, F5 causes the Establishment Detail Screen to display for adding a new establishment record when no match is found.
F6	See Link	From the Establishment Detail Screen, F6 allows you to view the linked establishment record.

F8	PEP Screen	From the Establishment Detail Screen, F8 displays the PEP data entry screen.
F9	OSHA 200 Screen	From the Establishment Detail Screen, F9 displays the OSHA 200 data entry screen.
F10	OSHA 300 Screen	From the Establishment Detail Screen, F10 displays the OSHA 300 data entry screen.
ESC ESC	Previous Screen	ESC ESC will back you out of the establishment processing window(s) and return you to the main screen.
Enter	Select	Selects the item highlighted or goes to the next field.

XII. Step-by-Step Instructions for Processing Establishment Data.

A. IF there is NO Related Activity, use the following instructions.

> These instructions are not for **U.S. Postal Service** activity. Special step-by-step instructions for processing **U.S. Postal Service** records are given in paragraph XI.C.

1. **Press F5** to invoke Establishment Processing **OR advance to the *Estab Name* field** and the Establishment Search Selection window automatically displays.

2. **Enter the establishment name**. (Optionally, the site street address may also be entered.

3. **Press F3** to begin the search.

4. **IF** records meeting your search criteria are found, use the TAB or Arrow keys to **browse through the records** and follow step 4.1. OR step 4.2 below; otherwise skip to step 5.

4.1. **IF** a record is found with the same name AND address.

- **Select the record (**using the <Tab> key or by typing the number of the record) **and press F3** to "Accept the Match."

> The Establishment Detail Screen displays the data for review. Do NOT modify the displayed record. By modifying the displayed data, you are changing the information associated with another activity record.

- **Press <Esc><Esc>** to return to the activity form's data entry screen.

4.2. **IF** a record is found for the establishment and EITHER the name OR site address has since changed.

- **Press F5 to ADD a NEW RECORD.**

- **Complete data entry of the fields** on the Establishment Detail Screen, in the OSHA-200 or OSHA-300 window and, if desired, in the Program Evaluation Profile (PEP) window.

> From the Establishment Detail Screen, the F8, F9 and F10 function keys take you to the PEP, OSHA-200 and OSHA-300 windows, respectively.

S **Link the current record with the former name/address record** following the instructions in paragraph XI.D below.

S **Press <Esc><Esc>** to return to the activity form's data entry screen.

4.3. **IF** none of the records found have the correct name AND site address as the current activity

S **Press F5 to ADD a NEW RECORD.**

S **Complete data entry** of the fields on the Establishment Detail Screen, in the OSHA-200 or OSHA-300 window and, if desired, in the Program Evaluation Profile (PEP) window

- **Press <Esc><Esc>** to return to the activity form's data entry screen.

5. IF your search yields no records (message = *No matching establishments were found*)

   a. **Press F5** to **ADD A NEW RECORD.**

   b. **Complete data entry** of the fields on the Establishment Detail Screen, in the OSHA-200 or OSHA-300 window and, if desired, in the Program Evaluation Profile (PEP) window.

   c. **Press <Esc><Esc>** to return to the activity form.

See paragraph XII for definitions of, and instructions for completing, the Establishment Detail, PEP, OSHA-200 and OSHA-300 data items. Refer to paragraph XI.D for linking instructions.

6. **Complete data entry of the fields** on the activity form and **press F3 or F6** to save the data.

New or modified establishment information, including the Program Evaluation Profile (PEP), OSHA-200 and OSHA-300 data is saved to the appropriate database tables only if and when the activity form is saved, whether it be an intermediate save or a save when exiting the form.

B. **IF there is Related Activity,** use the following instructions.

These instructions are not for **U.S. Postal Service** activity. Special step-by-step instructions for processing **U.S. Postal Service** records are given in paragraph XI.C.

1. **Enter the Related Activity data.**

2. **Check the establishment name and address** that fills on the activity form.

   IF the name AND address are CORRECT for the current activity, **establishment processing is NOT NEEDED**.

   IF either the name OR address is INCORRECT for the activity data being processed (for instance, the site address has changed), **proceed to step 3**.

3. **Press F5** to invoke Establishment Processing.

> The Establishment Detail Screen displays the establishment information for the related activity. You do NOT need to overtype anything on the Detail screen or in the succeeding windows that display with steps 3.1 & 3.2 below)

3.1. **Press F3** to display the Search Selection window.

3.2. **Press F3** again to display the Establishment Match window.

3.3. **Press F5** to add a new record.

> The Establishment Detail Screen now displays ONLY the *Estab Name*, *Dun's No.* and *Site Street* fields filled. Typing over the information at this point will **NOT** change the establishment information associated with the record identified in "*Related Activity*."

3.4. **Type in the correct establishment information** for the activity data being processed.

3.5. **Link the new establishment record** to the establishment record associated with the related activity**.**

> Refer to paragraph XI.D below for linking instructions.

3.6. **Press <Esc><Esc>** to exit Establishment Processing and return to the inspection/intervention form.

C. **Special Instructions for Processing U.S. Postal Service Records.** All OSHA activities at one U.S. Postal Service site, after September 29, 1998 must use one establishment record which shows the Ownership as Private Sector**.** All prior activities must be associated with an establishment record that shows Federal Agency ownership. Do NOT modify Federal Agency establishment records on file for U.S. Postal Service activity that occurred prior to September 29, 1998. Follow the instructions below when entering U.S. Postal Service activity records.

1. **IF there is NO Related Activity**. When no Related Activity exists, the user must search for an establishment record for the U.S. Postal Service as a private employer.

a. **Press F5** to invoke Establishment Processing **OR advance to the *Estab Name* field** and the Establishment Search Selection window automatically displays.

b. **Enter the establishment name** being certain to use U.S. Postal Service as the first nineteen characters. (Optionally, the site street address may also be entered.)

c. **Press F3** to begin the search.

d. **IF** records meeting your search criteria are found, **review the list of establishments** to determine if an establishment record has already been created for this site for the U.S. Postal Service which shows ownership as Private Sector (i.e., ownership code of A).

> **NOTE:** The records that are designated Federal agency will display "D" as the ownership code and 5100 as the Federal agency code.

d. 1. **IF** a Private Sector U.S. Postal Service record exists for the correct site address, **select the record and press F3** to "Accept the Match."

- OR -

d. 2. **IF** no records are found meeting your search criteria, (i.e., a record with the correct site address AND the Private Sector ownership code of A), **press F5** to create a new record.

2. IF there is Related Activity.

a. **Complete Item 5, Related Activity** before invoking establishment processing **and press <Esc><Esc>** to exit the popup window.

b. **Press F5** to display the related activity's establishment record for the U.S. Postal Service.

c. **IF** the displayed U.S. Postal Service record shows "Private Sector" as the ownership, **establishment processing is NOT NEEDED**. **Press <Esc><Esc>** to exit establishment processing and complete the activity record in the normal manner.

- OR -

IF the record shows ownership of the U.S. Postal Service record to be Federal Agency, you must **create a new establishment record** following the steps below.

(1) **Press F3.** The search screen displays.

(2) **Move the cursor to Ownership field and space through the "D" code**. This removes both codes; i.e., ownership and Federal Agency codes. (Check the address to make sure it is correct.)

(3) **Press F3** to begin the search.

(4) **IF** records meeting your search criteria are found, **review the list of establishments** to determine if an establishment record has already been created for this site for the U.S. Postal Service that shows ownership as Private Sector (i.e., ownership code of A).

> **NOTE:** The records that are designated Federal agency will display "D" as the ownership code and 5100 as the Federal agency code.

. **(5)** **IF** a Private Sector U.S. Postal Service record exists for the correct site address, **select the record and press F3** to "Accept the Match."

- OR -

(5) **IF** no records are found meeting your search criteria, (i.e., a record with the correct site address AND the Private Sector ownership code of A), **press F5** to create a new record.

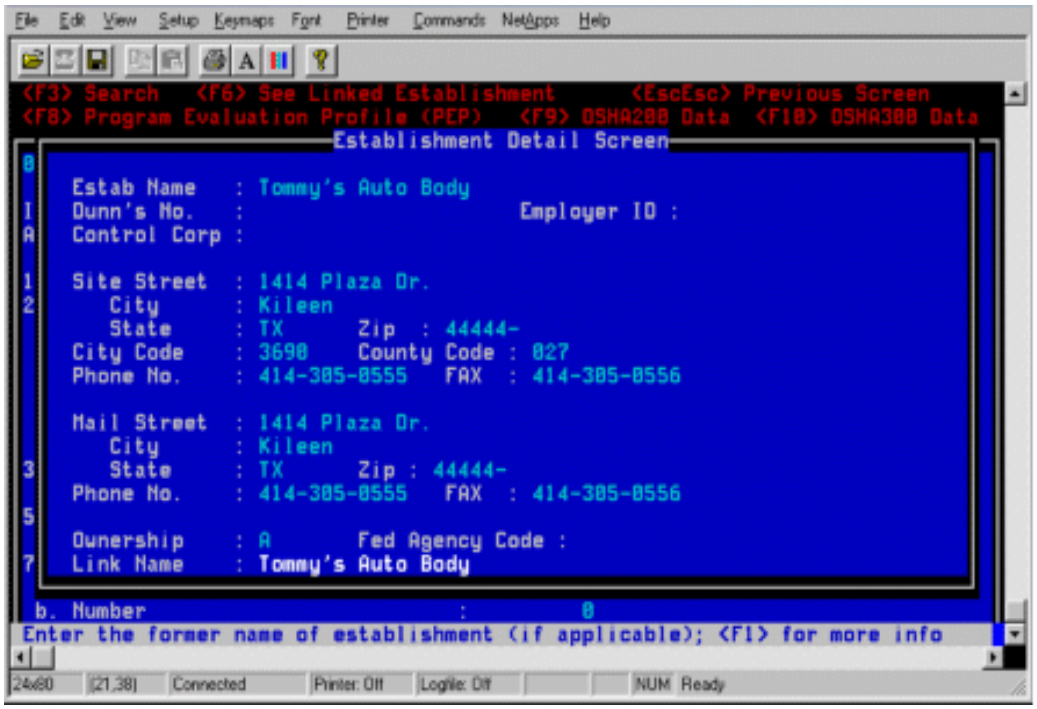
D. **Linking Old and New Establishment Data.** Reference paragraph X.C for guidelines on when to link establishment information.

> For this exercise we are linking the record for Tommy's Auto Body at 1414 Plaza Dr. to the record for Tommy's Auto Body at their former address.

1. With the current establishment data displayed on the Establishment Detail Screen, **enter the former name** (if the name changed) **OR enter the current name** (if the address changed) in the *Link Name* field.

Note that we've typed **Tommy's Auto Body** in the *Link Name* field (see Figure 3-13).

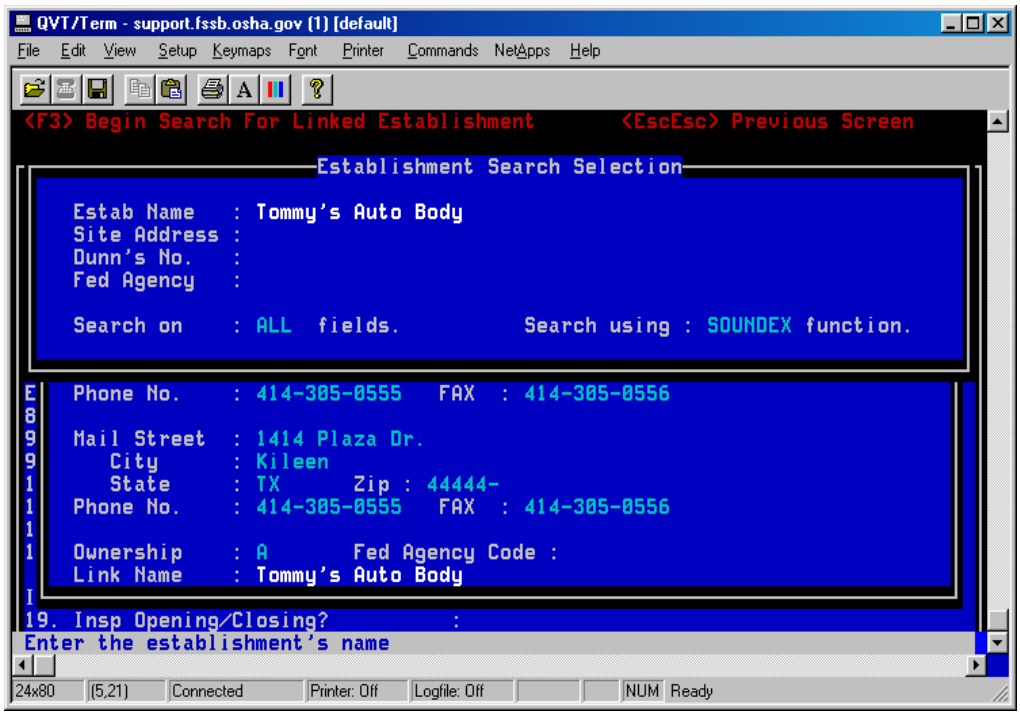
Figure 3-13
Detail Screen - Linking



2. **Press <Enter>**. [Do **NOT** press F3 here; you must press <Enter>.]

The Establishment Search Selection window displays and the *Estab Name* field pre-fills with the name entered in the *Link Name* field (see Figure 3-14 below.)

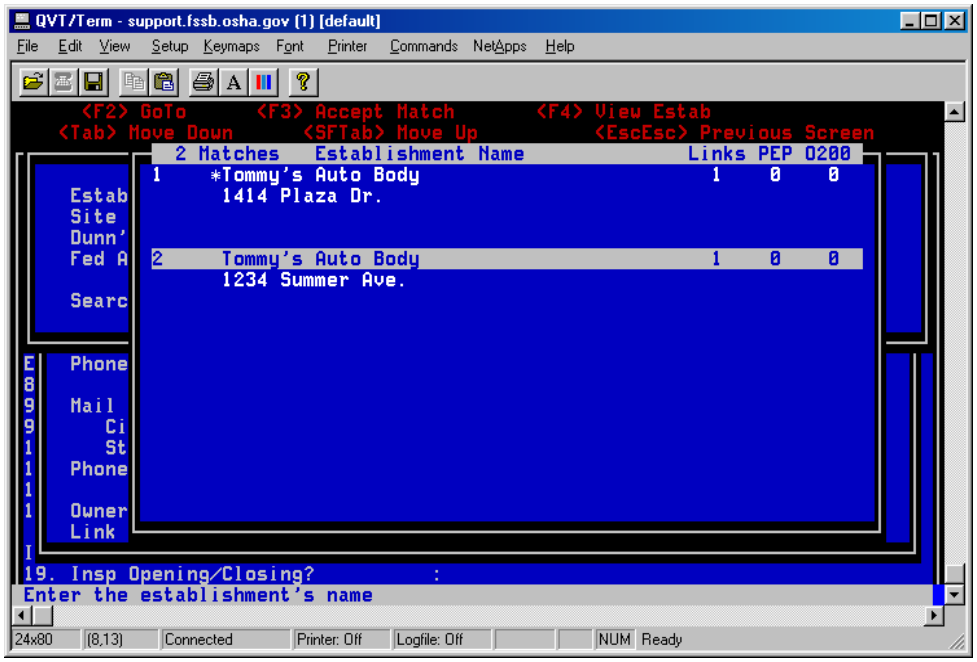
Figure 3-14
Search Selection Window - Linking



3. **Press F3** to begin the search.

The program displays any/all matching records found as illustrated in Figure 3-15.

Figure 3-15
Screen Showing Matching Records Found - Linking



4. (Optional) To view the contents of any record displayed, **highlight the desired record and press F4**. **Press <Esc><Esc>** to return to the list of record selections.

5. **Highlight the record** containing the old information.

> For this exercise, we have highlighted the record with the former address (see Figure 3-15 above).

6. **Press F3** [Accept Match] to make the link and return to the Establishment Detail Screen.

> Pressing **<Esc><Esc>** lets you return to the Establishment Detail Screen without making a "link" and removes the entry in the *Link Name* field.

7. **Press F6** to view the old information and verify that the correct records were linked.

8. **Press <Esc><Esc> twice** to exit Establishment Processing.

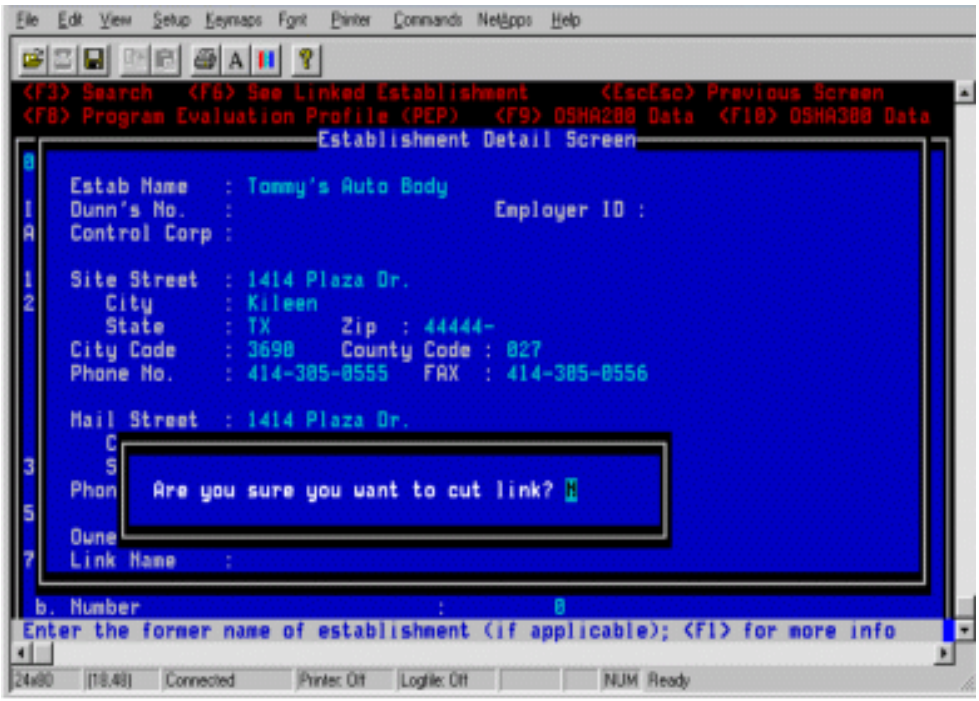
9. **Press F3 or F6** to save the link.

