



OSHA NOTICE

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

DIRECTIVE NUMBER: 04-03 (IRT 01)

EFFECTIVE DATE: April 13, 04

SUBJECT: IMIS Enforcement Data Processing Manual: Revised Table of Contents and Updated Chapters 8 and 9

ABSTRACT

Purpose: This Notice transmits a revised Table of Contents and updated Chapters 8 and 9 of the IMIS Enforcement Data Processing Manual. OSHA Instruction IRT 01-00-015 (ADM 1-1.38), August 28, 2003 established 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 IRT 01-.00-015 (ADM 1-1.38), the [revised] IMIS Enforcement Data Processing Manual, August 28, 2003.

Chapters 1 through 7 of the [revised] IMIS Enforcement Data Processing Manual as transmitted by OSHA Notice 03-06 (IRT 01); i.e., OSHA Notice 03-06 (ADM 1) under the old classification and numbering system.

Those chapters of the IMIS Enforcement Data Processing Manual as transmitted by OSHA Instruction IRT 01-00-007 (ADM 1-1.31), September 20, 1993; Change 1 to IRT 01-00-007 (ADM 1-1.31), February 27, 1997; and Change 2 to IRT 01-00-007 (ADM 1-1.31), May 29, 1997 that remain in effect.

OSHA Instruction IRT 01-00-006 (ADM 1-1.32), the Enforcement User Skills Manual, July 19, 1993.

OSHA Instruction CPL 02-00-103 (CPL 2.103), the Field Inspection Reference Manual (FIRM), September 26, 1994.

Cancellations: Chapters 8 and 9 of the IMIS Enforcement Data Processing Manual transmitted by OSHA Instruction IRT 01-00-007 (ADM 1-1.31), September 20, 1993 are cancelled. [Chapters 1 through 7 of IRT 01-00-007 (ADM 1-1.31), September 20, 1993 were previously cancelled by OSHA Notice 03-06 (IRT 01); i.e., 03-06 (ADM 1) under the old classification and numbering system. All other chapters of IRT 01-00-007 (ADM 1-1.31) remain in effect.

The Table of Contents of the [revised] IMIS Enforcement Data Processing Manual transmitted by OSHA Notice 03-06 (IRT 01), August 28, 2003; i.e., 03-06 (ADM 1) under the old classification and numbering system, is cancelled.

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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Executive Summary

This Notice provides a revised Table of Contents and updated Chapters 8 and 9 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 revised Table of Contents, and updated Chapters 8 and 9 of the IMIS Enforcement Data Processing Manual. These updated chapters provide clarification and revisions to OSHA's instructions for processing IMIS enforcement information on the NCR. Some of the more significant revisions are listed below.

1. Chapter 8, Inspection Processing incorporates current screen illustrations; adds, updates and/or removes instructions as needed to comply with changes in policy since the chapter's last revision of September 20,1993; and deletes references to, and instructions for completing, OSHA's specialized paper form no longer supported by DIT. See paragraph VI, Significant Changes, for a detailed listing of changes.
2. Chapter 9, Inspection Update Processing incorporates current screen illustrations, adds instructions for completing screen items added since the chapter's last revision of September 20,1993 and removes reference to the OSHA-167I, Inspection Record Update pre-printed form no longer supported by DIT. See paragraph VI, Significant Changes, for a detailed listing of changes.

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- I. Purpose. This Notice transmits a revised Table of Contents and updated Chapters 8 and 9 of the IMIS Enforcement Data Processing Manual. OSHA Instruction IRT 01-00-015 (previously ADM 1-1.38), August 28, 2003 established the revised IMIS Enforcement Data Processing Manual for use with the NCR. This Notice transmits updated chapters 8 and 9 of OSHA Instruction IRT 01-00-007 (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.
 - A. OSHA Instruction IRT 01-.00-015 (ADM 1-1.38), the [revised] IMIS Enforcement Data Processing Manual, August 28, 2003.
 - B. Chapters 1 through 7 of the [revised] IMIS Enforcement Data Processing Manual as transmitted by OSHA Notice 03-06 (IRT 01), August 28, 2003 (03-06 (ADM 1), August 28, 2003).
 - C. Those chapters of the IMIS Enforcement Data Processing Manual as transmitted by OSHA Instruction IRT 01-00-007 (ADM 1-1.31), September 20, 1993; Change 1 to IRT 01-00-007 (ADM 1-1.31), February 27, 1997; and Change 2 to IRT 01-00-007 (ADM 1-1.31), May 29, 1997 that remain in effect.
 - D. OSHA Instruction IRT 01-00-006 (ADM 1-1.32), the Enforcement User Skills Manual, July 19, 1993.
 - E. OSHA Instruction CPL 2.103, the Field Inspection Reference Manual (FIRM), September 26, 1994.
- IV. Cancellations.
 - A. Chapters 8 and 9 of the IMIS Enforcement Data Processing Manual transmitted by OSHA Instruction IRT 01-00-007 (ADM 1-1.31), September 20, 1993 are cancelled. [Chapters 1 through 7 of IRT 01-00-007 (ADM 1-1.31), September 20, 1993 were previously cancelled by OSHA Notice 03-06 (IRT 01); i.e., 03-06 (ADM 1) under the old classification and numbering system.] All other chapters of IRT 01-00-007 (ADM 1-1.31) remain in effect.
 - B. The Table of Contents of the [revised] IMIS Enforcement Data Processing Manual transmitted by OSHA Notice 03-06 (IRT 01), August 28, 2003; i.e., OSHA Notice 03-06 (ADM 1) under the old classification and numbering system, is cancelled.

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. Some of the more significant revisions are listed below.

A. Chapter 8.

- Adds instructions for recording "N-10-IMMLANG-Y" or "N-10-IMMLANG-N" in Optional Information on the Inspection Processing screen for all fatality or catastrophe related inspections.
- Adds instructions for entering primary and secondary North American Standard Industrial Classification System (NAICS) codes.
- Revises wording for the "Records Only Inspections" to include "other" OSHA-1s for employers failing to complete and return the OSHA Survey under the ODI Non-Responder program (NEP code = DI2000NR).

- Enhanced instructions to indicate that either Item 30a, *Employee Walkaround* or Item 30b, *Employees Interviewed* must = Y (yes) with the following exception:

An N (to indicate **no**) may be entered in both fields on the "other" OSHA-1s completed for 1) sites included in a CSA (*Type of Inspection* = L and *Scope of Inspection* = C) and 2) employers failing to complete and return the survey for OSHA's Data Initiative program (NEP code = "DI2002NR" or the current code).

- Adds instructions to indicate "no" in *Employee Walkaround* on the "other" OSHA-1s completed for employers failing to complete and return the survey for OSHA's Data Initiative program.
- Includes instructions for coding N-08-SIGCASE and N-08-S##### in Optional Information when reporting significant cases.
- Includes the following wording for fatality and catastrophe related inspections: *If a closing conference date is entered for fatality and catastrophe related inspections and the correlating OSHA-170 does not exist, the OSHA-1 cannot be saved as FINAL.*

- Adds instructions for completing the Safety Steps Evaluation Survey repeating screen (items 51 through 58).
- Updates instructions for the *Inspection Type* field to include the use of “L-Other” for OSHA-1s entered when the area office issues a citation for failing to complete and return the OSHA survey under the ODI Non-Responder program.
- Adds the *Strategic Plan Activity* field to the Data Item Definitions/Instructions section.
- Adds instructions for completing Optional Information when only one inspection is conducted at a construction site.
- Adds instructions for completing Optional Information for OSHA’s Enhanced Enforcement Program.
- Adds instructions for coding Nursing and Personal Care Facilities inspection records.
- Removes the requirement for including the code N-08-C-NEGOTIATE in Optional Information when transferring CSA cases to either the National Office or the Regional Office for negotiation.
- Changes references to the Field Operations Manual (FOM) to the Field Instruction Reference Manual (FIRM) where applicable.
- Where referencing a directive, its new identification, as implemented under the new classification and numbering system, is included.
- Includes current screen illustrations.
- Deletes “State Use Only” from the *Employees Interviewed* description and revises the description to show that an entry is required.
- Deletes instructions for recording N-16-Lead in Optional Information for lead-related case files that is no longer required with the implementation of a National Emphasis Program (NEP) to reduce occupational exposures to lead.
- Deletes the instructions for coding OSHA-1s for Cooperative Assessment Program (CAP) inspections. The CAP program is no longer in existence.

- Deletes references to, and instructions for completing, OSHA's specialized paper form no longer supported by DIT.
- Deletes the table summarizing the various screen functions that are available during Inspection and Narrative Report processing.
- Deletes the table showing the item number (i.e., in the manual, on the screen and on the OSHA-1 and OSHA-1A paper forms) for each data item.
- Renumbers and restructures the chapter to meet directive system requirements.