E. **<u>Cutting the Link</u>.** If a link was made in error:

1. **Press the space bar once** to remove the name from the *Link Name* field and

2. **Press <Enter>**. The message Are you sure you want to cut link? N displays as shown in Figure 3-16.

Figure 3-16
Cutting an Establishment Link



3. Enter **y** to cut the link.

F. **<u>Breaking a Match</u>.** If activity data was saved for which an incorrect match was accepted, this correction **MUST** be made by invoking Establishment Processing from the appropriate activity (e.g., inspection, intervention) screen, **NOT** through the Establishment Processing option on the Forms Processing Menu.

1. From the form screen, **enter the activity number** for the activity to which the wrong establishment data was saved.

2. **Press F5** to invoke Establishment Processing. The Establishment Detail Screen displays.

3. **Press F3** to display the Search Selection Window.

4. **Enter the establishment name** for the correct data.

5. **Press F3** to begin the search.

6. Continue with normal procedures - accepting a match (F3), if found, or adding a new record (F5) if no match is found.

7. **Press F3** or **F6** from the main form screen to save the change.

G. Processing Establishment Data for Inspections at Multi-Employer Worksites. Follow the instructions below when processing establishment data for multi-employer work-sites (different company/same site address) where there is an existing related activity record.

1. **Enter the related activity** *Type* and *Number*.

> The establishment name and site street address for the related activity record fill on the main inspection screen.

2. IF the current inspection is for a different company than the related activity, **press <F5>** to invoke Establishment Processing.

> The Establishment Detail Screen displays the establishment information for the related activity. DO NOT MODIFY THE DISPLAYED RECORD. When the displayed data is modified, it changes the information associated with the record(s) identified in Related Activity.

3. **Press <F3>** to display the Search Selection window.

> The Search Selection window pre-fills with the name and site address associated with the related activity record.

4. **Enter the company name for the current inspection**, leaving the address intact.

5. **Press <F3>** to initiate the search for a matching record.

6. IF a matching record is found, **press <F3>** to accept the match.

OR

IF no matching record is found, **press <F5>** to add a new record and complete data entry of the establishment information for the inspection being processed.

> The information you enter here will NOT change the establishment information associated with the record identified in Related Activity.

7. **Press <Esc>< Esc>** to return to the inspection screen.

8. **Complete the Inspection Report and save your data.**

H. Modifying an Existing Establishment Record.

1. **Press F5** to invoke Establishment Processing from within the activity form associated with establishment data to be modified.

2. **Make the necessary changes and press <Esc><Esc>** to exit Establishment Processing.

3. **Press F3 or F6** to save the changes.

O R

1. **Select Establishment Processing** from the OSHA IMIS Forms Processing Menu.

2. **Enter the establishment name** and **press <Enter>.**

3. **Press F3** to begin the search.

4. **Select the record** (use the tab, F2, or arrow keys) **and press F3** to display the data.

5. **Make the necessary changes** and **press F7** to display the Action Menu.

6. **Select the appropriate "save" option**.

> To avoid inadvertently changing the wrong establishment record, it is recommended that you make modifications via the activity form associated with establishment data to be modified.

XIII. <u>Data Item Definitions/Instructions</u>. Each data item on the Establishment Detail, PEP, OSHA-200 and OSHA-300 screens is defined below. Specific instructions for completing an item are also given when required.

A. <u>Establishment Detail Screen</u>.

1. <u>Establishment Name</u>. The legal name of the establishment/employer, group, union or association to which the inspection or other intervention activity was directed, if known. For a sole proprietorship or partnership, this is the trading name of the establishment. For a corporation, enter the name of the corporation UNLESS a subsidiary of the corporation controls the establishment inspected. In that case, enter the name of the subsidiary. For interventions not aimed at a particular employer, group, union, or association (e.g., multiple employer events) enter "UNKNOWN."

> Reference Appendix B for rules and detailed instructions on completing this item when the legal name is not known.

2. <u>Dun's No.</u> The number assigned by Dun & Bradstreet for the establishment.

> An entry is required in *Dun's No* for planned inspections. A "reminder" message displays if an attempt is made to save the form as final if the field is blank.

3. <u>Employer ID</u>. The IRS number for the entity identified in *Establishment Name*, if available.

> Although this is not a required field, a "warning" window appears if an attempt is made to save a new form without an entry in *Employer ID*.

4. <u>Control Corp</u>. If the establishment is referred to by a trade name or is a subsidiary of a corporation, enter the corporate owner. If the establishment is a partnership or a sole proprietorship, enter the name of a partner or sole owner.

5. <u>Site Address</u>.

a. The street (or highway) address, city, state abbreviation, and ZIP code for the work site of the employer, group, union, or association to which the activities/services were performed/provided or the location where the intervention took (is to take) place. If the intervention did not take place in a city, or the entity to which the

activity was directed is not in a city, enter the name of the nearest city.

b. For off-site interventions not aimed at a particular employer, group, union or association, you may use a mailing address if available. Use the address that will be of most value. If there is no address of value, you may enter N/A and your office's city, state, and zip code in the succeeding address fields.

c. All four components (i.e., street address, city state abbreviation, and zip) must be entered. Capitalize as it should appear on the citation. Do not use the space provided for the mailing address as a continuation for the site location.

Reference Appendix B for rules and detailed instructions on completing this item.

6. City/County Code.

a. The 4-digit city code and 3-digit county code for the city entered in *Site Address*. If the intervention did not take place in a city, or the entity to which the activity was directed is not in a city, enter the codes for the nearest city/county.

b. If the application recognizes the city name and state, the city and county code fields will pre-fill or, if a selection is required, a choice list will display the valid codes. If the codes display, use the arrow keys to highlight the correct codes, then press <Enter> to pre-fill the City Code and County Code fields.

c. If the application does not recognize the city name in the state you specify, you must key in the city and county codes yourself.

7. Site Phone Number. The telephone number, including the area code, for the employer, group, union or association to which the intervention activity was directed. For interventions not aimed at a particular entity, enter a phone number for the contact person for the activity. If there is a different phone number for follow-up contact, the numbers may be entered here. Enter the number that will be of most value. This field may be left blank.

8. Site FAX Number. Any associated or appropriate FAX number may be entered here or you may leave this field blank.

9. **Mailing Address.**

a. When the cursor goes to the mailing address, a message appears asking you if you want to copy the site address to the mailing address fields. If you enter **n**, the cursor will drop into the *Mail Street* field and you can continue data entry. If you enter **y**, the mailing address fields will pre-fill.

b. If there is an additional address for mailings or for follow-up, enter the address here; otherwise copy the site address. For controlling corporations located outside the United States, the program recognizes the FN (foreign nation) and CD (Canada) codes as valid state codes.

10. **Mailing Address Phone/FAX Numbers.** Any associated or appropriate phone/FAX numbers may be entered here or you may leave these fields blank.

11. **Ownership.** This is an indication which best describes the ownership of the employer, group, union, or association. You may key in the code or make your selection from a "Choice List." If Federal Agency is selected, enter the appropriate code for the Federal Agency.

12. **Federal Agency Code.** If the ownership code of **D** for Federal Agency is selected in the previous field, the cursor will move to the *Federal Agency Code* field. You may key in the code or use the F7 table search feature to locate and select the appropriate code.

> Reference Chapter 2, Data Processing Concepts and Guidelines, for instructions on the use of this feature.

13. **Link Name.** This field is used to link establishment data only when an establishment has changed its name or address since the last contact with OSHA.

> Reference paragraphs X.C and XI.D for complete instructions on completing this item.

B. **Program Evaluation Profile Popup Window.** [Completed as a local office option.]

1. **Date of Evaluation.** The date the evaluation was conducted in MM/DD/YYYY format; e.g., 08/15/1996.

2. **Intervention Type.** The code for the type of intervention conducted. You may key in the code or make your selection from a "Choice List."

3. **Program Evaluation at Time of Contact.** Enter "y" or "n" (or leave blank) to indicate whether the evaluation is based on information obtained during the opening conference (i.e., before a tentative decision on focusing is made).

4. **Program Evaluation Resulting From (after) Contact.** Enter "y" or "n" (or leave blank) to indicate whether the evaluation is based on information obtained during the focusing process.

5. **Verified by Onsite Observations.** Enter "y" or "n" (or leave blank) to indicate whether the evaluation was substantiated by observation of actual safety and health conditions by the Compliance Officer during the focusing process.

----------BASIC ELEMENTS----------

A “y” entry in items 6-10 invokes pop-up windows (see Figures 3-10a thru 3-10e above) containing sub-elements (factors) of basic PEP elements used in rating the establishment's safety and health program. The ratings for the basic elements identified in items 6-10 are automatically calculated by the program based on your factor ratings in sub-element fields. Enter a number (0 to 5) from the list below to indicate your assessment.

0 = N/A or Not Rated
1 = Absent or Insufficient
2 = Developmental
3 = Basic
4 = Superior
5 = Outstanding

6. **Management Leadership and Employee Participation**. Enter "y" to access the popup window depicted as Figure 3-10a above and enter your factor rating (0 to 5 as defined above) to indicate your assessment for each sub-element.

7. **Workplace Analysis.** Enter "y" to access the popup window depicted as Figure 3-10b and enter your factor rating (0 to 5 as defined above) to indicate your assessment for each sub-element.

8. **Accident and Record Analysis.** Enter "y" to access the popup window depicted as Figure 3-10c and enter your factor rating (0 to 5 as defined above) to indicate your assessment for each sub-element.

9. **Hazard Prevention and Control.** Enter "y" to access the popup window depicted as Figure 3-10d and enter your factor rating (0 to 5 as defined above) to indicate your assessment for each sub-element.

10. **Emergency Response.** Enter "y" to access the popup window depicted as Figure 3-10e and enter your factor rating (0 to 5 as defined above) to indicate your assessment for each sub-element.

11. **Safety and Health Training & Education.** Enter a number (0 to 5), as defined in the above list, to indicate the work-site's level of safety and health training and education.

The following items (12-14) are "Additional Questions" on the PEP screen but are not part of the Program Evaluation Profile.

12. **Is the Safety & Health Program Written?** Enter "y" or "n" to indicate whether the establishment's safety and health program is in writing.

13. **Employee Involvement.** Enter a code from the <F2> Choice List (see below) to indicate the method of employee involvement in the establishment's safety and health program.

    JC = Safety and Health Joint Committee
    QC = Teams or Quality Circles
    SO = Safety Observers
    PP = Pervasive Participation (or all employee committee)
    EC = Employee (only) Safety Committee

14. **Line Accountability Method.** Enter a code from the <F2> Choice List (see below) to indicate the motivating force for effective management leadership regarding safety and health.

    PA = Performance Appraisal Element
    PC = Promotional Considerations
    SE = Salary (for Bonus) Effect
    OT = Other

C. OSHA-200 Popup Window.

1. **Log Year.** The 4-digit year that the OSHA-200 data represents.

2. **Data Not Available.** An "x" in this item indicates that the data could not be obtained.

3. **Data Not Required.** An "x" in this item indicates that the data is not required for this log year.

4. **LWDI Rate.** The lost workday injury (LWDI) rate is automatically calculated by the program based on the entry in "Total Hours Worked" and the entry in the "injuries" column for "Lost workday cases."

5. **LWDII Rate.** The lost workday injury and illnesses (LWDII) rate is automatically calculated by the program based on the entry in "Total Hours Worked" and the combined entries in the "Injuries" AND "Illnesses" columns for "Lost workday cases."

   NOTE: If the "Total Hours Worked" is not obtainable and/or not entered, the program uses the entry in "Employment Average" multiplied by 2000 hrs/year to calculate the LWDI/LWDII rate. If the data entered is for a partial year, the program uses the entry in "Employment Average" multiplied by 40 hrs/wk multiplied by the entry in "Number of Weeks" to calculate the LWDI/LWDII rate. Therefore, the rate calculation will be more accurate if you enter the actual hours worked.

   Refer to paragraph A.3.K.(2), Chapter II of CPL 2.103, Field Inspection Reference Manual (dated 9/26/94) for the formula used in calculating the LWDI/LWDII rate.

6. **Injury Rate (IR).** [This field is only for Consultation Project offices. Because the program is shared by both Enforcement and Consultation, the screens and database are set up the same; however, the calculations are performed only for Consultation rids.]

7. **Injury Incidence Rate (IIR).** [This field is only for Consultation Project offices. Because the program is shared by both Enforcement and Consultation, the screens and database are set up the same; however, the calculations are performed only for Consultation rids.]

8. **Partial Log Year.** Enter "y" to indicate that the data represents a partial year or "n" to indicate a full year of data.

9. **Number of Weeks.** If the data represents a partial year, enter the number of weeks (1-51) covered.

10. **Total Hours Worked.** The sum of employee hours in the year referenced in item A, *Log Year*.

a. Includes hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by the establishment (e.g., temporary help services workers).

b. Does not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it.

c. If the number is not available, the value can be calculated.

> Follow the instructions in paragraph X.B. of OSHA Notice 02-01 (CPL 2), Audit and Verification Program of 2000 Occupational Injury and Illness Records, dated January 7, 2002 when calculating this number.

11. **Employment Average.** The annual average number of full time (40 hours per week, 50 weeks per year) employees in the establishment.

a. If the number is not available, the value can be calculated.

> Refer to paragraph X.B. of OSHA Notice 02-01 (CPL 2), Audit and Verification Program of 2000 Occupational Injury and Illness Records, dated January 7, 2002 when calculating this number.

b. The average employment figure will almost always be less than the total number of employees that worked at the establishment during the year due to turnover of staff.

12. **Injuries and Illnesses.** The items in the Injuries and Illnesses sections (screen items (1) thru (13)) are copied directly from the annual summary on the OSHA 200 Log maintained by the employer for each establishment.

D. OSHA-300 Popup Window.

1. **Log Year.** The 4-digit year that the OSHA-300 data represents.

2. **Partial Log Year.** Enter "y" to indicate that the data represents a partial year or "n" to indicate a full year of data.

3. **Number of Weeks.** If the data represents a partial year, enter the number of weeks (1-51) covered.

4. **Data Not Available.** An "x" in this item to indicates that the data could not be obtained.

5. **Data Not Required.** An "x" in this item indicates that the data is not required for this log year.

6. **Annual Average Number of Employees.** The annual average number of full time (40 hours per week, 50 weeks per year) employees in the establishment.

   a. If the number is not available, the value can be calculated.

   > Refer to paragraph X.B. of OSHA Notice 02-01 (CPL 2), Audit and Verification Program of 2000 Occupational Injury and Illness Records, dated January 7, 2002 when calculating this number.

   b. The average employment figure will almost always be less than the total number of employees that worked at the establishment during the year due to turnover of staff.

7. **Total Hours Worked.** The sum of employee hours in the year referenced in Item 1, *Log Year*.

   a. Includes hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by the establishment (e.g., temporary help services workers).

   b. Does not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it.

c. If the number is not available, the value can be calculated.

Follow the instructions in paragraph X.B. of OSHA Notice 02-01 (CPL 2), Audit and Verification Program of 2000 Occupational Injury and Illness Records, dated January 7, 2002 when calculating this number.

8. **TRC Rate.** The program automatically calculates the total recordable cases (TRC) rate by multiplying the sum of the number of cases (G, H, I & J) by 200,000 and then dividing by the number in item 7, Total Hours Worked (THW).

That is TRC = $\frac{(G + H + I + J) \times 200{,}000}{THW}$

G = Total number of deaths
H = Total number of cases with days away from work
I = Total number of cases with job transfer or restriction
J = Total number of other recordable cases

9. **DART Rate.** The program automatically calculates the days away, restricted, transfer (DART) rate by multiplying the sum of the total number of cases with days away from work (H) and the total number of cases with job transfer or restriction (I) by 200,000 and then dividing by the total hours worked (THW).

That is DART = $\frac{(H + I) \times 200{,}000}{THW}$

H = Total number of cases with days away from work
I = Total number of cases with job transfer or restriction

10. **Total Number of**. The data/numbers for the remaining items (screen items G through M5) are copied directly from the OSHA-300 Log maintained by the employer for each establishment. The description of each is provided in Table 3-2 below.

Table 3-2
Description of Columns on OSHA-300 Form

COLUMN	ITEM NAME Total Number of:	DESCRIPTION/DEFINITION
G	Deaths	Number of work related injuries and illnesses that resulted in death.
H	Cases with Days Away from Work	Number of work related injuries and illnesses that involved at least one day away from work beyond the date of injury or illness. This column also includes injuries and illnesses that involved both days away from work and days of restricted work activity.
I	Cases with Job Transfer or Restriction	Number of work related injuries and illnesses that involved at least one day of restricted work activity beyond the date of injury or illness. Restricted work occurs when, as the result of a work-related injury or illness, an employer or health care provider keeps the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work.
J	Other Recordable cases	Number of recordable injuries and illnesses that did not result in either a day away from work or a day of restricted work activity. These cases are typically injuries and illnesses requiring medical treatment beyond first aid, but may also include cases involving loss of consciousness or cases meeting the special recording requirements of 1904.8, 1904.10 and 1904.11.
K	Days of Job Transfer or Restriction	The total number of days the injured or ill employees were on restricted work activity or job transfer. See 1904.7(b)(4) for instructions on counting days of restricted work activity or job transfer.
L	Days Away from Work	The total number of days the injured or ill employees were away from work. See 1904.7(b)(3) for instructions on counting days away from work.

M1	Injuries	The total number of injuries. An injury is any wound or damage to the body resulting from an event in the work environment. Examples include: cuts, punctures, lacerations, abrasions, fractures, bruises, contusions, chipped teeth, amputations, insect bites, electrocutions, or thermal, chemical, electrical, or radiation burns. Sprains and strains are classified as injuries when they result from a slip, trip, fall or other similar accidents.
M2	Skin Disorders	The total number of skin diseases or disorders. Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances. Examples include: contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.
M3	Respiratory Conditions	The total number of respiratory conditions. Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. Examples include: silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.
M4	Poisonings	The total number of poisonings. Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body. Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

M5	All Other Illnesses	The total number of all other illnesses. All other occupational illnesses include: heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of non-ionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; blood-borne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

Chapter 4.

COMPLAINT PROCESSING

I. **Overview.** The OSHA-7/OSHA-167C data entry screen allows the user to add, modify and update information regarding notices of alleged safety or health hazards received from the private sector and Federal agencies. The data may be entered directly into the NCR (e.g., when taking complaints over the phone or from written complaints received by letter) and a hard copy printed for the case file. Alternatively, the data may be recorded on a blank computer printed form for data entry purposes. As subsequent actions occur, the updated information is recorded on the OSHA-7/OSHA-167C form/screen.

> Refer to CPL 2.103, Field Inspection Reference Manual (FIRM) and CPL 2.115, Complaint Policies and Procedures for direction on complaint policy.

II. **Special Instructions.**

A. **Receiving the Complaint.** Complaint data may be entered directly into the NCR (e.g., when taking complaints over the phone or from written complaints received by letter) and a hard copy printed for the case file. Alternatively, you can enter the information on a computer-printed OSHA-7 for data entry purposes. The form is available on the computer both with and without pre-printed activity numbers.

> - Form print instructions are provided in Chapter 2, Data Processing Concepts and Guidelines.
>
> - Refer to paragraph J of OSHA Instruction CPL 2.115 for procedures for receiving a complaint by telephone.

B. **Processing the Complaint.** Complaint information must be processed upon initial receipt of all complaints, except discrimination complaints without alleged safety and health hazards. Do not delay data entry or transmission of this information pending an inspection or investigation.

1. When processing complaint data on the NCR from a numbered paper form, enter the pre-printed number from the form in the *Complaint Number* field on the computer.

2. When processing complaint data on the NCR from an un-numbered paper form, enter the information into the computer using the program generated complaint number; i.e., press <Enter> from the *Complaint Number* field to accept the generated number. Write the program generated complaint number on the hand written form if placing in the case file.

C. **Complaint Classification.** Complaints are no longer identified as "formal" or "non-formal" but shall be categorized as 1) those that result in onsite inspections and 2) those that result in investigations using telephone, telefax, and/or similar means.

NOTE: An "investigation" differs from an "inspection" in that in an investigation, OSHA advises the employer of the alleged hazards by telephone, telefax, e-mail or letter. The employer is required to provide a written response. OSHA shall provide copies of the response(s) to the complainant. There are eight specific situations where an on-site inspection must be done. (Refer to OSHA Instruction CPL 2.115, Complaint Policies and Procedures, June 14, 1996.) If the complaint does not fit into one of the eight situations, the complaint can be handled by a phone-fax-letter investigation.

D. **Effect of a Subsequent Inspection.** Complaint processing records the information available about the complaint and the establishment when the complaint is received. If a subsequent inspection reveals that some of the entries are incorrect, the data does not need to be changed.

E. **Transferring Complaints to Another Entity.** If an entire complaint is transferred to another entity because it does not fall within the jurisdiction of the receiving office, the office transferring the complaint shall complete processing as for an "Invalid Complaint." Complete the transfer action appropriately and close the complaint.

F. **Office Receiving Transferred Complaints.** When an office receives a complaint from another office, the receiving office shall treat the complaint as a new complaint and enter the data into the NCR under a new complaint number. This ensures the actions on that complaint will be properly accounted for by each office that handles it. Do NOT convert the complaint into a referral. It remains a complaint.

G. **Handling Discrimination Complaints.** Complaints that allege **only** employee discrimination, including those reported by Federal employees, should **not** be entered into the NCR. They should be handled in accordance with FIRM (CPL 2.103, Field Inspection Reference Manual) procedures. Complaints received which, when classified, allege both safety and/or health hazards and discrimination should be reported to the IMIS with all applicable entries made in *Subject and Severity*. All further IMIS reporting on the complaint should address safety and health items only. The complaint should then be handled in accordance with FIRM procedures. For purposes of reporting, complaints sent to Discrimination Investigators under these circumstances should not be considered "transferred."

H. **Notices of Alleged Safety or Health Hazards from Federal Employees.** Notices of Unsafe or Unhealthful Working conditions filed against Federal Agencies by Federal employees, their representatives, or Safety and Health Committees are to be handled in the same manner as complaints from private sector employees. Be sure to indicate in *Ownership* that the complaint pertains to a Federal agency and enter the agency's code.

I. **Dates Required for Complaint Action.** In order to reconstruct the course of events that occurred and to ensure timely servicing of complaints, it is critical that all complaint action dates be entered into the NCR application and be accurate. This allows for reports to be developed listing events in the sequence in which they occurred.

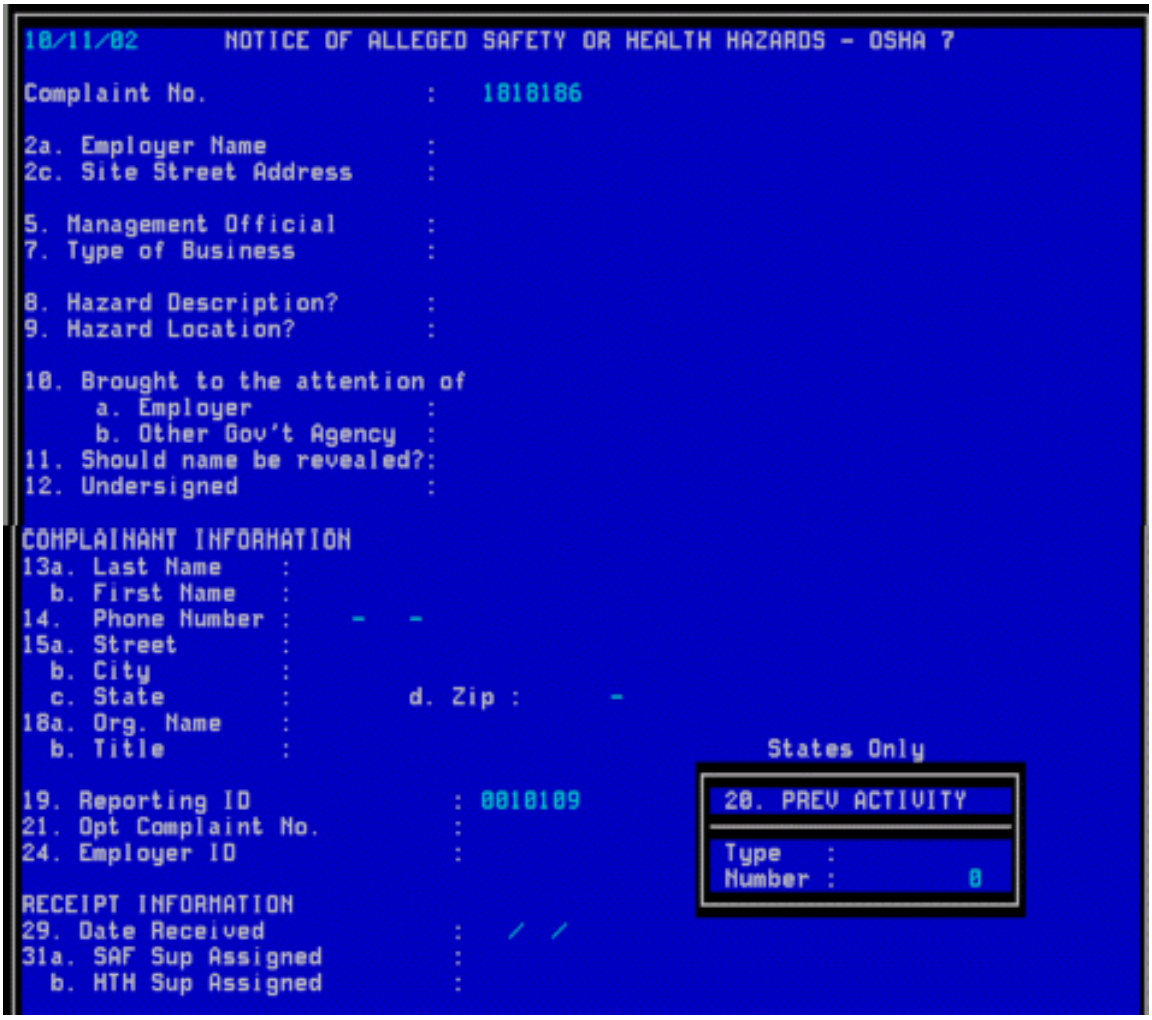
J. **Phone-Fax-Letter Investigations.** When a complaint is investigated by phone-fax-letter with no resulting inspection, enter the word "PHONE" in *Optional Information* using the N-10 code. For tracking purposes, use the *Send Letter* and *Received Letter* items to record telephone calls made and responses received.

K. **Optional Information Coding.** Optional information codes required by the National Office for Federal office use when processing complaints are given in Table 4-1 below and are available on the NCR through a "Choice List."

III. Screen Illustrations and Data Item Definitions/Instructions.

A. **Screen Illustrations.** The NCR'S complaint processing screen is illustrated by Figures 4-1 and 4-2.

Figure 4-1
Complaint Processing Screen



[SCREEN ILLUSTRATION CONTINUED ON FOLLOWING PAGE]

Figure 4-2
Complaint Processing Screen (Con=t)

```
32. Primary SIC                :          32A. Primary NAICS  :

COMPLAINT EVALUATION
35. Subject and Severity
    a. Discrimination          :
    b. Safety
      1. Imminent Danger       :
      2. Serious               :
      3. Other                 :
      1. Imminent Danger       :
      2. Serious               :
      3. Other                 :

36. Valid?                     :
37. Formal/NonFormal           :
38. Migrant Camp               :
39. Send Letter?               :
40. Letter Received?           :
42a. Insp Planned?             :
  b. Priority                  :
44. Transfer Date              :   /  /
45a. Transfer To               :
  b. Transfer Code             :
  c. Other Action Taken?       :
46. Optional Info  ?           :
48. Close Complaint            :
49. Employer Response          :
50. National Emphasis Program  :
51. Local Emphasis Program     :
52. Strategic Plan Activity    :
```

B. **<u>Data Item Definitions/Instructions</u>.** Each data item on the NCR complaint processing screen and computer printed form is defined below. Instructions for completing an item are given when required; however, data entry concepts and guidelines are covered in Chapter 2 of this manual and will not be repeated here. On the NCR, follow the instructions on the status line and use the F2, Choice List, feature to identify the appropriate selection.

Because some of the items on a screen may be "hidden" in pop-up windows, special icons are incorporated into this section to identify these fields. Icons are also used to identify items that invoke word processing, paper form only items and screen only items. Please refer to Table 1-1 of Chapter 1, Introduction and Data Processing Overview, for an illustration and description of each icon.

NOTE: Establishment Processing data items are defined and instructions for completion are provided in Chapter 3, Establishment Processing and will NOT be repeated here.

1. **Complaint Number.** This is the unique number that identifies the complaint. Press <Enter> to accept a program generated number or, if entering the data from a completed computer printed form, enter the pre-printed number from the form.

2. **Employer/Establishment Name.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

> When processing new complaint information, the Establishment Search Selection screen will automatically display when the cursor gets to this field. Detailed and step-by-step instructions for processing establishment data are given in Chapter 3, Establishment Processing. Refer to Appendix B for specific rules for completing "Establishment Name" and "Site Address."

3. **Site Address and Phone/FAX Numbers.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

4. **Mailing Address and Phone/FAX Numbers.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

5. **Management Official.** The name of the owner, operator, or agent in charge at the work site.

6. **Telephone Number.** This may be the telephone number of the management official or another number for the establishment.

7. **Type of Business.** The type of industrial activity performed at the workplace. This information determines the code to be entered in Primary SIC/NAICS. If there is more than one activity at the work site, indicate the primary activity. For example, if the complainant is reporting a condition in a convenience store that is contained within a gas station, enter "gas station" in this space, not "convenience store." For Federal Agency activity, indicate the type of activity that would be comparable to the private sector, not the agency title. For example, "Shipbuilding and Repair" in lieu of "Department of Defense".

8. **Hazard Description.** Provide a description of the alleged hazard in sufficient detail for easy identification of the alleged hazard. Include as much of the information outlined in the FIRM as can be obtained.

> **NOTE:** See Chapter 2, Data Processing Concepts and Guidelines for the meaning of the icons used throughout the Data Item Definitions/Instructions portion of this chapter.

9. **Hazard Location.** The specific building or work site where the alleged violation exists. Identify the building or work site in such detail that it will enable the CSHO to locate the hazard readily when performing the inspection.

10. **Brought to the Attention of:** Indicate whether the alleged hazard has been brought to the attention of either the employer or another government agency and on the paper form specify which government agency, if applicable.

11. **Should Name be Revealed?** Indicate whether the complainant wishes to permit his/her name to be released.

12. **Undersigned.** The source of Complaint. From the list below, indicate who originally made the complaint. Refer to the FIRM for definitions of "Employee" and "Employee Representative" for the purpose of submitting a complaint.

    a. Employee. (Includes Federal employees.)

    b. Representative of Employees.

    c. Federal Safety and Health Committee. (Refer to OSHA Instruction FAP 1.1, A List of Federal Agencies with Certified Safety and Health Committees.)

    d. Other (Specify). Complaint originated from a party that does not fit into any of the other categories listed. Specify the source of the complaint in the space provided. For anonymous complaints, specify "Anonymous."

    e. Employer. This field is for State use only. Complete only if instructed to do so by your State.

f. Family Member of Employee. This field is for State use only. Complete only if instructed to do so by your State.

13. **Complainant Name.** The full name of the complainant. If the complaint is anonymous, leave all complainant information BLANK. Do not enter "anonymous" in this item on the screen.

14. **Telephone Number**. The telephone number of the complainant.

15. **Address.** The street address, city, state abbreviation and ZIP Code of the complainant's mailing address.

16. **Signature.** This space is provided for the complainant's signature. Although complaint forms are no longer mailed to the complainant for signing, the complainant may choose to sign the form in the office.

See paragraph K.3 of CPL 2.115, Complaint Policies and Procedures.

17. **Date**. The date the complainant signed the OSHA-7.

18. **Authorized Representative/Organization Name, Title.** This space is provided for the organization name and title of complainants who are authorized representatives of employees affected by the complaint.

---------- **OFFICIAL USE ONLY** ----------
The remainder of these items is for official use only and is not to be completed by the complainant.

19. **Reporting ID.** (Pre-fills) The office's identification number for reporting to the IMIS. For offices with multiple reporting IDs, the primary ID pre-fills but may be overwritten. You may type in the ID or make a selection from a Choice List.

20. **Previous Activity?** (State use only) Complete this item as directed by your State.

21. **Optional Complaint Number.** Complete this item if instructed to do so by your local office.

The host computer will accept only numeric values up to four digits long.

22. **Establishment Name Change?** Establishment Name Change?. Indicate whether the establishment has changed its name since its last contact with OSHA and record the former name in the space provided for *Comments*. This needs to be done only on the first form completed after the change. BOTH NAMES ARE NEEDED TO LINK THE RECORDS AND ACCURATELY PROCESS THE DATA ON THE NCR. Refer to Chapter 3, Establishment Processing, for linking instructions.

23. **Site Address Change?** Indicate whether the establishment has changed its permanent site address since its last contact with OSHA and record the former address in the space provided for *Comments*. This needs to be done only on the first form completed after the change. BOTH ADDRESSES ARE NEEDED TO LINK THE RECORDS AND ACCURATELY PROCESS THE DATA ON THE NCR. Refer to Chapter 3, Establishment Processing, for linking instructions

24. **Employer ID.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

25. **City Code.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

26. **County Code.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

27. **Received By.** The name or identifying number of the OSHA employee who received the complaint.

28. **Send OSHA-7?** This item is no longer used.

29. **Date Received.** The month, day and year the complaint was **received** by OSHA.

30. **Time.** The approximate time the complaint was initially received by OSHA. Circle AM or PM.

31. **Supervisor(s) Assigned.** The name(s) or identifying number(s) of the supervisor(s) to whom the complaint is assigned.

32. **Primary SIC/Primary NAICS.**

    a. **Primary SIC.** The 4-digit Standard Industrial Classification (SIC) code from the SIC Manual that designates the type of industrial activity performed by the establishment where the alleged hazard

exists. The appropriate code may be located on the NCR through the F2-Choice List function.

- Multiple SICs. If an establishment may be identified by more than one SIC code, report the primary SIC of the establishment. The primary SIC is defined as the major work function or process performed by the establishment to be inspected.

- Cannot Determine the 4-Digit Code? If it is not possible from the information available to determine the complete 4-digit SIC code, classify the establishment based on the primary activity and coded at the 2-digit level. For example, an establishment is known to manufacture tobacco (SIC 21), but it is not known which specific product (e.g., cigarettes - 2111, or pipe tobacco - 2131) is produced, 2100 is an acceptable SIC code entry.