B. Chapter 9.

- Adds instructions for printing the screen with or without data to a file or to a printer.
- Removes reference to the OSHA-167I, Inspection Record Update pre-printed form no longer supported by DIT.
- Deletes the Inspection Update Screen Functions table listing items that 1) are located in a pop-up window, 2) are part of a repeating group or scrollable region and/or 3) have a list of valid values.
- Incorporates current screen illustrations.
- Renumbers and restructures the chapter to meet directive system requirements.

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.

- A. Discard chapters 8 and 9 of OSHA Instruction IRT 01-00-007 (ADM 1-1.31), the IMIS Enforcement Data Processing Manual, September 20, 1993 and replace them with chapters 8 and 9 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.

- B. Discard the Table of Contents transmitted by OSHA Notice 03-06 (IRT 01); i.e., 03-06 (ADM 1) under the old classification and numbering system and replace with the Table of Contents 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 X) will change and a new one will be provided as chapters are updated, reformatted and renumbered.

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Chapter 8.

INSPECTION PROCESSING

I. Overview.

- A. **Reporting Inspection Data.** Inspection Processing allows you to add and modify information related to the inspection of a workplace. In addition to the Inspection Report, OSHA-1, data, the application allows for the entry of information relative to organized employee groups, authorized representatives of employees, management officials contacted, management representatives accompanying CSHOs on the walkaround inspection, other persons contacted during the course of an inspection, and other pertinent data from the Narrative Report, OSHA-1A.
- B. **Reporting Denial of Entry Data.** Denial of entry information (whether an anticipatory warrant/subpoena was served) and information on cases that are terminated before becoming inspections (that is, establishment not found, employer out of business, and so forth) are also reported through Inspection Processing.
- C. **Data Input Source.** Information captured on audio and video tapes, in photos, from note taking, partially completed forms, etc. may be entered directly into the computer and a hard copy generated for the case file. Optionally, the data may be recorded on a blank computer-printed OSHA-1, Inspection Report, and OSHA-1A, Narrative Report for the case file and as reference material for data input.
- D. **Completing the Data Items.** Paragraph IV.B, Data Item Definitions/Instructions, defines each data item on the OSHA-1, OSHA-1A, and the Inspection Processing screen and gives specific instructions for completing an item when required. Figure 8-1 on page 8-18 depicts the data entry screen for inspection processing. An example of the computer-printed OSHA-1/OSHA-1A form is illustrated at the end of this chapter.
- E. **Actions Subsequent to the Inspection.** Subsequent actions (i.e., warrant/subpoena, contest, penalty, and debt collection) are reported through Inspection Update Processing.

Refer to Chapter 9, Inspection Update Processing for instructions.

II. Special Instructions.

- A. **Data Entry of an Inspection Report.** Inspection Report data for each inspection or attempted inspection must be entered into the NCR IMIS application as soon as possible after the inspection is initiated. ***In addition, Area Offices must enter an Inspection Report for each establishment within their jurisdiction, whether inspected or not, that is covered by a Corporate-wide Settlement Agreement.*** For documentation purposes, these inspection reports will be referred to as “OTHER OSHA-1s” throughout this manual.

Refer to the chapter on Corporate-wide Settlement Agreements in the Enforcement User Skills Manual, OSHA Instruction IRT 01-00-006 (ADM 1-1.32), for detailed instructions.

- B. **Instructions if Denied Entry.** The items under Warrant Information are used to report the dates when attempts were made to enter a site. If, after being denied entry, the CSHO re-enters the establishment to continue the inspection, continue referencing the ORIGINAL Inspection Number, modifying items as needed.

NOTE: Information pertaining to the processing of warrants/subpoenas shall be entered on the Inspection Update screen (see Chapter 9).

1. **CSHO Denied Entry Before Inspecting Records.** If a CSHO is denied entry before inspecting the establishment's records or before learning that no records exist, the process is not considered to represent an inspection. The data is submitted as “No Inspection” in the *Scope of Inspection* field. If at a later date re-entry occurs, the record shall be modified, if necessary, to reflect the final scope of the inspection. Valid values for *Scope of Inspection* are as follows.



A. Comprehensive Inspection
B. Partial Inspection
C. Records Only Inspection
D. No Inspection

2. **CSHO Denied Entry After Inspecting Records.** If a CSHO is denied entry at any point after inspecting the establishment's records or after learning that no records exist, the inspection of records is complete and the activity shall be considered to represent an inspection. The data is submitted as a “Partial Inspection” in the *Scope of Inspection* field. If at a later date re-entry occurs, the record shall be modified, if necessary, to reflect the final scope of the inspection.

3. **Job Terminated After Warrant Received.** If a CSHO is denied entry and a warrant is received, but the job is terminated before any inspection could be conducted, the *Scope of Inspection* field will indicate “No Inspection” and the *Reason No Inspection* field will be “Process Not Active.”
4. **Denial at a Multi-Employer Work Site.** When a Compliance Officer is denied entry at a multi-employer work site by one employer, the Inspection Report for the employer who actually denied OSHA entry will contain all the denial information. Any Inspection Reports for other employers at the work site will NOT reference the denial, but will be associated with it since all the reports will reference a common inspection number in *Optional Information*.
5. **Denial of Joint Safety and Health Inspections.** When a Safety Compliance Officer and a Health Compliance Officer participate in the inspection of a single establishment and are denied entry, BOTH must submit all the pertinent information about the denial.

C. **Number of Inspection Reports to Submit for Single and Team Inspections.**

1. **One CSHO Conducts a Safety and Health Inspection.** Only one Inspection Report will be submitted when a CSHO conducts an inspection covering both safety and health hazards.
2. **Joint or Team Safety and Health Inspections.** When a Safety Compliance Officer and a Health Compliance Officer participate in an inspection of a single establishment, one Inspection Report will be submitted for each discipline; that is, one for safety and one for health. If a team of CSHOs of the same discipline participate in the same inspection, only one CSHO, usually the team leader, shall submit a report. If there are both safety and health teams, one Inspection Report shall be submitted for the safety team and one for the health team.
3. **Inspections at a Multi-Employer Work Site.** When more than one employer, for example, prime and subcontractor, are inspected at a single work site, an Inspection Report shall be submitted for each employer.
4. **Multiple Purpose Inspection.** Only one Inspection Report shall be submitted when the inspection satisfies more than one inspection requirement, such as a complaint and a follow-up.

5. **Maritime Inspections.**

- (a) **Port Areas.** Inspections of port areas in which an employer has employees working on different vessels will result in one Inspection Report per employer.
- (b) **Single Employer Terminals.** Inspections of single employer terminals at which craft are loaded and unloaded will result in one Inspection Report per employer.
- (c) **Tugboat Operators.** Inspections of tugboat operators will result in one Inspection Report per employer, regardless of the number of tugboats involved or the type of facility.

6. **One CSHO Replaces Another on the Same Inspection.** When the CSHO who started an inspection does not complete it, the same Inspection Report and activity number shall be used by any CSHO who then continues the inspection. The CSHO ID may be modified to reflect a change in responsibility for the case.

D. **Time Derived from ‘No Inspection’ Reports.** Time spent on cases where no inspection resulted is reported against those Inspection Reports submitted as “No Inspection.” In situations in which an attempted inspection is eventually conducted, for instance, a construction site is visited before work begins but will be inspected after the work is underway, submit a NEW Report rather than reopening the original case. This will avoid inflating inspection time and will accurately reflect the amount of time "lost" because no inspection could be conducted.

E. **Linking the Inspection Record with the Related Assignment Record.** If an assignment record exists on the NCR for the inspection data being entered, the assignment number must be entered on the inspection processing screen so that the inspection record will be linked to the related assignment record. If this link is not made, the assignment record will remain on the system and continue to appear on the "Unsatisfied Activity" report until removed from the system by the operator.

F. **Linking Multiple Inspections at a Multi-Employer Work Site.** Using the format below, enter the Inspection Number from one of the inspections, usually the prime contractor if this is known, in *Optional Information* for each inspection conducted at the site (including the prime contractor).

| | | |
|------|----|-------|
| Type | ID | Value |
|------|----|-------|

NOTE: Prime contractor work site inspections are NOT linked using *Related Activity*. Do NOT enter inspection numbers in *Related Activity* UNLESS the inspection in question will include follow-up or monitoring activity or is a safety inspection resulting from the IH calculation of the LWDI Rate.