- Federal Agency Activity. For Federal Agency activity, enter the equivalent private sector SIC code to designate the actual activity performed by the Agency where the alleged hazard exists. Use SIC codes 9100-9799 only when no private sector SIC code applies.

b. **Primary NAICS**. The 6-digit North American Standard Industrial Classification System (NAICS). NAICS is being implemented government-wide and will replace the SIC system currently in use.

- One-to-One Correlation. If there is a one-to-one correlation between a SIC code that is entered and the NAICS table, the NAICS code will pre-fill in the form after passing through the NAICS code fields.

- Multiple Correlations. If there are multiple correlations to a single SIC code, the message below displays giving you the choice to 1) list only those NAICS which correlate to the SIC code entered or 2) list all NAICS (same as the F2 search feature).

```
NAICS CHOICE LIST OPTIONS
-------------------------
Do you want to list ALL NAICS Codes(A)
or just those Cross-Referenced(X) to SIC code? [A/X]  X
```

NAICS codes may be located on your NCR using either the “choice list” feature or the “table search” feature. Refer to Chapter 2 for instructions for using these search features.

33. **Ownership/Federal Agency Code.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

34. **Evaluated By.** The name of the individual who evaluated the complaint for validity, subject and severity, etc.

35. **Subject and Severity.** Determine whether the complaint concerns safety, health, and/or discrimination. For safety and health hazards, mark all appropriate boxes/fields to indicate whether the hazards alleged in the complaint are imminent danger, serious, or other.

36. **Valid?** Indicates whether this complaint meets the guidelines for a valid complaint as outlined in the FIRM. If it is a valid complaint, continue with the evaluation. If it is not, close the complaint and, when appropriate, send the "No Inspection - For Invalid Complaints" letter or transfer the complaint.

Complaint form letters are stored on the system in /usr2/Ltrs/Std and may be processed via the data entry screen.

37. **Formal/Non-formal.** Complaints are no longer identified as "formal" or "non-formal;" however this field is currently used to identify complaints that have been signed. Specify "formal" for signed complaints and "non-formal" for all others.

Refer to OSHA Instruction CPL 2.115, Complaint Policies and Procedures.

38. **Migrant Camp**. Indicates whether the complaint alleges safety and/or health hazards at a migrant farm-worker camp.

39. **Send Letter?**

For tracking purposes, complete this item from the options below when a letter is to be sent as part of handling a complaint. On the NCR, SEND LETTER includes fields *Type*, *Date Sent*, *Days to Respond*, *Date Response Due*, and *Process*. These fields compose a scrollable region.

a. **Type**. Indicate which letter is to be sent by entering the appropriate letter code. The NCR has additional letter types not listed on the paper form. If completing the paper form, mark the appropriate subcategories to indicate which variable information should be included in the letter. Additional information to be included in the letter may be entered in the space provided for *Comments*.

1. For complaints investigated by phone-fax-letter with no resulting inspection, specify letter d, Non-formal Complaint Notification to Employer for the initial call-fax-letter. If you choose to track subsequent calls or correspondence, select the letter type that best fits the purpose for the communication.

2. When the complainant is a State or Federal employee, select an appropriate letter type. Even though the wording in the letter may differ from the private sector, the intent is the same.

NOTE: Although complaints are no longer classified as formal or non-formal, letters with "formal" or "non-formal" in their title have NOT been renamed.

a) No Inspection - For Invalid Complaints. Letter to the complainant notifying him/her that no inspection will be conducted because the complaint is invalid.

b) No Inspection - For Non-formal Complaints. Letter to the complainant notifying him/her that no

inspection will be conducted for reasons noted unless further information can be provided by a specified date that meets complaint inspection criteria.

NOTE: For Federal agency complaints, this letter is for other-than-serious complaints.

c) OSHA-7 For Signature with Letter. Complaint forms are no longer mailed to the complainant for signing; therefore, this letter is no longer used.

d) Nonformal Complaint Notification to Employer. Letter of notification to the employer that a complaint has been received alleging the existence of hazards at his/her work-site, that the complaint is being serviced by letter and requesting a response. If this letter type is selected, enter a response due date.

NOTE: For Federal agency complaints, this letter is for other-than-serious complaints.

If completing the paper form, mark one of the following when appropriate.

(1) Complainant Notified. Letter to the employer should state that the complainant will be furnished a copy of this letter.

(2) Explanation of 11(c)/Discrimination. Complainant's 11(c)/discrimination rights are to be explained in the letter to the employer.

e) Complainant Notification with Letter D. Letter to the complainant informing him/her that a letter has been sent to the employer. Include a copy of the letter sent to the employer. If completing the paper form, mark the variable information subcategories listed below which should be included in the letter.

Do not mark this box for Federal agency complaints.

(1) Name Not Revealed. Complainant's name has not been revealed to the employer.

(2) Explanation of 11(c)/Discrimination. Explain complainant's 11(c)/discrimination rights in the letter.

f) Acknowledgment to Complainant. Letter to the complainant acknowledging receipt of his/her complaint and indicating that an inspection will be conducted as soon as possible.

g) Employer Response to Complainant. Letter to the complainant stating that a response has been received from the employer or Federal Agency and OSHA believes the employer's corrective action satisfactorily remedies the complaint.

h) Formal Complaint Inspection Results. Letter to the complainant informing him/her of the results of the inspection conducted as a result of this complaint.

i) Nonformal Complaint Dunning Letter. Letter to an employer who has not answered a previous letter requesting a response to the complainant's allegations.

j) Correcting, but no Time Given. Letter to an employer whose response to a complaint investigation letter did not indicate when abatement would be completed. Enter a response due date for this letter type.

k) Letter to Employer - Let us Know when Corrected. Letter to an employer who has requested additional time for abatement. Enter the expected response date to be used in the letter.

l) Complainant Notification of Correction in Progress. Letter to a complainant whose complaint is being serviced by a letter informing him/her that abatement is in progress.

m) Request for Formal Complaint Update. Letter to the complainant to determine whether the alleged hazards still exist.

n) Confirmation to Complainant - Hazard Corrected. Letter to the complaint informing him/her that the hazard(s) previously reported has been corrected.

o) Notification of ISA to Complainant. Letter informing the complaint that an informal settlement agreement was reached.

p) Other. This letter template is provided with no body text. You may insert any wording of your choosing.

b. **Date Letter Sent**. Date on which the letter or fax indicated is to be, or was, sent.

c. **Days to Respond.** (Optional) The number of days within which a response is due for letter d.

d. **Date Response Due**. The date by which the response is due. The date is automatically generated when an entry is made in Date Sent and Days to Respond. Alternatively, you can leave *Days to Respond* blank and type in the date the response is due.

e. **Process?** Letters may be generated, edited, and printed from the complaint processing screen.

Refer to Chapter 2, Data Processing Concepts and Guidelines, for more information on Letter Processing.

40. **Letter Received?**

Complete this item when a letter/response is received as part of handling a complaint.

> On the NCR, LETTER RECEIVED includes fields Type, Date Received, Evaluation, and Abatement Date. These fields compose a scrollable region.

a. **Type.** Indicate the letter or type of response received by entering a, c, d, or e from the list below.

- S Letter a - Additional Information from Complainant. Additional information which should be considered in handling this complaint has been received from a complainant who has already notified OSHA of potential hazards.

- S Letter b - Signed OSHA-7 Returned. This letter is no longer used.

- S Letter c - Complainant Disputing Satisfactory Employer Response. Complainant informs OSHA that the employer's response is incorrect.

- S Letter d - Nonformal Response from Employer. A letter requested from the employer has been received.

- S Letter e - Other. Information is received by any other entity not specified above.

b. **Date Received.** Date that the response was received.

c. **Evaluation.** For letter type d, enter the appropriate number (1-3) on the NCR which best describes the employer's response.

(1) Satisfactory.
(2) Unsatisfactory.
(3) Remedying Situation.

d. **Abatement Date.** If employer response **3** (Remedying Situation) is received and the employer indicates the date by which the hazard will be abated, enter that date in the space provided.

41. [There is no Item 41 on the screen or computer printed form.]

42. **Inspection Planned -Yes/No?**

a. **Inspection Planned?** Indicates whether an inspection is planned. If a letter is being sent, as indicated in Item 39, Send Letter, and a decision as to whether or not to inspect depends on the employer's response, leave this field blank. If a decision to inspect is subsequently made, update the complaint data with the action being taken.

1. Yes. Indicates that an inspection will be conducted to investigate the alleged hazards.

> When a **y** (yes) is entered in the *Insp Planned* field on the NCR, the message Generate assignment records? [Y/N] displays. When "yes" is indicated, the following messages appear in a window:
>
> Generate safety assignment? [Y/N]
> Generate health assignment? [Y/N]
>
> Enter a **y** in the appropriate field(s) and press **ESC ESC** to escape from the window. The assignment activity number for the record will display on the screen.

2. No. Indicates that no inspection is planned and no other action (e.g., letter or transfer) is contemplated. If no inspection is to be conducted, the reason may be entered in the space provided on the paper form if desired.

b. **If Yes, Priority**. If an inspection is to be conducted and the local office has a system for prioritizing, that priority may be entered here. The local office system for prioritizing may use any consistent combination of two characters. These characters may be digits, letters or a combination of digits and letters. Optionally, offices may use the following codes for scheduling inspections.

- ID Imminent Danger
- LP Local Emphasis Program
- NP National Emphasis Program
- DI Disabling Injury/Illness
- SH Significant History
- IR Discrimination Investigator Request
- OD OSHA Disputes
- ED Employee Disputes
- CC Companion Complaint
- SC Signed Complaint

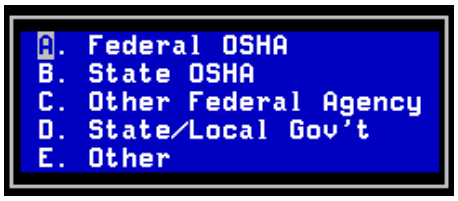
c. **<u>If No, Reason</u>**. Space is provided on the paper form for entering the reason no inspection is being planned.

43. [There is no Item 43 on the screen or computer printed form.]

44. **<u>Transfer Date</u>.** Date the complaint was transferred.

45. **<u>Transfer To (Name)</u>.** The name of the entity to which the complaint is to be transferred, e.g., EPA. Transfer To (Name) is used only when the entire complaint is transferred. It is a terminal action and the complaint must be closed if transferred.

a. **<u>Transfer To [Category]</u>.** Category of the entity to whom the complaint is being transferred. On the NCR, a selection may be made from a Choice List as shown directly below.



- If the complaint is being transferred to a Federal OSHA or State OSH Office, enter the receiving offices's Reporting ID in the space provided on the paper form.

- If the complaint is being transferred to another Federal agency, enter the code for the Federal agency in the space provided on the paper form

b. **Transfer Code**. The Reporting ID/Federal Agency code for the Federal OSHA or State OSH office/other Federal agency to which the complaint is being transferred.

> On the NCR, Reporting IDs may be selected from a Choice List and Federal agency codes may be located through the "F7 Search" feature. See Chapter 2, Data Processing Concepts and Guidelines, for instructions on the use of this feature.

c. **Other Action Taken**. Indicate whether any other action is to be taken. If completing the paper form, briefly describe the action in the space provided for *Comments*.

46. **Optional Information.**

Use this field to record information of National, Regional, State or Local Office interest. Optional information codes required by the National Office for Federal office use when processing complaints are given in Table 4-1 below and are available on the NCR through a "Choice List."

a. **Type**. Code to indicate the office level requesting the information being entered in Value. Valid codes are as follows:

N = National
R = Regional
A = Area
S = State

b. **ID**. Preassigned number which identifies the information being entered in Value.

c. **Value**. Value of the information identified by *Type* and *ID*.

> Refer to Appendix C of this manual for further instructions on the completion of this item.

Table 4-1
OPTIONAL INFORMATION

CATEGORY	INSTRUCTION	CODE (Type - ID - Value)
Tuberculosis	Code *Optional Information* to identify complaints alleging the presence of tuberculosis hazards or complaints related to tuberculosis Initiative inspections.	N - 02 - TB
Ergonomics	Identify complaints where the existence of ergonomic hazards is alleged. • Hazard causing upper extremity or cumulative trauma disorders. • Hazard causing a back disorder. • Other hazard of a type not specified above or when the specific nature of the ergonomic hazard cannot be determined by the narrative of the complaint.	 N - 03 - UED N - 03 - BACK N - 03 - OTHER
Field Sanitation	Identify field sanitation safety and health complaints.	N - 04 - FIELDSAN
Indoor Air Quality	Code *Optional Information* for complaints which include indoor air quality issues as follows: • Passive smoke • Ventilation • Over exposure to PEL • Other conditions	 N - 05 - IAQSMOKE N - 05 - IAQVENT N - 05 - IAQPEL N - 05 - IAQOTHER
State Funding Labor Camps	No Federal Funds are used - 100% State funding for an exempted SIC - 18(b) States only. Operated temporary labor camp in past 12 months	N - 09 - 100% N - 09 - TLC
Phone Investigations DOE	Identify complaints investigated by telephone-fax-letter that do not result in an inspection. Department of Energy related complaints	N - 10 - PHONE N - 10 - DOE
Container Top Fall	Identify complaints that allege the presence of container top fall hazards or hazards exist at site of FAT/CAT.	N - 14 - FOCUS, CTOPFALL
Asbestos Silica Power Press Nursing	Identify complaints related to a(n): • asbestos initiative inspection or hazard(s) • crystalline silica (or related silicates) initiative inspection or hazard(s) • mechanical power press initiative inspection or hazard(s) • nursing initiative inspection	 N - 16 - ASBESTOS N - 16 - SILICA N - 16 - PWRPRESS N - 16 - NURSING
Comments	Record any instructions or information you might want to track.	N - 20 - Comments as desired.

47. **Total Entries.** The total number of *Optional Information* entries. This number is computer generated.

48. **Close Complaint.** Enter an X to close a complaint when all action has been completed.

a. This item may be completed at the time the OSHA-7 is initially submitted if, upon initial receipt and evaluation, a decision was made not to conduct an inspection but to close the complaint.

b. The complaint may be closed after the initial receipt and evaluation using either the complaint processing or inspection processing screen. Closing an inspection does not close the associated complaint.

c. A complaint shall be closed when any of the following conditions occur:

(1) It is determined that the complaint is invalid.

(2) A satisfactory response to letter L, Complaint Notification is received from the employer.

(3) All the inspections necessary to investigate all the hazards alleged in the complaint have been initiated, i.e., Satisfied is indicated on the inspection processing screen in Item 5, Related Activity, for the associated complaints.

(4) No further action (inspection or letter) is planned.

(5) The complaint is transferred.

(6) Some other terminal action is taken

Reopen Complaint. To reopen a complaint on the IMIS, space through the **X** in Item 48, Close Complaint.

49. **Employer Response**. This field is no longer used.

50. **National Emphasis Program.**
Indicate if the establishment is covered by a National Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

51. **Local Emphasis Program.**
Indicate if the establishment is covered by a Local Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

52. **Strategic Plan Activity.**
(For Federal offices and State offices that have adopted the Federal strategic plans). The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list (illustrated directly below). Select all that apply.

53. **Comments**. This space may be used on the paper form to enter additional instructions for completion of letters indicated in Send Letter or other comments, as appropriate. On the NCR, comments may be entered in Optional Information using the N-20 code.

IV. **Saving the Data.** All save options are discussed in Chapter 2, Data Processing Concepts and Guidelines and will not be repeated here. Please refer to chapter 2 for instructions.

V. **Printing the Form/Data.** Printing characteristics are identical for most of the forms; however, there are some deviations to the basic print feature from form to form.

Basic printing instructions are provided in Chapter 2, Data Processing Concepts and Guidelines and will not be repeated here.

A. **Printing Characteristics for the Complaint Form.** The print feature for the complaint form allows you to print the screen (with or without data) to a pin-fed printer or the form (with data or blank) to either a pin-fed or laser printer.

1. Printing the Laser Printer Form. When printing the complaint form on a laser printer, the only deviation to the print feature discussed in chapter 2 is the message (illustrated below) asking you to select the type of printer. When you select the laser printer, the “Build Form and Print Screen” (discussed in chapter 2) displays.

```
Which printed output would you like?
        1)  Laser Printer
        2)  Pin-Fed Forms
         <ESC><ESC> to exit  1
```

Refer to paragraph VI of chapter 2 for complete step-by-step print instructions.

2. Printing the Pin-Fed Form/Screen. When you select to print to a pin-fed form, the prompt illustrated below displays. Selecting "A - Print Screen” then gives you the option of printing the screen with or without data to a file (you provide the name) or directly to a printer of your choice. Selecting “P - Print Pinfed OSHA-7 Form” allows you to print the form to a printer of your choice.

```
A - Print Screen (All Fields)
P - Print Pinfed OSHA-7 Form
Enter (A/P)
```

B. Printing the Completed Form vs Printing a Blank Form. The completed form may be printed for case file purposes. Alternatively, a blank form may be printed from the data entry screen, manually completed and used for data entry purposes. When you select B_BLANKFORM, the cover sheet automatically prints with the blank form. When you select A_PREFILLED to print the completed form, the cover sheet does not print. In addition, you may select C_COVER to print only the cover sheet.

NOTE: If you are not sure which version of the blank form (e.g., B-BLANKFORM, NEW.BLANK) on your system is most current, check the date of revision at the bottom right of each page of the form.

VI. **Computer-Printed Form Illustrations.** The computer printed form, shown with and without data, is represented below. The first representation indicates processing changes as identified in the data item definitions but not made to the printed form.