- G. Single Inspection at a Construction Site.** When a single inspection is conducted at a construction site, the inspection number for that inspection shall be recorded in Optional Information using the format below.

| Type | ID | Value |
|------|----|-------------------|
| N | 01 | Inspection Number |

NOTE: An edit check requires Federal offices to complete the “N-01-Inspection Number” in Optional Information even if there is only one inspection at a construction site. This is not a requirement for State offices.

- H. National Emphasis Program (NEP) Inspections.** The National Emphasis codes are located in Appendix E of this manual. During data entry, the appropriate code may be selected from a "Choice List."

1. **Programmed NEP Inspections.** The Inspection Report for any programmed inspection scheduled under a National Emphasis Program shall be submitted as follows:

- Programmed Planned (Item 24H)
- NEP code (Item 25d) to identify the specific National Emphasis Program.

2. **Unprogrammed NEP Inspections.** The Inspection Report for any unprogrammed inspection conducted under a National Emphasis Program shall be submitted as follows:

- Unprogrammed (Items 24A - 24G & 24J), as appropriate
- NEP code (Item 25d) to identify the specific National Emphasis Program.
- Strategic Plan Activity (Item 25f) if any of the strategic plan hazards or industries are evaluated.

3. **NEP Inspections Scheduled from the Establishment Lists.** When a programmed inspection scheduled from the establishment list (also known as a Planning Guide) is also found to be included under a National Emphasis Program, the Inspection Report shall be submitted as follows:

- Programmed Planned (Item 24H)
- Safety Establishment Listing/Planning Guide (Item 25a) or Health Establishment Listing/Planning Guide (Item 25b), as appropriate
- NEP code (Item 25d) to identify the specific National Emphasis Program.
- Strategic Plan Activity (Item 25f) if any of the strategic plan hazards or industries are evaluated.

4. **Scheduled NEP Chemical Industry Inspections where the Establishment Does Not Meet the Applicable NEP Criteria.** When an inspection is scheduled under the National Emphasis Program for Chemical Industries, and upon arrival at the work site it is discovered that the establishment does not meet the applicable NEP criteria, submit the Inspection Report as for any inspection scheduled under the National Emphasis Program with these additional instructions.

- (a) **Scope of Inspection.** If no inspection was conducted, identify the activity as “No Inspection” in Item 35, *Scope of Inspection* and the reason in Item 43, *Reason No Inspection*. If for some other reason an inspection was conducted, identify the appropriate scope of the inspection in Item 35.
- (b) **Optional Information.** Enter the code **NOCHEM** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|--------|
| N | 07 | NOCHEM |

5. **Hazardous Waste Related Activity.**

- (a) **Inspections at a Superfund Remedial Action Site.** When an inspection is made at a Superfund remedial action site, submit the Inspection Report as for any inspection with this additional instruction. Enter the code **REMEDIAL** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|----------|
| N | 05 | REMEDIAL |

- (b) Inspections at a Superfund Removal Action Site. When an inspection is made at a Superfund removal action site, submit the Inspection Report as for any inspection with this additional instruction. Enter the code **REMOVAL** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|---------|
| N | 05 | REMOVAL |

- (c) Inspections at an RCRA Site. When an inspection is made at a Resource Conservation and Recovery Act (RCRA) site, submit the Inspection Report as for any inspection with this additional instruction. Enter the code **RCRA** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 05 | RCRA |

- (d) Technical Assistance Visits to a Superfund Site. When a technical assistance visit is made to a Superfund site in response to a request from EPA or another lead agency, submit the Inspection Report as for any inspection with these additional instructions.

- (1) Inspection Type. Enter **J** (Unprogrammed Other) in Item 24, *Inspection Type*.
- (2) Optional Information. Enter the code **TAR** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 05 | TAR |

- (e) Non-Superfund, Non-RCRA Hazardous Waste Site Inspections. When an inspection is conducted at a hazardous waste site not identified under the National Emphasis Program for Hazardous Waste such as non-Superfund or non-RCRA hazardous waste sites, submit the Inspection Report as for any inspection with these additional instructions.

- (1) Inspection Classification. Leave Item 25d, *National Emphasis Program*, blank unless an NEP other than HAZWASTE applies.
- (2) Optional Information. Enter the code **HAZWASTE** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|----------|
| N | 05 | HAZWASTE |

(f) Scheduled NEP Hazardous Waste Inspections where Hazardous Waste is not Treated, Stored, Disposed of or Otherwise Handled. When an inspection is scheduled under the National Emphasis Program for Hazardous Waste Sites and upon arrival at the work-site it is discovered that hazardous waste is not treated, stored, disposed of or otherwise handled at the establishment, submit the Inspection Report as for any inspection scheduled under the National Emphasis Program with these additional instructions:

- (1) Scope of Inspection. If no inspection was conducted, identify the activity as “No Inspection” in Item 35, *Scope of Inspection*, and the reason in Item 43, *Reason No Inspection*. If for some other reason an inspection was conducted, identify the appropriate scope of the inspection in Item 35.
- (2) Optional Information. Enter the code **NOWASTE** in *Optional Information*, Item 42, using the following format:

| Type | ID | Value |
|------|----|---------|
| N | 07 | NOWASTE |

6. Unprogrammed PSM-Related Inspections. All unprogrammed inspection activity relating to the Process Safety Management (PSM) standard, as described in OSHA Instruction CPL 02-02-045 (CPL 2-2.45A), shall be coded as follows in Item 42, *Optional Information*:

| Type | ID | Value |
|------|----|-------|
| N | 06 | PSMP |

This shall apply to all unprogrammed inspections in which compliance with the PSM standard is investigated; i.e., inspections in which the establishment:

- is not in one of the SIC codes listed in Appendix C of OSHA Instruction CPL 02-02-045 (CPL 2-2.45A); or
- is not an establishment selected for a Program Quality Verification (PQV) inspection, although it is one of the SIC codes listed in Appendix C of OSHA Instruction CPL 02-02-045 (CPL 2-2.45A).

7. **Programmed Inspections - Screening for PSM Coverage.** All programmed safety and health inspection activity in general industry shall be coded as follows in Item 42, *Optional Information*:

- Establishments determined to be covered by the PSM standard:

| Type | ID | Value |
|------|----|-------|
| N | 06 | PSMY |

- Establishments determined to be NOT covered by the PSM standard:

| Type | ID | Value |
|------|----|-------|
| N | 06 | PSMN |

8. **Nursing and Personal Care Facilities Inspections.** The inspection report for nursing and personal care facilities must be coded as follows:

- Item 24, *Inspection Type* = Programmed Planned
- Item 25d, *National Emphasis Program* = NURSING
- Item 25f, *Strategic Plan Activity* = NURSING HOMES

If issuing a 5(a)(1) citation alleging ergonomic hazards, complete Item 42, *Optional Information* as follows and include any other applicable ergonomic code(s) as shown on page 8-15 under II.T using a comma (no spaces) to separate the codes.

| Type | ID | Value |
|------|----|----------|
| N | 03 | ERGO-CIT |

If sending an Ergonomic Hazard Alert Letter, complete Item 42, *Optional Information* as follows and include any other applicable ergonomic code(s) as shown on page 8-15 under II.T using a comma (no spaces) to separate the codes.

| Type | ID | Value |
|------|----|----------|
| N | 03 | ERGO-LTR |

When Conducted in Conjunction with Other NEP and LEP Inspections. For a programmed inspection pursuant to other NEPs and LEPs conducted in conjunction with a Nursing and Personal Care Facilities inspection, complete the inspection report as instructed above and include all applicable NEP, LEP and strategic codes.

When Combined with an Unprogrammed Inspection. When a Nursing and Personal Care Facilities inspection is combined with an unprogrammed inspection, complete the inspection report as instructed above with the following change: Item 24, *Inspection Type* shall be coded as unprogrammed with the appropriate unprogrammed activity identified.

NOTE: The Data Universal Numbering System (DUNS) number is a required entry for all planned inspections and must be recorded on the Establishment Detail screen.

- I. Asbestos EPA Referral Inspections.** When an inspection is conducted in response to an EPA referral concerning asbestos at construction or demolition sites, submit the Inspection Report as for any inspection and enter the code **EPACD** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 06 | EPACD |

- J. Comprehensive Low LWDI Rate Inspections.** When a comprehensive inspection is conducted at a randomly selected establishment with a low LWDI rate that normally would have qualified for a “Records Only Inspection” (refer to the FIRM), submit the Inspection Report as for any comprehensive inspection with this additional instruction. Enter the code **RECORDS** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|---------|
| N | 11 | RECORDS |

- K. Records Verification.** Time spent on record verification is to be reported to the IMIS by entering the value of **TIME=##.#** in Item 42, *Optional Information*, using the **N 11** code. Enter the time in increments of one-tenth of an hour. For example:

| Type | ID | Value |
|------|----|-----------|
| N | 11 | TIME=04.2 |

L. Chemical Systems Inspections.

- 1. Inspections in which a Systems Screening Guide is Completed.** When an inspection is conducted in which a chemical systems screening guide is completed, submit the Inspection Report as for any inspection and enter the code **SCREEN** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|--------|
| N | 18 | SCREEN |

NOTE: The term 'screening guide' refers to an instrument specifically designed for evaluating whether or not to make a chemical systems safety referral. It does NOT refer to the Screening Report, OSHA-98 form.

- 2. Systems Safety Inspections Generated from a Screening Guide Referral.** When a systems safety inspection is conducted in response to a systems screening guide referral, submit the Inspection Report as for any inspection and enter the code **SCRSYSTEM** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-----------|
| N | 18 | SCRSYSTEM |

- 3. Systems Safety Inspections Generated from a Source Other than a Screening Guide Referral.** When a systems safety inspection is conducted in response to a source other than a systems screening guide referral, submit the Inspection Report as for any inspection and enter the code **OTHSYSTEM** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-----------|
| N | 18 | OTHSYSTEM |

- M. Asbestos-Related Case Files.** Whenever an Inspection Report is submitted by a Federal office and the applicable case file has asbestos exposure as one of the subjects of the file, complete Inspection Processing in the normal manner and enter the code **ASBESTOS** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|----------|
| N | 16 | ASBESTOS |

- N. Formaldehyde Related Case Files.** Whenever an Inspection Report is submitted by a Federal office and the applicable case file has formaldehyde exposure as one of the subjects of the file, complete Inspection Processing in the normal manner and enter the code **FORM** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 16 | FORM |

- O. Indoor Air Quality Inspections.** When an inspection is conducted as a result of a complaint involving indoor air quality issues, enter the appropriate value from the following list in Item 42, *Optional Information*, using the appropriate N 05 code.

| Type | ID | Value |
|------|----|-------------------------------|
| N | 05 | IAQSMOKE (passive smoke) |
| N | 05 | IAQVENT (ventilation) |
| N | 05 | IAQPEL (over exposure to PEL) |
| N | 05 | IAQOTHER (other conditions) |

- P. Federal Agency Activity.**

- 1. Targeted Inspections.** When a targeted inspection is conducted at a Federal agency establishment, submit the Inspection Report as for any planned inspection (Inspection Type = **H** Programmed Planned).
- 2. Evaluations.** When an on-site survey is conducted as part of an evaluation of a Federal agency's occupational safety and health program, submit the Inspection Report as for any inspection with these additional instructions.

- (a) Inspection Type. Enter **H** (Programmed Planned) in Item 24, *Inspection Type*.
- (b) Optional Information. Enter the code **EVAL** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 04 | EVAL |

3. Agency Technical Assistance Requests (ATAR's). When an on-site technical assistance visit is made to a Federal agency establishment, submit the Inspection Report as for any inspection with these additional instructions.

- (a) Inspection Type. Enter **J** (Unprogrammed Other) in Item 24, *Inspection Type*.
- (b) Optional Information. Enter the code **ATAR** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 04 | ATAR |

Q. Corporate-Wide Settlements. For each establishment covered under a CSA, enter the CSA sequential number (case family identifier) assigned by the Office of General Industry Compliance Assistance in Item 42, *Optional Information*, using the **N 08 C#** code as shown below.

| Type | ID | Value |
|------|----|-------|
| N | 08 | C# |

R. Instance-by-Instance/Egregious Cases.

1. Referred to Region. When an Area Office initially refers a case, for which sanctions are proposed and no citations have been issued, to the Regional Office, modify Item 42, *Optional Information*, to include the code **REFER** using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 8 | REFER |

2. **Citations Issued.**

- (a) **Violation-by-Violation.** When Federal and State Offices issue citations under the violation by violation guidelines, enter the value of **E#** (the # signifies the sequential number assigned by the Office of General Industry Compliance Assistance when notified by the Regional Office that citations will be, or have been, issued) in Item 42, *Optional Information*, using the following format.

| Type | ID | Value |
|------|----|-------|
| N | 8 | E# |

NOTE: This code replaces the earlier requirement for using the N-08-ISSUE code.

- (b) **Closely Related Cases.** When a case is closely related with another case having citations issued under the violation-by-violation guidelines and should therefore be grouped with it, enter the value of **RELATED, E#** in Item 42, *Optional Information*, using the following format.

| Type | ID | Value |
|------|----|------------|
| N | 8 | RELATED,E# |

- S. **Ergonomic Inspections.** When an inspection involving the investigation of ergonomic hazards is conducted, submit the Inspection Report as for any inspection and include all of the codes identified in paragraphs 1 through 5 below, separated by a comma (with no spaces), as are applicable.

EXAMPLE:

| Type | ID | Value |
|------|----|-----------|
| N | 03 | UED,OTHER |

1. **Upper Extremity Disorder.** When ergonomic hazards related to upper extremity or cumulative trauma disorders are investigated, enter the code **UED** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 03 | UED |

2. **Back Disorder.** When ergonomic hazards related to back injuries or disorders are investigated, enter the code **BACK** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 03 | BACK |

3. **Other Ergonomic Hazards.** When any other ergonomic hazards not specified in paragraphs 1 and 2 above are investigated, enter the code **OTHER** in Item 42, *Optional Information*, using the following format:

| Type | ID | Value |
|------|----|-------|
| N | 03 | OTHER |

4. **Issuing a Citation.** If issuing a 5(a)(1) citation alleging ergonomic hazards, complete Item 42, *Optional Information* as follows:

| Type | ID | Value |
|------|----|----------|
| N | 03 | ERGO-CIT |

5. **Sending a Letter.** If sending an Ergonomic Hazard Alert Letter, complete Item 42, *Optional Information* as follows:

| Type | ID | Value |
|------|----|----------|
| N | 03 | ERGO-LTR |

- T. **Programmed Planned Federal Construction Inspections.** The six-digit construction project identification (PID) number must be entered in the *Optional Information* field in the IMIS when recording Federal construction inspections at sites that are on the programmed construction inspection list provided to Area Offices by Construction Resources Analysis (CRA). The PID number is required on all planned construction inspections, i.e., OSHA-1s where item 24 (*Inspection Type*) = H and item 25a or 25b (*Inspection Classification*) = Construction Planning Guide. For some Federal programmed construction inspections in 18 States, there is no PID available. In these cases, enter six "9s" for the value in *Optional Information*.

| Type | ID | Value |
|------|----|------------------------|
| N | 06 | PID number (or 999999) |

- U. **Bloodborne Pathogen Related Inspections.** For any inspection that includes an evaluation of the hazards of bloodborne pathogens, Item 42, *Optional Information*, shall be recorded as follows:

| Type | ID | Value |
|------|----|-------|
| N | 02 | Blood |

- V. **Tuberculosis Related Inspections.** When an inspection involving the investigation of tuberculosis hazards is conducted, complete the OSHA-1 as for any inspection and include the code N-02-TB in Item 42, *Optional Information*. If the specific purpose of the inspection is to address hazards other than tuberculosis, but the inspection results in a TB related citation, modify the OSHA-1 to include the TB code.

| Type | ID | Value |
|------|----|-------|
| N | 02 | TB |

- W. **Reporting Significant Cases.** All significant cases, both private sector and Federal Agency, shall be coded as follows:

- **Primary Inspection in Significant Case.** In *Optional Information*, record N-8-SIGCASE. If this is a significant case that is composed of multiple OSHA-1s, select only one OSHA-1 from the group for this coding. Example:

| Type | ID | Value |
|------|----|---------|
| N | 08 | SIGCASE |

- **Associated Inspections.** If this significant case is composed of more than one inspection, all associated OSHA-1s shall be coded with N-8-S##### where the #s represent the inspection number from the primary inspection coded with N-8-SIGCASE.

| Type | ID | Value |
|------|----|--------|
| N | 08 | S##### |

- X. **Fatality and Catastrophe Investigations.** For all fatality or catastrophe related inspections, N-10-IMMLANG shall be recorded in Item 42, *Optional Information* with either a Y (yes) or an N (no) to answer the question: “*Did the fatality or catastrophe involve an immigrant worker and/or Hispanic worker and/or a possible language barrier?*”

EXAMPLES:

| Type | ID | Value |
|------|----|-----------|
| N | 10 | IMMLANG-Y |

 OR

| Type | ID | Value |
|------|----|-----------|
| N | 10 | IMMLANG-N |

Yes. Enter “Y” if any one of the following conditions is true.