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

Notice of Alleged Safety or Health Hazards

Fri Aug 29, 2003 10:09AM

Complaint Number	

Establishment Name				
Site Address				
	Site Phone		Site FAX	
Mailing Address				
	Mail Phone		Mail FAX	
Management Official			Telephone	
Type of Business				
Primary SIC		**Primary NAICS**		

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

Has this condition been brought to the attention of:	Employer Other Government Agency(specify)
Please Indicate Your Desire:	Do NOT reveal my name to my Employer My name may be revealed to the Employer
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Mark "X" in ONE box) Employee Federal Safety and Health Committee Representative of Employees Other (specify) _____

Complainant Name		Telephone	
Address(Street,City,State,Zip)			
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name: Your Title:

OFFICIAL USE ONLY:

Identification	Reporting ID		Previous Activity		Opt. Number	
	Establishment Name Change? Yes No		Site Address Change? Yes No	Employer ID	City Code	County Code
Receipt Information	Received By		Send OSHA-7? Yes No	Date: Time: AM PM	Supervisor(s) Assigned	

Industry & Ownership	Primary SIC		Primary NAICS		Ownership	Private Sector Local Government State Government Federal Agency/Code _ _ _ _

Complaint Evaluation	Evaluated By	Subject/Severity (Mark ALL that apply:)
	Is this a Valid Complaint? Yes No	Discrimination
	Formality Signed Unsigned	Imminent Danger Serious Other
	Migrant Farmworker Camp? (Mark X if applicable)	Safety
		Health

Complaint Action	Send Letter: a. ~ No Inspection - for Invalid Complaints Too Vague or Unsubstantiated Recent Inspection or Objective Evidence (Date of Inspection: _ _ / _ _ / _ _) Not in OSHA's Jurisdiction b. ~ Reason for No Inspection No Imminent Danger or No Standard No Direct Relation to S&H Not Enough Information to Evaluate	c. ~ Reserved d. ~ Complaint Notification to Employer Complainant Notified ~ Explanation of 11(c) e. ~ Complainant Notification With Letter d. Name Not Revealed Explanation of 11(c) f. ~ Notification of Inspection Results (Optional) g. ~ Other (Specify) _____

Date Letter Sent		Date Response Due (For letter d)	
Inspection Planned? Yes No	If Yes, Priority/Reason:	If No, Reason:	
Transfer To (Name)		Transfer Date	

Transfer To Category
a. Federal OSHA/Reporting ID _ _ _ _ _ _ _
b. State OSH/Reporting ID _ _ _ _ _ _ _
c. Other Federal Agency/Code _ _ _ _
d. State/Local Government
e. Other

Strategic Initiatives	
National Emphasis	
Local Emphasis	

	Type	ID	Value
Optional Information			

Close Complaint	

COMMENTS:

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

Notice of Alleged Safety or Health Hazards

Fri Aug 29, 2003 10:09AM

		Complaint Number	**70910419**
Establishment Name	**ABC Company**		
Site Address	**123 Main Street, Anytown, PA 17100**		
	Site Phone	Site FAX	
Mailing Address	**123 Main Street, Anytown, PA 17100**		
	Mail Phone	Mail FAX	
Management Official	**John Doe**	Telephone	
Type of Business	**Manuf. of Horse Trailers**		
Primary SIC	**3999**	Primary NAICS	

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

DESCRIPTION:
Five employees spray paint on the inside and outside of horse trailers 4-6 hours per day. After spraying inside trailers employees are covered with paint. No ventilation and no respirators are worn. Label states that the paint contains lead.

LOCATION:
Spray room in the finishing department.

Has this condition been brought to the attention of:	**Employer**
Please Indicate Your Desire:	**Do NOT reveal my name to the Employer**
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	**A. Employee**

Complainant Name	**George Smith**	Telephone	
Address(Street,City,State,Zip)	**5 Canyon Lane** **Anytown PA 17101**		
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name: Your Title:

OFFICIAL USE ONLY:

Identification	Reporting ID	**0010105**	Previous Activity	**0**	Opt. Number		
	Establishment Name Change? Yes No		Site Address Change? Yes No	Employer ID		City Code	County Code
						3690	**027**
Receipt Information	Received By		Send OSHA-7? Yes No	Date: **09/08/91** Time: AM PM		Supervisor(s) Assigned	
						J1287	
Industry & Ownership	Primary SIC		Primary NAICS		Ownership	**A. Private Sector**	
Complaint Evaluation	Evaluated By			Subject/Severity			
	Is this a Valid Complaint? -- **Yes**			**Health-Serious**			
	Signed? -- **No**						
	Migrant Farmworker Camp? --						
Send Letter	Type				Date Letter Sent	Date Response Due	
	L. Complaint Notification				**09/09/91**	**10/12/91**	
Received Letter	Type			Date Letter Received	Evaluation	Abatement Date	
Complaint Action	Inspection Planned? **Yes**	If Yes, Priority:		If No, Reason:			
	Transfer To (Name)			Transfer Date			
	Transfer To Category						
Optional Information	Type	ID	Value				
Close Complaint							

COMMENTS

Chapter 5.

REFERRAL REPORT PROCESSING

I. Overview.

A. Purpose. Referral Processing allows the user to document potential hazard information either referred to OSHA or referred by OSHA for evaluation and appropriate action.

B. Recording the Data. Referral data may be entered directly into the NCR and a hard copy printed for the case file. Alternatively, the data may be recorded on a computer printed form for data entry purposes.

C. References. Paragraph III.B, Data Item Definitions/Instructions defines each data item and gives specific instructions for completing an item when required. Figure 5-1 depicts the data entry screen for referral processing. Figures 5-2 and 5-3 represent the computer-printed form with and without data.

> Refer to OSHA Instruction CPL 2.103, Field Inspection Reference Manual (FIRM) for direction on referral policy.

II. Special Instructions.

A. Distinguishing Referrals from Complaints. Refer to the FIRM to determine whether notification of a hazard should be handled as a complaint or a referral. See Chapter IV of this manual for complaint processing instructions.

B. When to Process a Referral.

1. Process the Information. Referral information must be processed for each referral on which the supervisor decides to take action; that is, a decision is made to inspect or to handle the referral by a letter, or the referral is to be transferred. This enables agency officials to monitor handling of these referrals.

2. Do Not Process the Information. Do NOT complete an OSHA-90 form or enter the data into the system for any circumstance not mentioned above. For example, do not process the information when a referral is made by a Health Compliance Officer to Safety, and the safety supervisor decides that no further action is required.

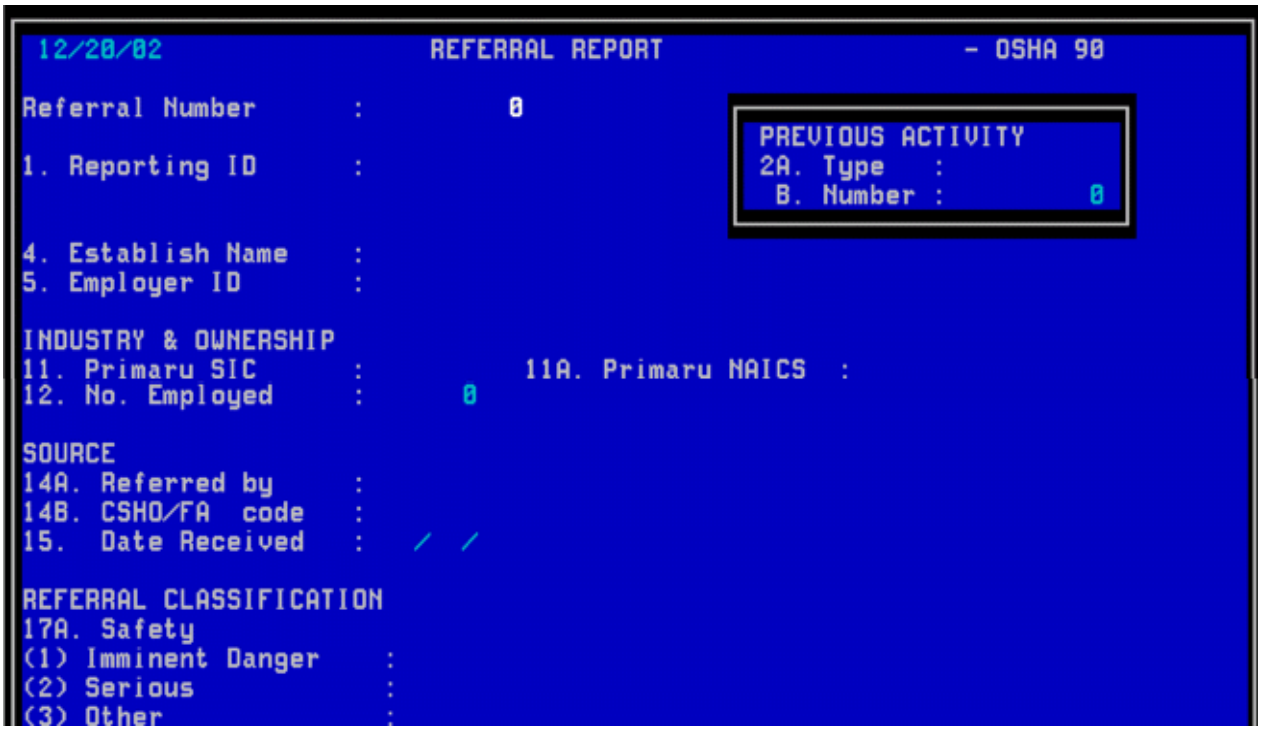
C. **Referrals from Other OSHA Offices**. Referrals that are received from other OSHA offices are evaluated to determine if action should be taken. If it is determined that the referral will result in action, a Referral Report should be generated as a new referral with a new number. Do NOT use the activity number from the incoming OSHA-90.

D. **Optional Information Coding**. Optional information codes required by the National Office for Federal office use when processing referrals are given in Table 5-1 below and are available on the NCR through a "Choice List."

III. Screen Illustration and Data Item Definitions/Instructions.

A. **Screen Illustration**. The Referral Report data processing screen is illustrated by Figure 5-1 directly below.

Figure 5-1
Referral Report Screen



[SCREEN ILLUSTRATION CONTINUED ON NEXT PAGE]

Figure 5-1 (Con't)
Referral Report Screen

```
17B. Health
(1) Imminent Danger    :
(2) Serious            :
(3) Other              :
18. Migrant Farmworker :
19. Hazard Description :

REFERRAL ACTION
20. Send Letter?       :
21A. SAF Sup Assigned      :
21B. HTH Sup Assigned      :
22A. Insp Planned?           :
22B. Priority                :
24.  Transfer Date           :   /  /
25A. Transfer To             :
25B. Rpt ID/FA code          :
28.  Close Referral          :
29. Optional Information?    :
30. National Emphasis Program :
31. Local Emphasis Program   :
32. Strategic Plan Activity  :
```

B. **<u>Data Item Definitions/Instructions</u>**. Each data item on the OSHA-90 computer-printed form and on the Referral Report screen is defined below. Instructions for completing an item are given when required. On the NCR, follow the instructions on the status line and use the F2-Choice List feature to identify the appropriate selection. If it is necessary to complete the paper form, fill out all applicable fields and specify the appropriate item or sub-item by entering an **X** in the correct box.

Because some of the items on a screen may be "hidden" in pop-up windows, special icons are incorporated into this section to identify these fields. Icons are also used to identify items that invoke word processing, paper form only items and screen only items. Please refer to Table 1-1 of Chapter 1, Introduction and Data Processing Overview, for an illustration and description of each icon.

NOTE: Establishment Processing data items are defined and instructions for completion are provided in Chapter 3, Establishment Processing and will NOT be repeated here.

1. **Reporting ID**. The office's identification number for reporting to the IMIS automatically pre-fills on the screen. For offices with multiple reporting IDs, the primary ID pre-fills but may be overwritten. You may type in the ID or make a selection from a Choice List.

2. **Previous Activity**? (State use only) Previous Activity is no longer used by OMDS; it may still be used as a local state option. Complete this item as directed by your State.

3. **Referral Number**. The unique number that identifies the referral. Press <Enter> to accept a program generated number or, if entering the data from a completed computer printed form, enter the pre-printed number from the form.

4. **Establishment Name**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

> When processing new assignment information, the Establishment Search Selection screen will automatically display when the cursor gets to this field. Detailed and step-by-step instructions for processing establishment data are given in Chapter 3, Establishment Processing. Refer to Appendix B for specific rules for completing "Establishment Name" and "Site Address."

5. **Employer ID**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

6. **Site Address**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

7. **Site Phone/FAX Numbers**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

8. **Mailing Address**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

9. **Mailing Address Phone/FAX Numbers**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

10. **Type of Business**. The type of industrial activity performed by the establishment where the hazard is located. This information determines the code to be entered in *Primary SIC/NAICS*. If there is more than one activity at the work-site, indicate the primary activity. For example, if the referral is reporting a condition in a convenience store that is contained

within a gas station, enter "gas station" in this space, not "convenience store." For Federal Agency activity, indicate the type of activity that would be comparable to the private sector, not the agency title; for example, "Shipbuilding and Repair" in lieu of "Department of Defense".

NOTE: See Chapter 2, Data Processing Concepts and Guidelines for the meaning of the icons used throughout this chapter.

11. Primary SIC/PrimaryNAICS .

a. Primary SIC. The 4-digit Standard Industrial Classification (SIC) code from the SIC Manual to indicate the type of industrial activity performed by the establishment where the referral hazard is located. The appropriate code may be located on the NCR through the F2-Choice List function.

– Multiple SICs. If an establishment may be identified by more than one SIC code, report the primary SIC of the establishment. The primary SIC is defined as the major work function or process performed by the establishment to be inspected.

- Can't Determine 4-digit Code? If it is not possible from the information available to determine the complete 4-digit SIC code, classify the establishment based on the primary activity and coded at the 2-digit level. For example, when an establishment is known to manufacture tobacco (SIC 21) but it is not known which specific product (e.g., cigarettes - 2111, or pipe tobacco - 2131) is produced, 2100 is an acceptable SIC code entry.

- Federal Agency Activity. For Federal agency activity, enter the equivalent private sector SIC code to designate the actual activity performed by the agency where the referral hazard is located. Do not use SIC codes 9100-9799 unless no private sector SIC code applies.

b. Primary NAICS. The 6-digit North American Standard Industrial Classification System (NAICS) code.

NAICS is being implemented government-wide and will replace the SIC system currently in use.

- One-to-One Correlation. If there is a one-to-one correlation between a SIC code that is entered and the NAICS table, the NAICS code will pre-fill in the form after passing through the NAICS code fields.

- Multiple Correlations. If there are multiple correlations to a single SIC code, the message below displays giving you the choice to1) list only those NAICS which correlate to the SIC code entered or 2) list all NAICS (same as the F2 search feature).

```
NAICS CHOICE LIST OPTIONS
-------------------------
Do you want to list ALL NAICS Codes(A)
or just those Cross-Referenced(X) to SIC code? [A/X]  X
```

NAICS codes may be located on your NCR using either the Achoice list@ feature or the Atable search@ feature. Refer to paragraph III.T of Chapter 2 for instructions for using these search features.

12. **Number of Employed**. Enter a number here that will assist the Area Office in determining what action to take regarding this referral.

13. **Ownership/Federal Agency Code**. Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

14. **Referred By**. From the choice list, indicate the source of the referral.

a. CSHO (within office)/CSHO ID. Referral was made by a Federal or State CSHO within the office that will handle the referral. This information is entered in item 14B, *CSHO/FA code*, on the NCR and may be selected from a Choice List.

b. Federal OSHA. Referral was made by Federal OSHA and will be handled by another office. Do NOT code referrals from discrimination investigators here.

c. State OSH. Referral was made by a state occupational safety and health program and handled by another office or a referral that will be handled by another RID within the state. Do NOT code referrals from discrimination investigators here.

d. Discrimination. Referral originated from a discrimination officer investigating an employee discrimination case.

e. Other Federal Agency/Code. Referral originated from any Federal Agency other than OSHA. This information is entered in item 14B, *CSHO/FA code*, on the NCR and may be located through the F7-Search feature.

f. Consultation. Referral originated from a consultation project office.

g. State/Local Government. Referral originated from a local government or a State Agency other than a State OSH program.

h. Media. Referral originated from the media.

i. Other (Specify). Referral originated from some other source not listed above. Indicate the nature of the source on the paper form in the space provided.

CSHO/FA code. The Compliance Officer's identification number or Federal Agency code relating to selection "a" or "e" described in the previous paragraphs in number 14, Referred By, above.

15. **Date Received**. The month, day and year the referral was received by the individual who will evaluate the referral and determine the action to be taken.

16. **Source of Contact**. For referrals originating during an inspection, if there is an employee contact concerning the referral hazard, enter the name of the individual. For other referrals, enter the name of the individual who was the initial source of the information. In addition to the name, enter the individual's affiliation, location and telephone number, where appropriate. This information is to assist personnel who may subsequently handle the referral.

17. **Classification**. Indicate the subject (safety or health) and severity (imminent danger, serious, or other) of the referral hazards. Complete as many as apply.

18. **Migrant Farmworker Camp**. If marked, this indicates that this referral reported a hazard in a migrant farm worker camp.

19. **Hazard Description**. Enter a description of the hazard(s). List and describe, as appropriate, the hazardous process, the duration, location, information on controls and PPE, frequency of exposure, symptoms, employee comments relating to exposure, tests conducted and results, etc. Include any other information that may be helpful in evaluating the severity of the situation.

---------- **REFERRAL ACTION** ----------

The action (send letter, inspect, or transfer the referral) to be taken. Initially, indicate only one action. If, at a later date, it is decided to take an additional action, it is not necessary to remove the initial entry.