- The worker immigrated to the U.S. from **any** foreign country.
- The worker was Hispanic (whether an immigrant or natural-born U.S. citizen).
- The worker (regardless of country or origin) spoke a language other than English as his or her primary language (this would include U.S. citizens for whom English is not their primary tongue).
- The primary language of the work site (among fellow workers or supervisors) was not the primary language of the worker.

No. Enter “N” **only** if the worker was a natural-born U.S. citizen who spoke English as his or her primary language **and** the worker was not Hispanic **and** there was no potential language barrier present at the work site discernible in the circumstances.

NOTE: An edit check required Federal offices to complete “N-10-IMMLANG-Y” or “N-10-IMMLANG-N” in Optional Information. This is not a requirement for State offices.

Y. **Recording and Tracking of Priority Enforcement Cases (PEC).** This applies to Priority Enforcement Case (PEC) follow-up inspections, Site Specific Targeting (SST) inspections of establishments that were moved from the secondary list to the primary list, inspections of related establishments, and enhanced settlement agreements related to PECs.

NOTE: For any inspection completed after March 12, 2003, which results in a PEC, a follow-up inspection will normally be conducted even if abatement of the cited violations has been verified. See the Interim Implementation of OSHA’s Enhanced Enforcement Program (EEP) memo from R. Davis Layne, Deputy Assistant Secretary dated September 30, 2003 for the criteria used in determining PECs and instructions when there is a compelling reason not to conduct a follow-up inspection.

1. **Identifying PEC Cases.** All IMIS case file data for PECs conducted since March 12, 2003, should be modified to include the appropriate codes. Once a case has been identified as a PEC, complete the OSHA-1

by entering the code “EEP” in Item 42, Optional Information, for the inspection. Example:

| Type | ID | Value |
|------|----|-------|
| N | 08 | EEP |

2. **Identifying PEC Significant Cases.** If the PEC case is also determined to be a significant case, modify the existing record to add the significant case code using “SIGCASE” as shown below:

| Type | ID | Value |
|------|----|-------------|
| N | 08 | EEP,SIGCASE |

NOTE: All significant cases are EEPs, but not all EEPs are significant cases.

3. **Identifying Inspections of Other Sites.** When circumstances warrant, OSHA will inspect other sites of the same company-wide employer to determine whether the compliance problems at the PEC site are indicative of a company-wide problem.

NOTE: See the Interim Implementation of OSHA’s Enhanced Enforcement Program (EEP) memo from R. Davis Layne, Deputy Assistant Secretary dated September 30, 2003 for guidelines when determining to inspect other worksites of a company that receives a PEC citation.

If the inspection is a non-primary inspection in a multiple inspection significant case, the (S + activity number of primary inspection) code is to be used, as shown below.

| Type | ID | Value |
|------|----|------------|
| N | 08 | EEP,S##### |

4. **Identifying Enhanced Enforcement Settlement Agreements.** If the case also receives an Enhanced Enforcement Settlement Agreement, modify the existing record to add the enhanced enforcement settlement agreement code using “ENHSA.” Examples:

| Type | ID | Value |
|------|----|-----------|
| N | 08 | EEP,ENHSA |

OR

| Type | ID | Value |
|------|----|-------------------|
| N | 08 | EEP,SIGCASE,ENHSA |

OR

| Type | ID | Value |
|------|----|------------------|
| N | 08 | EEP,S#####,ENHSA |

In addition, enter all applicable SST, NEP, LEP program codes in item(s) 25c and 25d when an inspection is conducted and the inspection also meets the protocol for other program(s). Also, enter all applicable Strategic Management Plan hazard/industry codes in item 25f.

The DUNS number, which is a required entry for all EEP inspections, must be recorded in the appropriate field on the Establishment Detail Screen. In establishments where ownership has changed, enter the DUNS number for the new owner. If the new owner does not have a new DUNS number, enter the old DUNS. Since the DUNS number is site-sensitive, the old number will give some useful data.

III. General Processing Information.

- A. **Processing the Inspection Data.** To process Inspection Report and Narrative Report data, select **Inspection (OSHA-1/1A)** from the Forms Processing Menu and follow the guidelines described in Chapters 2 and 3. **IT IS IMPORTANT THAT YOU READ THESE CHAPTERS.** The status line will also help to guide you through the forms data entry process.

- B. **Processing the Establishment Data.** During entry of inspection data, the establishment information is entered through a process called **Establishment Processing**. Read Chapter 3, Establishment Processing for establishment data item definitions and for instructions and guidelines on processing establishment information. Refer to Appendix C for the definition of "legal name" and for rules on completing this item.

1. **Adding a New Inspection Record.** When processing new inspection data, Establishment Processing is automatically invoked (the Establishment Search Selection screen displays) when the cursor gets to the *Estab Name* field.

2. **Modifying an Inspection Record.** When modifying inspection data, the screen fills with the establishment information previously entered and Establishment Processing is bypassed. However, for modification purposes, Establishment Processing can be invoked from the Inspection and Narrative Report screen at any time by pressing the F5 function key.

IV. Screen Illustrations and Data Item Definitions/Instructions.

- A. **Screen Illustrations.** The Inspection and Narrative Report - OSHA-1/1A data entry screen (including all pop-up windows and repeating screens) is illustrated by Figures 8-1a thru 8-1n.

Figure 8-1a
Inspection and Narrative Report - OSHA 1/1A Data Entry Screen (Page 1)

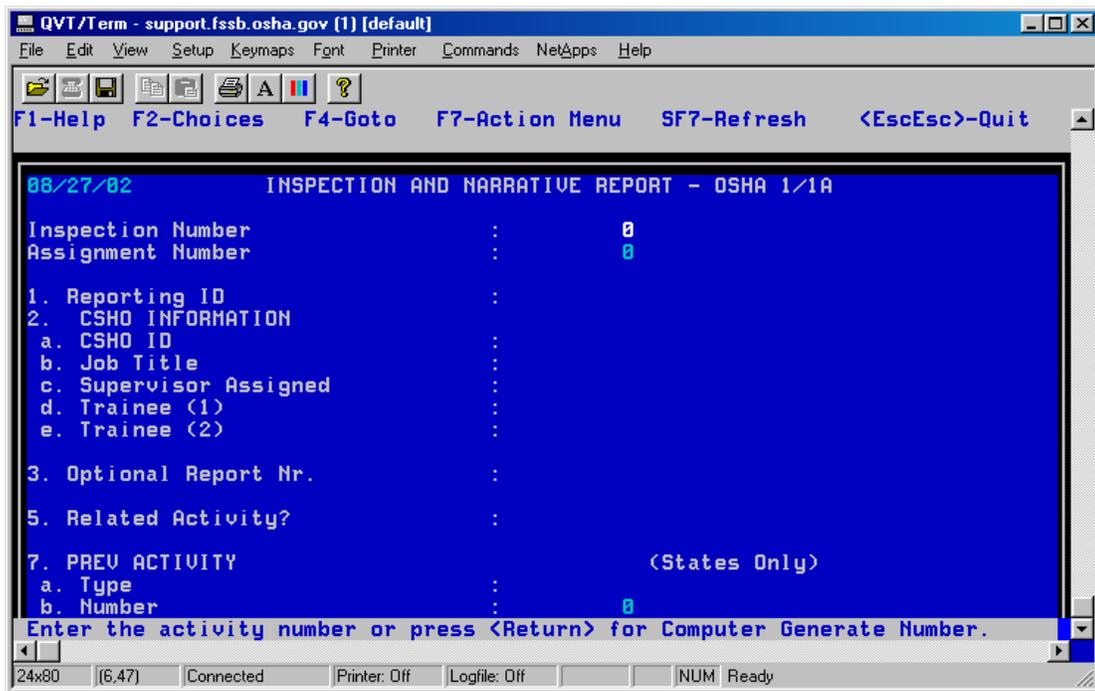


Figure 8-1b
OSHA 1/1A Screen with “Related Activity” Popup Window Illustrated

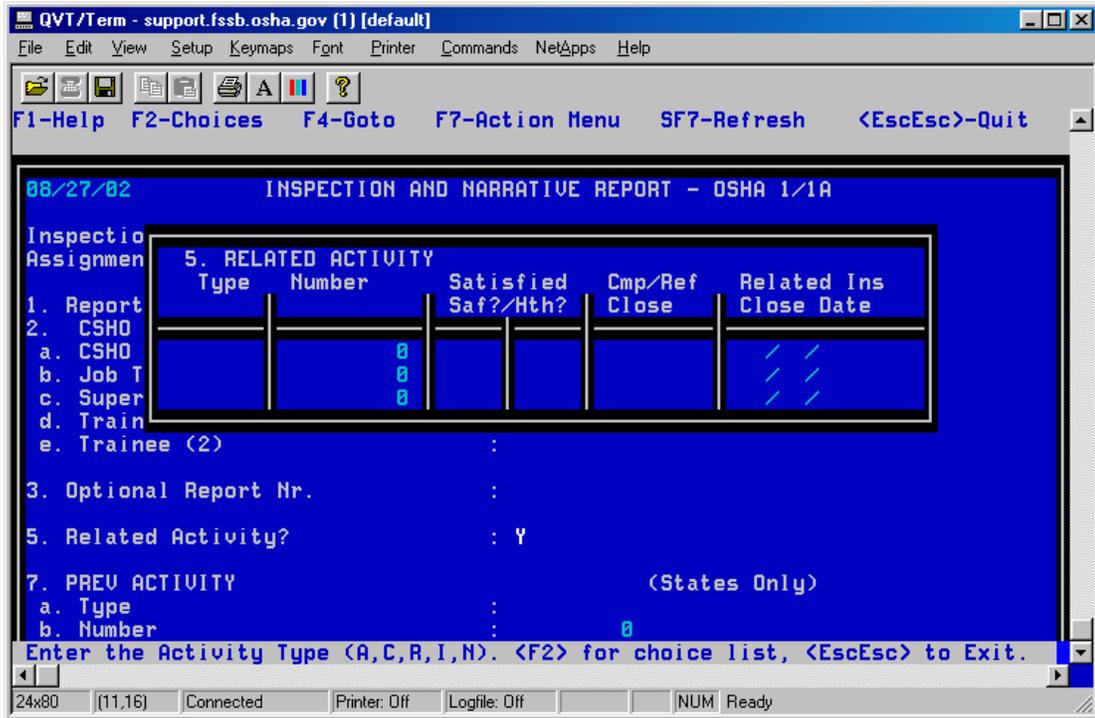


Figure 8-1c
OSHA 1/1A Screen Showing Popup “Establishment Search” Screen

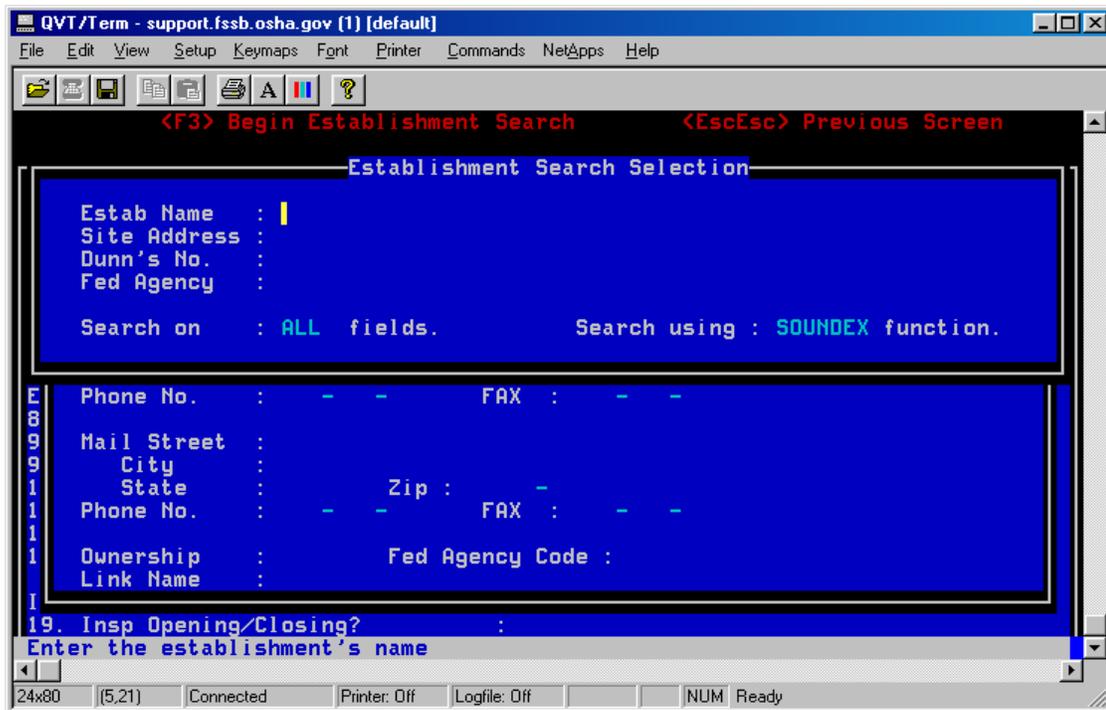


Figure 8-1d
OSHA 1/1A Screen with “Establishment Detail” Screen Illustrated

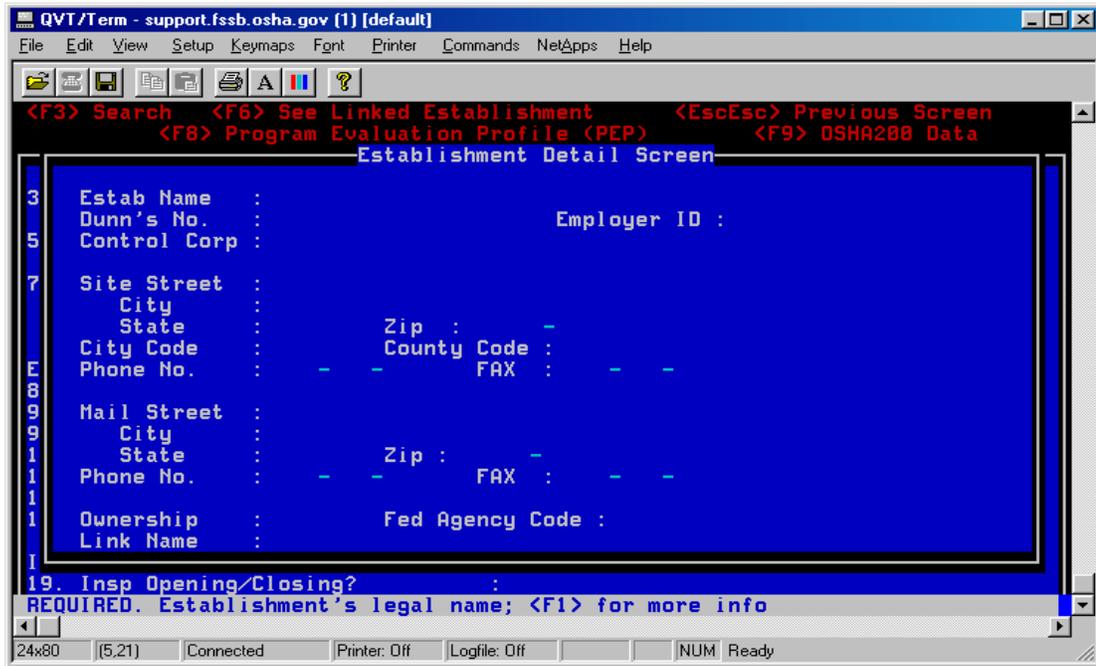


Figure 8-1e
OSHA 1/1A Screen with “Insp. Opening/Closing” Popup Window Illustrated
 (Items 19-l thru 19-r are not shown in this illustration)

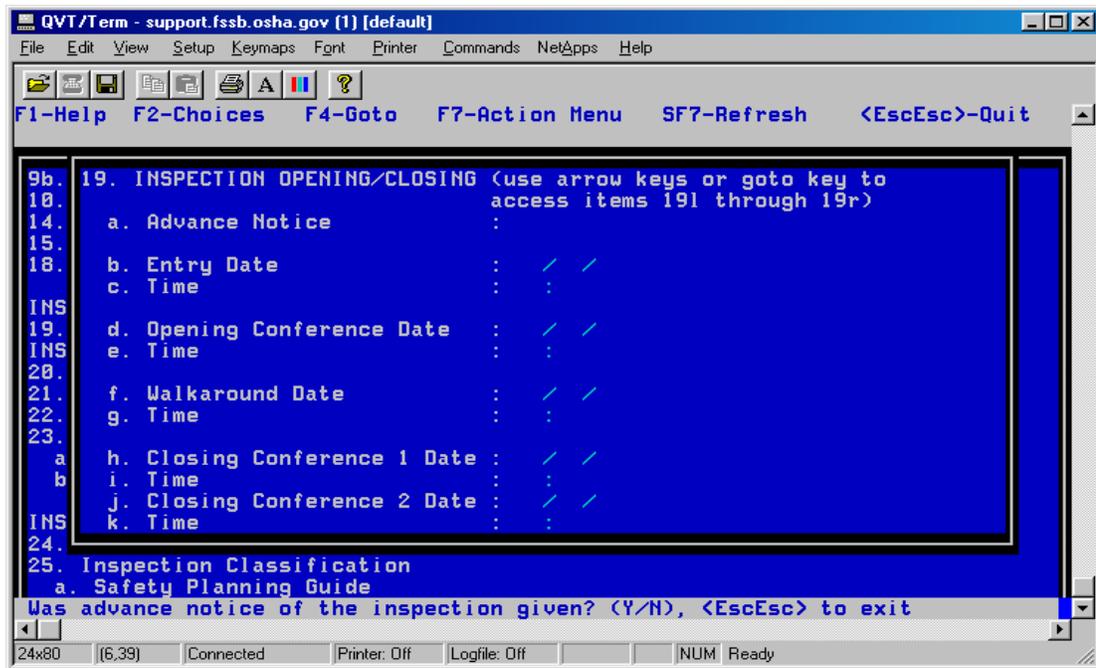


Figure 8-1f
OSHA 1/1A Screen with “Strategic Plan Activity” Popup Window Illustrated