20. **Send Letter?** ═══════════════════════════

Complete this section when a letter is to be sent as part of handling a referral. On the NCR, Letter Information includes fields *Type*, *Date Sent*, *Days to Respond*, *Date Response Due*, *Response Received*, and *Process*. These fields compose a scrollable region.

a. **Type**. If completing the paper form and the referral is to be serviced by a letter, write the letter a, b, c, d or e in the Send Letter box to indicate which letter is to be sent. On the NCR, indicate which letter is to be sent by selecting the code for the letter type from the "Choice List."

1) Letter a - Acknowledgment Letter to Referrer - No Inspection. Letter notifying the referrer that a letter has been sent to the employer requesting that appropriate action be taken to correct the situation.

2) Letter b - Acknowledgment Letter to Referrer - Inspection Planned. Letter notifying the referrer that an inspection will be conducted as soon as possible.

3) Letter c - Inspection Results. Letter to the referrer informing him/her of the results of the inspection conducted as a result of the referral.

4) Letter d - Employer Response to Referrer. Letter to the referrer stating that a response has been received from the employer and that OSHA feels that the hazardous conditions have been corrected.

5) Letter e - Referral Letter to Employer. Letter of notification to the employer that a referral was received and requesting that he/she conduct an investigation of the alleged conditions and make any necessary corrections.

b. **Date Letter Sent**. The date on which the letter indicated is to be sent.

c. **Days to Respond.** (Optional) for letters that require a response, enter the number of days within which the response is due.

d. **Date Response Due.** If the letter sent requires a response, enter the date by which the response is due on the paper form. On the NCR, the date will automatically be generated when an entry is made in *Days to Respond*. Alternatively, you can leave *Days to Respond* blank and enter the date the response is due.

e. **Response Received**. The response received is an indication of whether the employer's action has resolved, or is to resolve, the hazards. Enter **S** (Satisfactory) or **U** (Unsatisfactory).

f. **Process?** Letters may be generated, edited, and printed from the referral processing screen.

Refer to Chapter 2, Data Processing Concepts and Guidelines, for more information on Letter Processing.

21. **Supervisor(s) Assigned**. The OSHA ID(s) of the supervisor(s) assigned to this referral. Enter the Safety Supervisor's ID in 21A and/or the Health Supervisor's ID in 21B, as appropriate.

22. **Inspection Planned - Yes/No?**

a. **Inspection Planned?** Complete this item with **y** or **n**, as appropriate to indicate whether an inspection is planned.

> When "**y**" (yes) is entered in the *Insp Planned* field on the NCR, the message Generate assignment records? [Y/N] displays. When "yes" is indicated, the following messages appear in a window:
>
> Generate safety assignment? [Y/N]
> Generate health assignment? [Y/N]
>
> Enter **y** in the appropriate field(s) and press **ESC ESC** to escape from the window. The assignment activity number for the record will display on the screen.

b. **If Yes, Priority**. If an inspection is to be conducted and the local office has a system for prioritizing, that priority may be entered here. The local office system for prioritizing may use any consistent combination of two characters. These characters may be digits, letters or a combination of digits and letters.

c. **If No, Reason.** If an inspection is not required, enter the reason here. This information is not entered on the NCR.

23. [There is no item 23 on the Referral Report screen or computer-printed report.]

24. **Transfer Date**. The month, day and year that the referral was transferred.

> Complete *Transfer Date*, *Transfer to (Name)* and *Transfer To (Category)* whenever a referral is transferred to another entity because it does not fall within the receiving office's jurisdiction. Also complete Item 28, *Close Referral* on the screen when the referral is transferred.

25. **Transfer To (Name)**. When the referral is to be transferred out of the receiving office, enter the name of the entity to which the referral is to be transferred.

a. **Transfer to (Category)**. Category of the entity to whom the referral is being transferred. On the NCR, a selection may be made from a Choice List.

b. **Rpt ID/FA Code**. The Reporting ID/Federal Agency code for the Federal OSHA or State OSH office/other Federal Agency to which the referral is being transferred. On the NCR, Reporting IDs may be selected from a Choice List and Federal Agency codes may be located through the F7-Search feature.

> See Chapter 2, Data Processing Concepts and Guidelines, for instructions on the use of the F7-Search feature.

26. [There is no Item 26 on the Referral Report screen or computer-printed report.]

27. [There is no Item 27 on the Referral Report screen or computer-printed report.]

28. **Close Referral**. Enter an X in this item when the referral is to be closed.

Reopen Referral. To reopen a referral on the IMIS, space through the X.

29. **Optional Information**.
Use this field to record information of National, Regional, State or Local Office interest. Optional information codes required by the National Office when processing referrals are given in Table 5-1 and are available on the NCR through a "Choice List."

a. **Type.** Code to indicate the office level requesting the information being entered in *Value*. Valid codes are as follows:

N = National
R = Regional
A = Area
S = State

b. **ID.** Pre-assigned number that identifies the information being entered in *Value*.

c. **Value.** Value of the information identified by *Type* and *ID*.

> Refer to Appendix C of this manual for further instructions on the completion of this item.

Table 5-1
OPTIONAL INFORMATION

CATEGORY	INSTRUCTION	CODE (Type - ID - Value)
Initiating Inspection	If the referral is made as a result of an OSHA inspection, enter the initiating Inspection Number in *Optional Information*.	N - 01 - Insp. Number
Tuberculosis	Code *Optional Information* to identify referrals alleging the presence of tuberculosis hazards.	N - 02 - TB
Ergonomics	Identify referrals where the existence of ergonomic hazards is alleged. Enter as many values as appropriate, separating individual values by commas with no spaces. ● Hazard causing upper extremity or cumulative trauma disorders. ● Hazard causing a back disorder. ● Other hazard of a type not specified above or when the specific nature of the ergonomic hazard cannot be determined by the narrative of the referral.	 N - 03 - UED N - 03 - BACK N - 03 - OTHER
State Funding Labor Camps	No Federal Funds are used - 100% State funding for an exempted SIC - 18(b) States only. Operated temporary labor camp in past 12 months	N - 09 - 100% N - 09 - TLC
Phone Investigations DOE	Phone Notification to Employer Department of Energy related.	N - 10 - PHONE N - 10 - DOE
Asbestos Silica Power Press Nursing Violence	Identify referrals related to a(n): ● asbestos initiative inspection or hazard(s) ● crystalline silica (or related silicates) initiative inspection or hazard(s) ● mechanical power press initiative inspection or hazard(s) ● nursing initiative inspection ● violence in the workplace initiative inspection	 N - 16 - ASBESTOS N - 16 - SILICA N - 16 - PWRPRESS N - 16 - NURSING N - 16 - VIOLENCE
Comments	Record any instructions or information you might want to track.	N - 20 - Comments as desired.

30. **National Emphasis Program.** _____

Indicate whether the establishment is covered by a National Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

31. **Local Emphasis Program.**

Indicate whether the establishment is covered by a Local Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

32. **Strategic Plan Activity.**

(For Federal offices and State offices that have adopted the Federal strategic plans). The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list (illustrated directly below). Select all that apply.

33. **Comments.** This space may be used on the paper form to enter instructions or comments as desired. On the NCR, comments may be entered in *Optional Information* using the N-20 code.

IV. **Saving and Printing.** Saving the data and basic print instructions are provided in Chapter 2, Data Processing Concepts and Guidelines and will not be repeated here. Although there are some deviations to the basic print feature from form to form, Referral Processing follows those instructions provided in chapter 2 with no deviation. The completed form (A-PREFILLED) may be printed for case file purposes. Alternatively, a blank form (B-BLANKFORM or NEW.BLANK) may be printed from the data entry screen, manually completed and used for data entry purposes.

NOTE: If you are not sure which version of the blank form (e.g., B-BLANKFORM, NEW.BLANK) on your system is most current, check the date of revision at the bottom right of each page of the printed form.

V. **Computer Printed Form Illustrations**. The computer printed form, shown with and without data is represented on the following pages.

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

Referral Report

August 29, 2003 10:13AM

Reporting ID		Previous Activity (Type & Number)			Referral Number		
Establishment Information	Establishment Name				Employer ID		
	Site Address				City Code	County Code	
		Site Phone			Site FAX		
	Mailing Address						
		Mailing Address Phone			Mail FAX		
Industry & Ownership	Type of Business		Primary SIC		Primary NAICS		No. of Employees
	Ownership	Private Sector Local Government State Government Federal Agency/Code					
Source	Referred By	Date Received: _____ CSHO(within office)/CSHO ID _ _ _ _ _ Consultation Federal OSHA State/Local Government State OSH Media Discrimination Other (specify)_____ Other Federal Agency/Code _ _ _ _					
	Source or Contact (Name, Location, Affiliation, Telephone Number):						
Referral Classification	Safety Imminent Danger Serious Other			Health Imminent Danger Serious Other			
	Migrant Farmworker Camp						
Hazard Description							
Referral Action	Send Letter	Date Letter Sent	Date Response Due	Response Received	Supervisor(s) Assigned		
	Inspection Planned? Yes No	If Yes, Priority:		If No, Reason:			
	Transfer To (Name)			Transfer Date			
	Transfer To Category a. Federal OSHA/Reporting ID _ _ _ _ _ _ _ d. State/Local Government b. State OSH/Reporting ID _ _ _ _ _ _ _ e. Other c. Other Federal Agency/Code _ _ _ _						
Optional Information	Type	ID	Optional Information Value				
Close Referral							
Comments							

Referral Report

August 29, 2003 10:13AM

Reporting ID	**0010105**	Previous Activity (Type & Number)	**0**		Referral Number	**800041832**	
Establishment Information	Establishment Name	**Ajax Widget Corp.**			Employer ID		
	Site Address	**715 Main Street Indianapolis, IN 46204**			City Code	**2210**	County Code **097**
		Site Phone			Site FAX		
	Mailing Address	**715 Main Street Indianapolis, IN 46204**					
		Mailing Address Phone			Mail FAX		
Industry & Ownership	Type of Business		Primary SIC **3429**	Primary NAICS		No. of Employees **25**	
	Ownership	**A. Private Sector**					
Source	Referred By	**A. CSHO (Within Office) N1150**		Date Received	**10/13/96**		
	Source or Contact (Name, Location, Affiliation, Telephone Number):						
Referral Classification	**Health - Serious**						

HAZARD DESCRIPTION:

Possibility of excessive noise in stamping operation.

Wheelabrator, located Blasting Dept., noise at operator station - 93-96 dba; operated 4 hr/day; employee also welds - ambient level 85 dba; wheelabrator enclosed; ear muffs worn.

Ball press, located Press Dept., noise at operator station - 96-101 dba; 5 punch/piece; 1 second/punch; 600 pieces/day; employee also boxes pieces - ambient level 85 dba; ear plugs worn.

Referral Action	Send Letter	Date Letter Sent	Date Response Due	Response Received (Satisfactory or Not Satisfactory)	Supervisor(s) Assigned	
						K9321
	Inspection Planned? **Yes**		If Yes, Priority: **OD**		**If No, Reason:**	
	Transfer To (Name)				**Transfer Date**	
	Transfer To Category **a. ~ Federal OSHA/Reporting ID _ _ _ _ _ _ _** **b. ~ State OSH/Reporting ID _ _ _ _ _ _ _** **c. ~ Other Federal Agency/Code _ _ _ _** **d. ~ State/Local Government** **e. ~ Other**					
Optional Information	**Type**	**ID**	**Optional Information Value**			
Close Referral						
Comments						

Chapter 6.

EVENT PROCESSING

I. Overview.

A. **Purpose**. The Fatality/Catastrophe Report, OSHA-36 data entry screen is used to report pre-inspection information pertaining to a fatality or a catastrophe. State offices may elect to report information related to other accidents in addition to fatalities and catastrophes.

B. **Preliminary Reporting vs. Post-Investigation Reporting.** The OSHA-36 data processing screen provides the means for reporting preliminary, pre-inspection data regarding an event. Post-investigation information on fatalities/catastrophes and accidents is reported to the IMIS via the Investigation Summary, OSHA-170 data entry screen. The Investigation Summary provides more accurate information based upon the inspection (refer to Chapter 10, Investigation Summary Processing). The event (OSHA-36) data may or may not be supported by the information obtained as a result of the inspection and reported via the Investigation Summary data entry screen.

> **NOTE:** The word "Event" means fatality/catastrophe; however, for States that elect to report other accidents as well, it means fatality/catastrophe and other accidents.

C. **Recording the Event Data.** Event data may be entered directly into the NCR and a hard copy printed for the case file. Alternatively, the data may be recorded on the computer-printed form for data entry purposes. The Fatality/Catastrophe Report, OSHA-36(F) and the Accident Report, OSHA-36(S) forms are combined into one computer-printed form.

D. **References.** Paragraph III.B, Data Item Definitions/Instructions, of this chapter defines each data item and gives specific instructions for completing an item when required. Figure 6-1 depicts the data entry screen for event processing. Blank and completed computer-printed forms are represented by Figures 6-2 and 6-3.

> Refer to CPL 2.103, Field Inspection Reference Manual (FIRM) for direction on event policy.

II. Special Instructions.

A. Recording the Initial Report. Event information should be entered into the NCR or recorded on the computer-printed OSHA-36 form at the time the occurrence of the event is initially reported to OSHA. This will ensure that OSHA obtains all the information needed to determine how to respond to the report. It is not necessary to complete an OSHA-36 if knowledge of the event occurs during the course of an unrelated inspection at the establishment involved.

B. Subsequent Changes to Reported Information. The purpose of the OSHA-36 is to provide the Area Office with enough information on an event to determine whether or not to investigate. If, after the initial report, information is received that causes the office to change its decision regarding conducting an inspection, the OSHA-36 should be updated and the modifications transmitted to the IMIS. If the decision as to whether or not to inspect did not change or the investigation has been initiated or completed, do not modify the information reported on the OSHA-36.

C. Post-Investigation Companion Form. Post-investigation information on fatalities/catastrophes and accidents is reported to the IMIS via the Investigation Summary, OSHA-170 data entry screen.

D. Source of Initial Report. Report the information received on an event in an establishment within OSHA's/OSH's jurisdiction REGARDLESS of the source of the information.

E. Timing of Data Entry. Event information must be data entered and transmitted to the IMIS as soon as a decision has been made as to whether or not to investigate.

F. Events at Multi-Employer Work Sites. If an event occurs at a multi-employer work-site, only one OSHA-36 is required, but an office may choose to complete more than one form when employees of more than one employer are those directly involved in or who qualify as fat/cat. If this option is taken, complete *Classification*, Item 23, based on the event as a whole. In Items 26-29 (number of casualties involved), enter the injury information for the employer/work-site identified on the current report. If only one employer's employee(s) qualify as fat/cat, complete one OSHA-36 and file a copy of the OSHA-36 in each related case file.

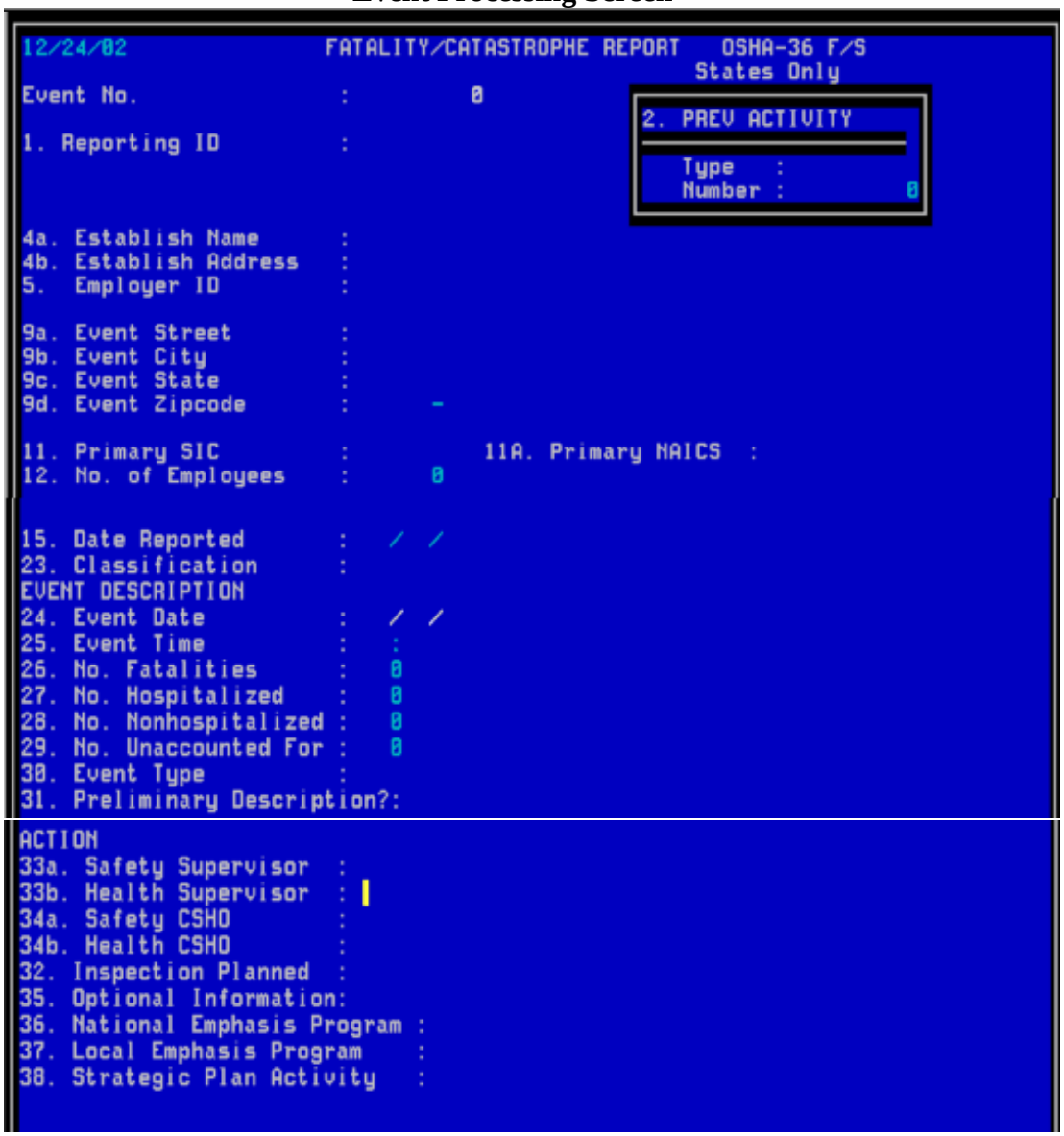
G. Site vs. Event Address. The site address is always the work-site just as it is for inspections, complaints and referrals. The event address will be used only when

an event occurs somewhere other than at the employer's work-site. Never use a post office box designation for either address.