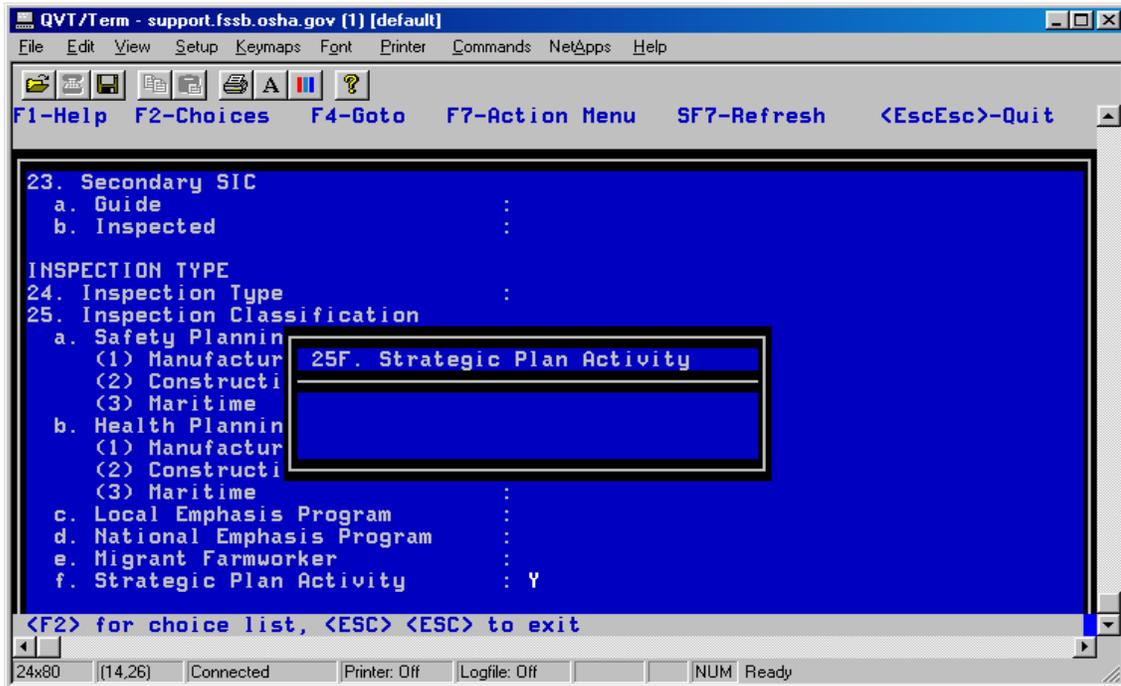


Figure 8-1g
OSHA 1/1A Screen Showing “Anticipatory Warrant/Subpoena/Denial” Popup Window

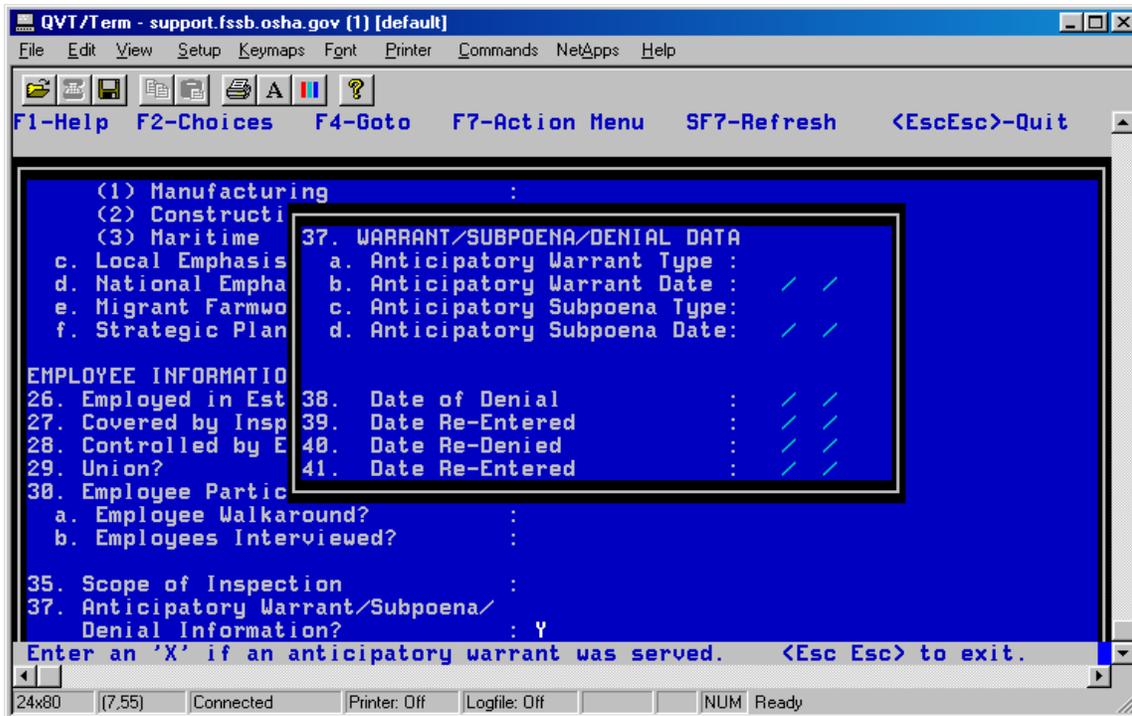


Figure 8-1h
OSHA 1/1A Screen with “Optional Information” Popup Window Illustrated

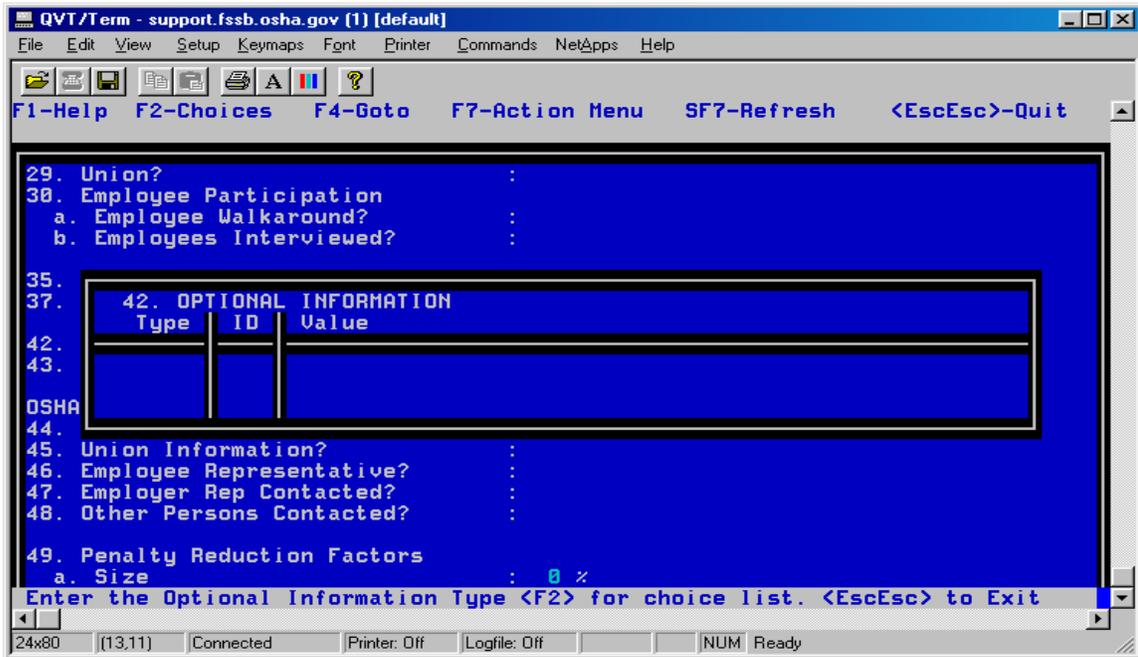


Figure 8-1i
OSHA 1/1A Screen Showing “Additional Citation Mailings” Repeating Screen