III. Screen Illustration and Data Item Definitions/Instructions.

A. Screen Illustration. The event processing screen is illustrated as Figure 6-1 directly below.

Figure 6-1
Event Processing Screen



B. **Data Item Definitions/Instructions.** Each item on the event processing screen and on the computer-printed form is defined below. Instructions for completing an item are given when required; however, data entry concepts and guidelines are covered in Chapter 2 of this manual and will not be repeated here. On the NCR, follow the instructions on the status line and use the F2-Choice List feature to identify the appropriate selection. If it is necessary to complete the paper form, fill out all applicable fields and specify the appropriate item or sub-item by entering an **x** in the correct box.

NOTE: Establishment Processing data item definitions and instructions for completion are provided in Chapter 3, Establishment Processing and will NOT be repeated here.

1. **Reporting ID.** The office's identification number for reporting to the IMIS automatically pre-fills on the screen. For offices with multiple reporting IDs, the primary ID pre-fills but may be overwritten. You may type in the ID or make a selection from a Choice List.

2. **Previous Activity.** (State use only) Previous Activity is no longer used by OMDS; it may still be used as a local State option. Complete this field as directed by your State.

3. **Event Number.** The unique number that identifies this report. Press <Enter> to accept a program generated number or, if entering the data from a completed computer printed form, enter the pre-printed number from the form.

4. **Establishment Name.** Refer to Chapter 3, Establishment Processing for the definition and instructions for completing this item.

5. **Employer ID.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

6. **Site Address.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

7. **City Code.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

8. **County Code.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

9. **Event Address.** The street (or highway) address, city, state abbreviation and ZIP Code of the location where the event occurred if it was different from the site address.

10. **Type of Business.** Based on the information available from the source of the report, enter a brief description of the type of industrial activity performed by the establishment in which the event occurred. This information is used to determine the appropriate SIC/NAICS code.

> **NOTE:** See Chapter 2, Data Processing Concepts and Guidelines for the meaning of the icons used throughout this chapter.

11. **Primary SIC/Primary NAICS.**

a. **Primary SIC.** The 4-digit Standard Industrial Classification (SIC) code from the SIC Manual that designates the type of industrial activity performed by the establishment in which the event occurred. The code may be located on the NCR through the F2-Choice List feature.

- Multiple SICs. If an establishment may be identified by more than one SIC code, report the primary SIC of the establishment. The primary SIC is defined as the major work function or process performed by the establishment to be inspected.

- Cannot Determine the 4-Digit Code? If it is not possible from the information available to determine the complete 4-digit SIC code, classify the establishment based on the primary activity and coded at the 2-digit level. For example, an establishment is known to manufacture tobacco (SIC 21), but it is not known which specific product (e.g., cigarettes - 2111, or pipe tobacco - 2131) is produced, 2100 is an acceptable SIC code entry.

- Federal Agency Activity. For Federal Agency activity, enter the equivalent private sector SIC code to designate the actual activity performed by the Agency where the alleged hazard exists. Use SIC codes 9100-9799 only when no private sector SIC code applies.

b. **Primary NAICS**. The 6-digit North American Standard Industrial Classification System (NAICS) code.

> NAICS is being implemented government-wide and will replace the SIC system currently in use.

- One-to-One Correlation. If there is a one-to-one correlation between a SIC code that is entered and the NAICS table, the NAICS code will pre-fill in the form after passing through the NAICS code fields.

- Multiple Correlations. If there are multiple correlations to a single SIC code, the message below displays giving you the choice to1) list only those NAICS which correlate to the SIC code entered or 2) list all NAICS (same as the F2 search feature).

```
NAICS CHOICE LIST OPTIONS
-------------------------
Do you want to list ALL NAICS Codes(A)
or just those Cross-Referenced(X) to SIC code? [A/X]  X
```

> NAICS codes may be located on your NCR using either the choice list feature or the table search feature. Refer to paragraph III.T of Chapter 2 for instructions for using these search features.

12. **Number of Employees.** The actual or estimated number of employees at the work-site.

13. **Ownership.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

14. **Reported By.** The name of the person making the initial report, if available.

15. **Date.** The month, day and year that the report was received by OSHA.

16. **Time.** The standard or military time of day (hh:mm) that the event was reported to OSHA. Include AM or PM as appropriate.

17. **Job Title.** The job title of the person whose name appears in Item 14, *Reported By*.

18. **Telephone Number.** The area code and telephone number of the person whose name appears in Item 14, *Reported By*.

19. **Group Name(s).** If the employees involved in the reported event are represented by unions, identify which groups represent them.

20. **Name and Location.** The name of a person at the event site who can be contacted by OSHA personnel and the location at which this individual can be contacted.

21. **Job Title.** Enter the job title of the person whose name appears in Item 20, Name and Location.

22. **Telephone Number.** The area code and telephone number of the person whose name appears in Item 20, *Name and Location*.

23. **Classification.** Classification of the event.

NOTE: If the classification changes after the initial report is completed, the report need not be modified unless the change results in a change in the action planned.

a. **Fatality.** Indicates that the death of an employee occurred.

b. **Catastrophe.** Indicates that the event meets the definition of a catastrophe, that is, for the Federal program, whenever three or more hospitalizations, but no deaths, occur.

Refer to CPL 2.103, Field Inspection Reference Manual (FIRM) for the definition of hospitalization.

c. **Non-Fatality/Catastrophe Reported By Employer or Media.** (State use only) Indicates that the event reported falls outside the definition of a fatality or catastrophe and was reported by a safety or health professional, another government agency or the media.

d. **Non-Fatality/Catastrophe Reported By Employee or Other Party.** (State use only.) Indicates that the event reported falls outside the definition of a fatality or catastrophe and was reported by an employee, an employer or some party other than those identified in **c**.

24. **Event Date.** The month, day and year the event occurred.

25. **Event Time.** The time of day the event occurred. If completing the paper form, enter the standard or military time (hh:mm) including AM or PM as appropriate. On the NCR, enter the 4-digit military time (hhmm) and am or pm, as appropriate, with no spaces. The system will automatically put a space after the minute designation.

26. **Number of Fatalities.** The reported number of fatalities.

27. **Number of Hospitalized Injuries.** The reported number of hospitalized injuries.

Refer to CPL 2.103, Field Inspection Reference Manual (FIRM) for the definition of hospitalization.

28. **Number of Nonhospitalized Injuries.** The reported number of non-hospitalized injuries.

29. **Number Unaccounted For.** The reported number of people unaccounted for at the event.

30. **Type of Event.** A description of the type of event in a terse one line narrative (60 character limit), such as 'fall from scaffold' or 'grain elevator explosion', based on information available from the source.

NOTE: This item is used when scanning OSHA-36s to identify cases of interest.

31. **Preliminary Description.** Describe the event as completely as possible based on the information available from the source including any significant circumstances.

a. Enter any information that will assist the Area Director in deciding whether to investigate. Information that would assist a compliance officer in preparing for an investigation should also be obtained. This would include identification of hazardous materials that would require personal protective equipment or sampling equipment.

b. This space may also be used for names of injured and/or deceased individuals and witnesses as well as any other information the Area Office may need, such as the date of employees' deaths.

32. **Inspection Planned?** Indicate whether or not an inspection is to be conducted. If the answer is no, indicate on the paper form the reason no inspection is planned.

When "y" (yes) is entered in the Inspection Planned field on the NCR, the message Generate assignment records? [Y/N] displays. When "y" is entered, the following messages appear in a window:

Generate safety assignment? [Y/N]
Generate health assignment? [Y/N]

Enter "**y**" in the appropriate field(s) and press ESC ESC to escape from the window. The assignment activity number for the record will display on the screen.

33. **Supervisor(s) Assigned.** The OSHA ID(s) of the supervisor(s) to whom the report is assigned. Enter the Safety Supervisor's ID in 33a and/or the Health Supervisor's ID in 33b, as appropriate.

34. **CSHO(s) Assigned.** The OSHA ID(s) of the compliance officer(s) assigned to investigate the event. This is only necessary if the OSHA-36 form is used as the assignment mechanism.

35. **Optional Information.**
Use this field to record information of National, Regional, State or Local Office interest. Optional information codes required by the National Office when processing event data are given in Table 6-1 and are available on the NCR through a "Choice List."

a. **Type**. Code to indicate the office level requesting the information being entered in *Value*. Valid codes are as follows:

N = National
R = Regional
A = Area
S = State

b. **ID**. Preassigned number which identifies the information being entered in *Value*.

c. **Value**. Value of the information identified by *Type* and *ID*.

Refer to Appendix C of this manual for further instructions on the completion of this item.

Table 6-1
OPTIONAL INFORMATION

CATEGORY	INSTRUCTION	CODE (Type - ID -Value)
Tuberculosis	Code *Optional Information* to identify event reports alleging the presence of tuberculosis hazards.	N - 02 - TB
Ergonomics	Identify event reports where the existence of ergonomic hazards is alleged. Enter as many values as appropriate. ● Hazard causing upper extremity or cumulative trauma disorders. ● Hazard causing a back disorder. ● Other hazard of a type not specified above or when the specific nature of the ergonomic hazard cannot be determined by the narrative of the complaint.	 N - 03 - UED N - 03 - BACK N - 03 - OTHER
Indoor Air Quality	Code *Optional Information* for event reports which include indoor air quality issues as follows: ● Passive smoke ● Ventilation ● Over exposure to PEL ● Other conditions	 N - 05 - IAQSMOKE N - 05 - IAQVENT N - 05 - IAQPEL N - 05 - IAQOTHER
State Funding Labor Camps	No Federal Funds are used - 100% State funding for an exempted SIC - 18(b) States only. Operated temporary labor camp in past 12 months	N - 09 - 100% N - 09 - TLC
DOE	Department of Energy related.	N - 10 - DOE

	Identify referrals related to a(n):	
Asbestos	● asbestos initiative inspection or hazard(s)	N - 16 - ASBESTOS
Silica	● crystalline silica (or related silicates) initiative inspection or hazard(s)	N - 16 - SILICA
Power Press	● mechanical power press initiative inspection or hazard(s)	N - 16 - PWRPRESS
Nursing	● nursing initiative inspection	N - 16 - NURSING
Violence	● violence in the workplace initiative inspection	N - 16 - VIOLENCE
Comments	Record any instructions or information you might want to track.	N - 20 - Comments as desired.

36. National Emphasis Program.

Indicate whether the establishment is covered by a National Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

37. Local Emphasis Program.

Indicate whether the establishment is covered by a Local Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

38. Strategic Plan Activity.

(For Federal offices and State offices that have adopted the Federal strategic plans). The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

39. **Comments.** The name of the person who received the report and any remarks as appropriate. This may include the date and time OSHA personnel are expected to arrive on the scene if this is an event that is required to be reported to the Regional Office. On the NCR, comments may be entered in *Optional Information* using the N-20 code.

IV. **Saving and Printing.** Saving the data and basic print instructions are provided in Chapter 2, Data Processing Concepts and Guidelines and will not be repeated here. Although there are some deviations to the basic print feature from form to form, Referral Processing follows those instructions provided in chapter 2 with no deviation. The completed form (A-PREFILLED) may be printed for case file purposes. Alternatively, a blank form (B-BLANKFORM or NEW.BLANK) may be printed from the data entry screen, manually completed and used for data entry purposes.

NOTE: If you are not sure which version of the blank form (e.g., B-BLANKFORM, NEW.BLANK) on your system is most current, check the date of revision at the bottom right of each page of the printed form.

V. **Computer Printed Form Illustrations.** Both blank and completed computer-printed forms are illustrated on the following pages.

Fatality/Catastrophe Report

August 29, 2003

Reporting ID		Previous Activity (Type & Number)				Event Number			
Establishment Information	Establishment Name					Employer ID			
	Site Address					City Code		County Code	
		Site Phone		Site FAX					
	Mailing Address								
	Event Address (If different)								
Industry & Ownership	Type of Business		Primary SIC		Primary NAICS		No. of Employees		
	Ownership	9 Private Sector 9 Local Government 9 State Government 9 Federal Agency/Code _ _ _ _							
Receipt Information	Reported By		Date:		Time:				
	Job Title		Telephone:						
Employee Representation	Group Name(s):								
Site Contact	Name and Location:								
	Job Title				Telephone Number				
Classification	9 Fatality 9 Catastrophe								
Event Description	Event Date	Event Time	Number of Fatalities	Number of Hospitalized Injuries	Number of Non Hospitalized Injuries	Number Unaccounted for			
	Type of Event								
Preliminary Description									
Action	Inspection Planned?	Supervisor(s) Assigned		CSHO(s) Assigned					
	9 Yes 9 No								
Strategic Initiatives									

National Emphasis			
Local Emphasis			
Optional Information	Type	ID	Optional Information Value
Comments			

Fatality/Catastrophe Report

August 29, 2003

Reporting ID	0316110	Previous Activity (Type & Number)	0			Event Number	360515845	
Establishment Information	Establishment Name	Robert Oliver Plastering Co.				Employer ID		
	Site Address	1034 Travis Parkway Annandale VA 22003				City Code	0076	County Code 059
		Site Phone		Site FAX				
	Mailing Address	1034 Travis Parkway Annandale VA 22003						
	Event Address (If different)							
Industry & Ownership	Type of Business	Contracting - Plastering	Primary SIC	1742	Primary NAICS		No. of Employees	3
	Ownership	A. Private Sector						
Receipt Information	Reported By		Date:	12/09/02		Time:		
	Job Title		Telephone:					
Employee Representation	Group Name(s) :							
Site Contact	Name and Location :							
	Job Title					Telephone Number		
Classification	A. Fatality							
Event Description	Event Date	Event Time	Number of Fatalities	Number of Hospitalized Injuries		Number of Non Hospitalized Injuries	Number unaccounted for	
	12/09/02	08:16 am	1	0		0	0	
	Type of Event	Fall from Scaffold						
Preliminary Description	While attempting to lower himself from a scaffold, employee slipped and fell a total of 20 feet onto a concrete floor. Employee was killed instantly.							
Action	Inspection Planned?	Supervisor(s) Assigned		CSHO(s) Assigned				
	Yes	K1106		C9996				
Strategic Initiatives								

National Emphasis			
Local Emphasis			
Optional Information	Type	ID	Optional Information Value
Comments			

OSHA-36 (Rev. 7/02

Chapter 7.

INSPECTION ASSIGNMENT PROCESSING

I. <u>Overview</u>.

A. <u>Purpose</u>. Assignment processing provides a mechanism for scheduling inspections. It also enables an office to track inspection assignments and may be used to inform a CSHO of an assignment to conduct an inspection.

> Refer to the OSHA Instruction CPL 2.103, Field Inspection Reference Manual (FIRM) for further information on assignment scheduling policy.

B. <u>References</u>. Paragraph V.B, Data Item Definitions/Instructions, defines each data item on the Assignment Processing screen and gives specific instructions for completing an item when required. Figure 7-1 depicts the data entry screen for assignment processing.

C. <u>Benefits of Assignment Processing</u>. Assignment processing, together with various standard reports, provides many benefits. Some of these are listed below.

1. To insure that un-programmed related inspections are conducted in a timely fashion.

2. To insure that intended inspections for un-programmed activities do not "fall through the crack."

3. To insure that inspection data is promptly reported to the IMIS.

4. To assist in formulating inspection plans for multiple inspections of a specific geographical area. For example, a CSHO may be assigned to conduct several planned inspections in the same geographical area as a complaint related inspection is to be conducted, thereby minimizing travel time.

5. To use as a tracking mechanism (e.g., long term inspections at a fatality site).

6. To inform a CSHO of an assignment to conduct an inspection.

II. Generating Assignment Records.

A. System Generated vs User Generated Assignment Records. Some assignment records can be automatically generated by the micro while others must be created by the user. Assignments that must be created by the user are data entered directly into the micro computer using the system generated assignment number. How to create assignment records depending on the type of inspection being scheduled is depicted in the table below. Assignment creation can be done case-by-case as the assignment is made, or it can be done in batch mode depending on office workflow.

Table 7-1
Assignment Record Generation Modes

ASSIGNMENT INPUT SOURCE	GENERATION MODE
Unprogrammed activities when inspection planned/followup insp. planned = Y. That is: - complaints - referrals - events - followup inspections	System generated at the user's request thru the appropriate data entry screen (e.g., complaint processing) ----------OR---------- User generated thru the Assignment data entry screen
Manufacturing PG (from Host)	System generated by step h of Automated Planning Guide
Construction PG (from Univ. of Tenn)	User generated thru the Assignment data entry screen
National and Local Emphasis Programs, Maritime, Migrant, Monitoring, and Variance inspection assignments	User generated thru the Assignment data entry screen

1. System Generated.

a. Anytime you update a process with information that an inspection is planned (Inspection Planned = y), you are asked if an assignment record(s) should be generated as illustrated in the message directly below.

```
Generate safety assignment?  [Y/N]
Generate health assignment?  [Y/N]

 Answer Y or N for each field. When
finished type <ESC ESC> to Exit Window
```

b. Respond [Y or N] to each prompt (safety and health) and press <Esc><Esc> to initiate record generation. The system creates the specified assignment record(s) with a system-generated activity number(s). A message displays for each yes response giving the assignment number as illustrated directly below.

```
The safety activity number assigned is 208012682
        Hit any key to continue
```

c. You must then go into Assignment Processing using the system provided assignment activity number to complete data entry of the assignment-related information. When that assignment number is entered during Inspection Processing, the screen pre-fills with the information from the assignment record.

2. <u>User Generated (or User Completed)</u>.

a. To generate an assignment record, select **Assignment (OSHA-168)** from the Forms Processing Menu. The activity number automatically fills but allows you to overwrite it. To accept the number provided, hit [Enter] and proceed with data entry.

b. To complete, modify or update a system generated assignment record, select **Assignment (OSHA-168)** from the Forms Processing Menu. An activity number automatically fills. [Do not hit <Enter> or <Tab>. Hitting <Enter> or <Tab> accepts the number provided and the program will not allow you to reenter the field.] Enter the activity number provided when the record was generated from the initiating activity, such as complaint, referral, fatality/catastrophe or accident, original inspection and Planning Guide. The assignment record pre-fills with information. Complete data entry of the assignment related information.

Data entry of assignment information follows the guidelines described in Chapter 2, Data Processing Concepts and Guidelines. The status line will guide you through forms data entry. READ THE STATUS LINE! Specific micro guidelines and instructions applicable only to assignment processing are given in this chapter.

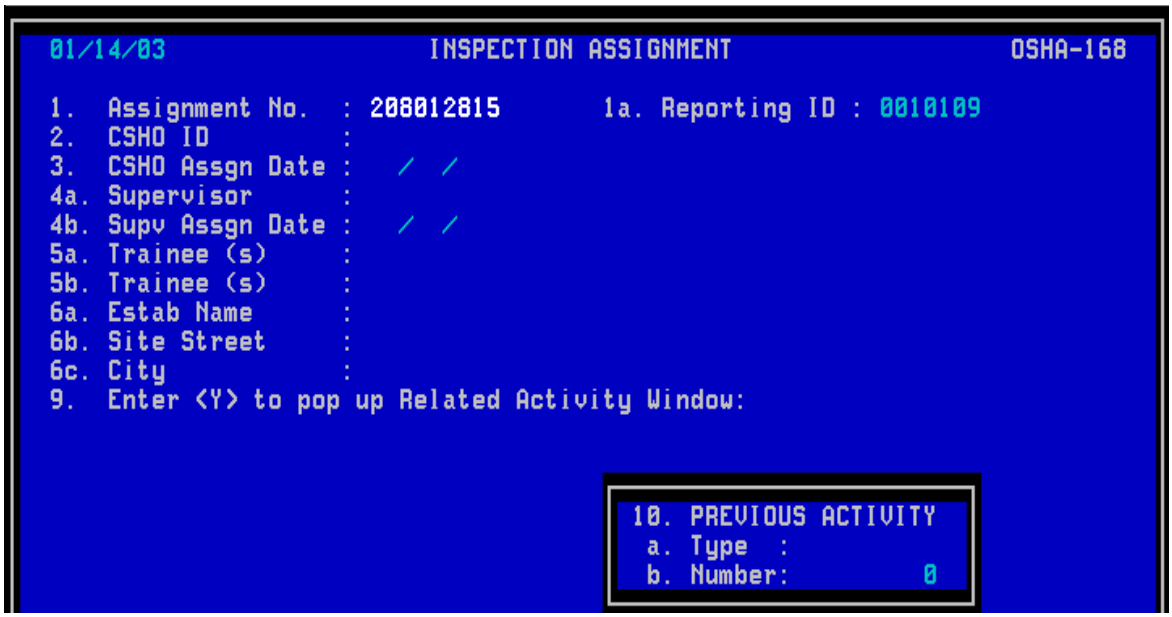
B. **Linking the Inspection Assignment to the Inspection Record.** If an assignment record exists on the microcomputer, the data contained in the record pre-fills the corresponding fields on the OSHA-1 screen when the Assignment Number is entered in its field on the Inspection Processing screen. If this link is not made, the assignment record will not be properly deleted from the micro nor will the Duns number for a manufacturing Planning Guide inspection be transmitted to the Host computer.

C. **Establishment Processing.** Follow the rules and guidelines in chapter 3 for processing establishment data on the micro.

III. Screen Illustration and Data Item Definitions.

A. **Screen Illustration.** The assignment processing screen is illustrated by Figure 7-1.

Figure 7-1
Assignment Processing Screen



```
11.  Insp Category   :
12.  Primary SIC     :          12A. Primary NAICS    :
13.  Secondary SIC   :          13A. Secondary NAICS  :
15.  Inspection Type :

16.  Inspection Classification
  a. Safety Planning Guide
     1. Manufacturing:
     2. Construction :
     3. Maritime     :
  b. Health Planning Guide
     1. Manufacturing:
     2. Construction :
     3. Maritime     :

16c. Local Emphasis Pgm:
16d. Nat'l Emphasis Pgm:
16e. Migrant Farmworker:
16f. Strategic Plan    :
17.  Comments          :
```

B. **Data Item Definitions/Instructions.** Each item on the assignment processing screen is defined below. Specific instructions for completing an item are also given when required. Follow the instructions on the status line and use the F2-Choice List when applicable.

Because some of the items on a screen may be "hidden" in pop-up windows, special icons are incorporated into this section to identify these fields. Icons are also used to identify screen only items; i.e., items not on the paper form. Please refer to Table 1-1 of Chapter 1, Introduction and Data Processing Overview, for an illustration and description of each icon.

NOTE: Establishment Processing data items are defined with instructions for completion in Chapter 3, Establishment Processing and will NOT be repeated here.

1. **Assignment Number.** The unique number, generated by the system, which identifies this assignment.

Reporting ID. The office's identification number for reporting to the IMIS automatically pre-fills on the screen. For offices with multiple reporting IDs, the primary ID pre-fills but may be overwritten. You may type in the ID or make a selection from a Choice List.

2. **CSHO ID.** The CSHO/Employee ID of the compliance officer assigned to conduct this inspection.

3. **CSHO Assigned Date.** The month, day and year this inspection was assigned to the CSHO identified in *CSHO ID*.

4. **Supervisor.** The identification code of the supervisor to indicate who made the assignment.

Supervisor Assigned Date. The month, day, and year this inspection was assigned to the supervisor identified in the *Supervisor* field.

5. **Trainee(s) Assigned.** The CSHO ID(s) of any trainee(s) being assigned to assist on this inspection.

6. **Establishment Name.** Refer to Chapter 3, Establishment Processing, for the definition and instructions for completing this item.

When processing new assignment information, the Establishment Search Selection screen will automatically display when the cursor gets to this field. Detailed and step-by-step instructions for processing establishment data are given in Chapter 3, Establishment Processing. Refer to Appendix B for specific rules for completing "Establishment Name" and "Site Address."

7. **Employer ID.** The IRS number for the entity identified in *Establishment Name*, if available. This field is completed through Establishment Processing.

8. **Site Address.** The *Site Address* fields are completed through Establishment Processing. Refer to Chapter 3, Establishment Processing, for the definition and instructions.

Refer to Appendix B for rules on completing this item.

9. **Related Activity.**
The ***Type*** and ***Activity Number*** of any fatality/catastrophe(s) or accident(s), complaint(s), referral(s) or original inspection(s) related to this inspection. For example, if a complaint requires an inspection, enter **C** and the activity number from the complaint. All related activity should be listed, even if that activity is not marked in *Inspection Type* as the primary reason for the inspection.

NOTE: The micro will pre-fill with the *Related Activity* data when the assignment record is generated from an activity processing screen, i.e., complaint, referral, event, inspection update.

a. **Type.** The code for the type of activity related to this inspection. This item identifies the kind of form from which the referenced number came. The valid codes are:

NOTE: Use **I** to identify either the original inspection to which the followup or monitoring activity relates or the health inspection in which the LWDI rate was calculated and resulted in this safety inspection.

b. **Number.** The ***Activity Number*** identifying the activity that prompted this inspection.

10. **Previous Activity.** *Previous Activity* is no longer used by OMDS; it may still be used as a state local option. Complete this field as directed by your state.

11. **Inspection Category.** The category, Safety or Health, which represents the primary intent of the inspection.

12. **Primary SIC/Primary NAICS.**

a. **Primary SIC.** The 4-digit Standard Industrial Classification (SIC) code from the SIC Manual that designates the type of industrial activity performed by the establishment to be inspected. The appropriate code may be located on the micro through the F2-Choice List feature.

– Multiple SICs. If an establishment may be identified by more than one SIC code, report the primary SIC of the establishment. The primary SIC is defined as the major work function or process performed by the establishment to be inspected.

- Cannot Determine the 4-Digit Code? If it is not possible from the information available to determine the complete 4-digit SIC code, classify the establishment based on the primary activity and coded at the 2-digit level. For example, an establishment is known to manufacture tobacco (SIC 21), but it is not known which specific product (e.g., cigarettes - 2111, or pipe tobacco - 2131) is produced, 2100 is an acceptable SIC code entry.

- Federal Agency Activity. For Federal agency activity, enter the equivalent private sector SIC code to designate the actual activity performed by the agency to be inspected. SICs 9100-9799 should only be used when no private sector SIC code applies.

b. **Primary NAICS**. The 6-digit North American Standard Industrial Classification System (NAICS). NAICS is being implemented government-wide and will replace the SIC system currently in use.

- One-to-One Correlation. If there is a one-to-one correlation between a SIC code that is entered and the NAICS table, the NAICS code will pre-fill in the form after passing through the NAICS code fields.

- Multiple Correlations. If there are multiple correlations to a single SIC code, the message below displays giving you the choice to 1) list only those NAICS which correlate to the SIC code entered or 2) list all NAICS (same as the F2 search feature).

Refer to Chapter 2 for instructions for using the F2 and F8 search features.

13. **Secondary SIC/NAICS.** If this inspection is being scheduled as a programmed inspection from the Secondary SIC/NAICS List, enter the secondary SIC/NAICS.

Refer to OSHA Instruction CPL 2.103, Field Inspection Reference Manual for definitions of Secondary SIC.

14. **Ownership.** The option from the "F2 choice" list (illustrated below) which best describes the ownership of the establishment to be inspected. If Federal Agency is marked, using the micro Federal Agency search list feature (refer to chapter 2 for instructions) enter the appropriate code for the Federal Agency to be inspected.

The *Ownership* and *Federal Agency Code* fields are completed through Establishment Processing (see Chapter 3).

15. **Inspection Type.** The primary reason (from the "F2 choice" list) the inspection is being initiated.

Refer to OSHA Instruction CPL 2.103, Field Inspection Reference Manual for definitions of the various inspection types.

a. **Fatality/Catastrophe/Accident.** For Federal offices, this is an inspection to investigate a fatality or catastrophe. For States, this is an inspection to investigate an accident.

b. **Complaint.** This is an inspection as the result of a complaint.

c. **Referral.** This is an inspection as the result of a referral.

d. **Monitoring.** This is an inspection for at least one of the following reasons.

(1) To determine the progress an employer is making toward final abatement.

(2) To ensure that target dates of a multi-step abatement plan are being met.

(3) To make determinations as required by the FIRM in granting PMAs (Petitions for Modification of Abatement).

(4) To ensure abatement and compliance with the terms of a Corporate-wide Settlement Agreement.

NOTE: Complete Related Activity, Item 9, to identify the original inspection in which the violation(s) were cited.

e. **Variance.** This is an inspection to determine whether an employer is in compliance with a granted variance or to determine compliance in areas for which a variance was denied.

f. **Followup.** This is an inspection to determine whether the employer had abated cited violations.

g. **Planned.** This is an inspection from a Planning Guide (Manufacturing, Construction or Maritime), a National Emphasis Program or a Local Emphasis Program. Any high rate/high hazard employers at the site scheduled for inspection are 'Planned'. Programmed inspections of Migrant Farmworker Camps, Federal Agency Evaluations and Targeted inspections are also Planned.

NOTE: For States, the term Planning Guide refers to any inspection scheduling document officially submitted to, and approved by, the State's Federal Regional Office.

16. **Inspection Classification.** Mark all categories that apply, regardless of whether the inspection is *Programmed* or *Un-programmed*. For Federal Agency activity, leave this item blank.

a. **Safety Planning Guide.** Indicate if the SIC of the establishment is on the Safety Planning Guide. Mark only ONE (Manufacturing, Construction or Maritime).

NOTE: 'Manufacturing' equates to General Industry for those states that have officially submitted to their Federal regions a scheduling document for general industry inspections.

b. **Health Planning Guide.** Indicate if the SIC of the establishment is on the Health Planning Guide. Mark only ONE box.

NOTE: 'Manufacturing' equates to General Industry for those states that have officially submitted to their Federal regions a scheduling document for general industry inspections.

c. **Local Emphasis Program.** _____

Indicate whether the establishment is covered by an approved Local Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

NOTE: Local Emphasis Codes are assigned by OMDS to approved Local Emphasis Programs.

d. **National Emphasis Program.** _____

Indicate whether the establishment is covered by a National Emphasis Program. The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list. Select all that apply.

e. **Migrant Farm Worker.** Indicate if the inspection is to cover a migrant farm worker camp.

f. **Strategic Plan Activity.**

(For Federal offices and State offices that have adopted the Federal strategic plans). The entry of **y** in this field displays a popup-scrollable region for making your selection from a choice list (illustrated directly below). Select all that apply.

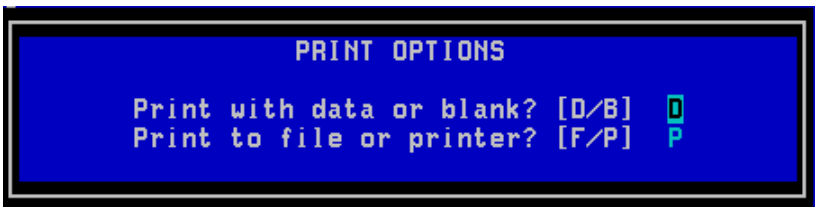
17. **Comments.** This is any additional comments that will assist the CSHO in his or her conduct of the inspection. For assignments generated by a complaint or referral, indicate whether the inspection should satisfy OSHA's obligation to inspect safety hazards, health hazards or both.

IV. Saving and Printing the Assignment Information.

A. **Saving.** Instructions for saving data are provided in paragraph VI, Chapter 2, Data Processing Concepts and Guidelines and will not be repeated here.

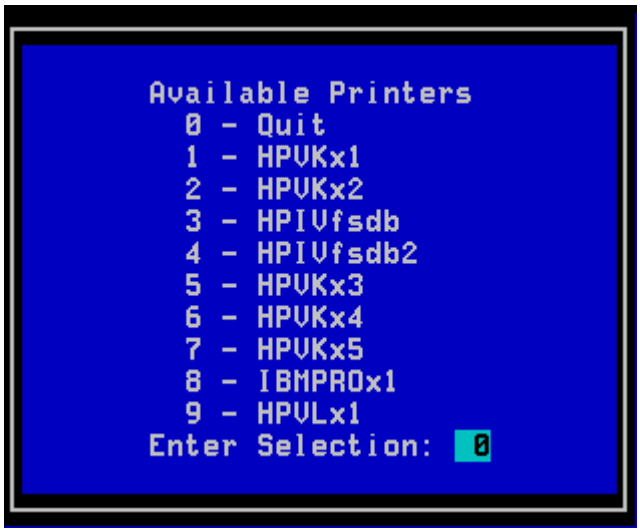
B. **Printing.** The screen (**blank** or with **data**) may be captured and sent directly to a printer of your choice or to a specified file.

1. **Press F9** (or select "Print" from the F7 Action Menu). A popup window (see below) prompts you to 1) accept the default (print screen with data to a printer) or 2) select desired print options. That is: 1) print the screen with data or print a blank screen and 2) print to a file or to a printer.



2. **Press <Enter>** to accept the default (with data to a printer) or make your choice(s) by typing the correct letter and then pressing <Enter>.

   IF you choose to send the information directly to a printer, a printer choice list displays a list of available printers. An example is given below.



IF you choose to send the information to a file for printing at a later time, you are prompted for the filename as illustrated below.

3. **IF** printing now, **select the printer and press <Enter>** or **IF** sending to a file, **type in the full path and file name and press <Enter>**.

V. **<u>Using Standard Reports to Obtain Assignment Information</u>.** Various standard reports are provided for furnishing offices with hard copy assignment information. The table below delineates the various means by which the assignment information may be obtained and a summarization of the output for each procedure.

Refer to ADM 1-1.21, <u>The IMIS Enforcement Micro Reports Documentation</u> manual for detailed information on the generation and use of these reports.

Table 7-2
Output Source and Summarization of Output

ASSIGNMENT OUTPUT SOURCE	OUTPUT SUMMARIZATION
Planned Assignments Report	By default, prints ALL programmed safety activity assignments. Report may be limited to a specified number of safety or health records for a designated CSHO, county and/or zip code. For example, the report criteria file could be created to generate a report containing five assignment records for county code 1234. Prints on plain paper.
Assignment Activities Report	Prints ALL or any number of specific assignment records up to ten. Prints the data on plain paper or on an OSHA-1 form. *
Unsatisfied Activity Report	By default, prints ALL un-programmed activities where Inspection/Followup Inspection Planned is coded **Y** (even if an assignment record is not generated) for which there is no inspection record stored on the micro. Can include user specified number of programmed activities. Report may be limited to a specific Supervisor. Prints on plain paper.
Assignment Pending for Planned Inspections Report	By default, prints ALL UNASSIGNED activities. Prints on plain paper.
* The partially completed OSHA-1 may be used by the Compliance Officer at the inspection site.	