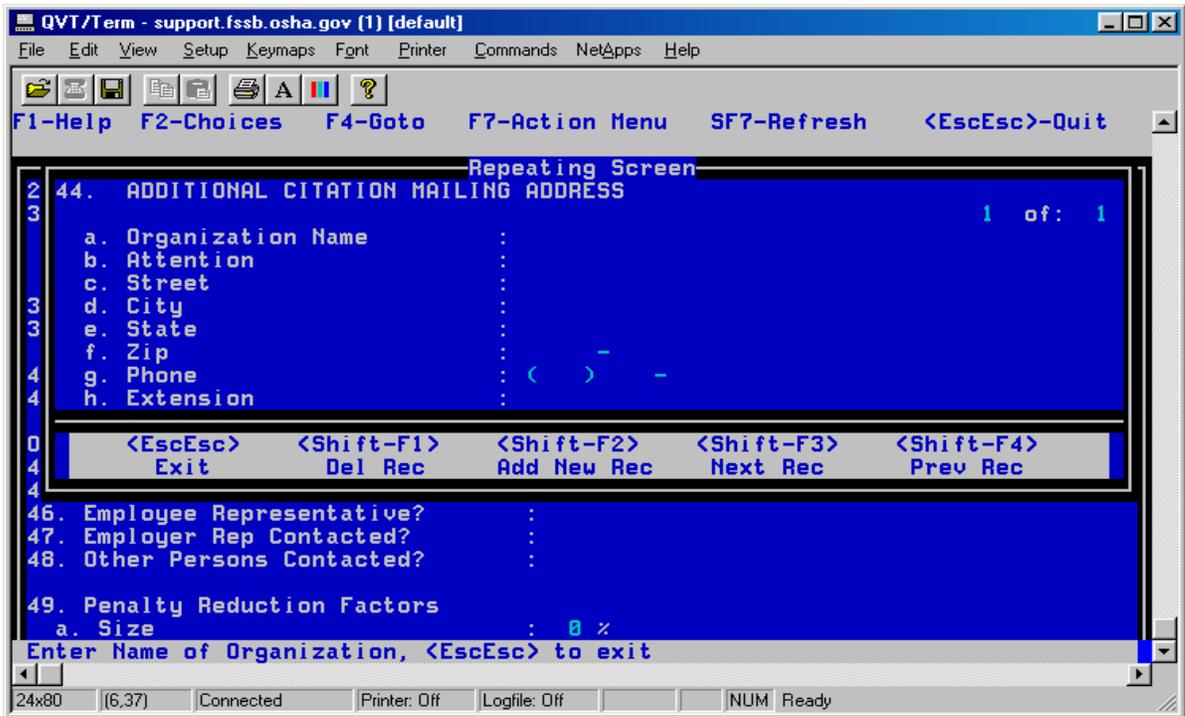


Figure 8-1j
OSHA 1/1A Screen Showing “Union Information” Repeating Screen

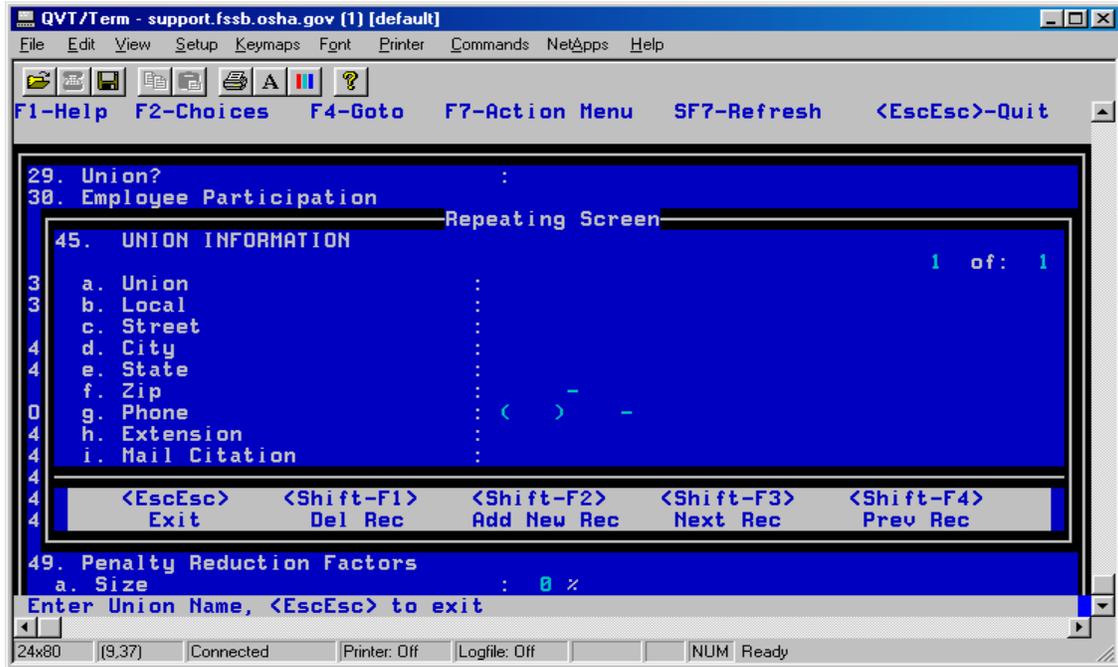


Figure 8-1k
OSHA 1/1A Screen Showing “Employee Representative” Repeating Screen

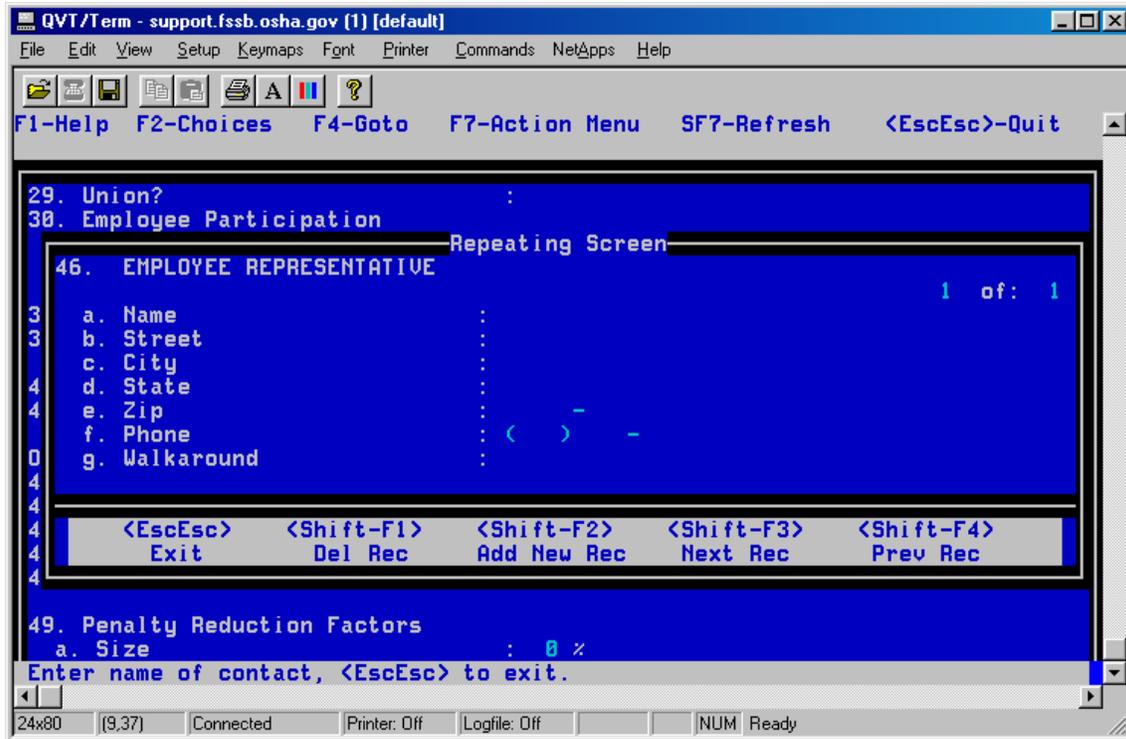


Figure 8-1l
OSHA 1/1A Screen Showing “Employer Rep Contacted” Repeating Screen

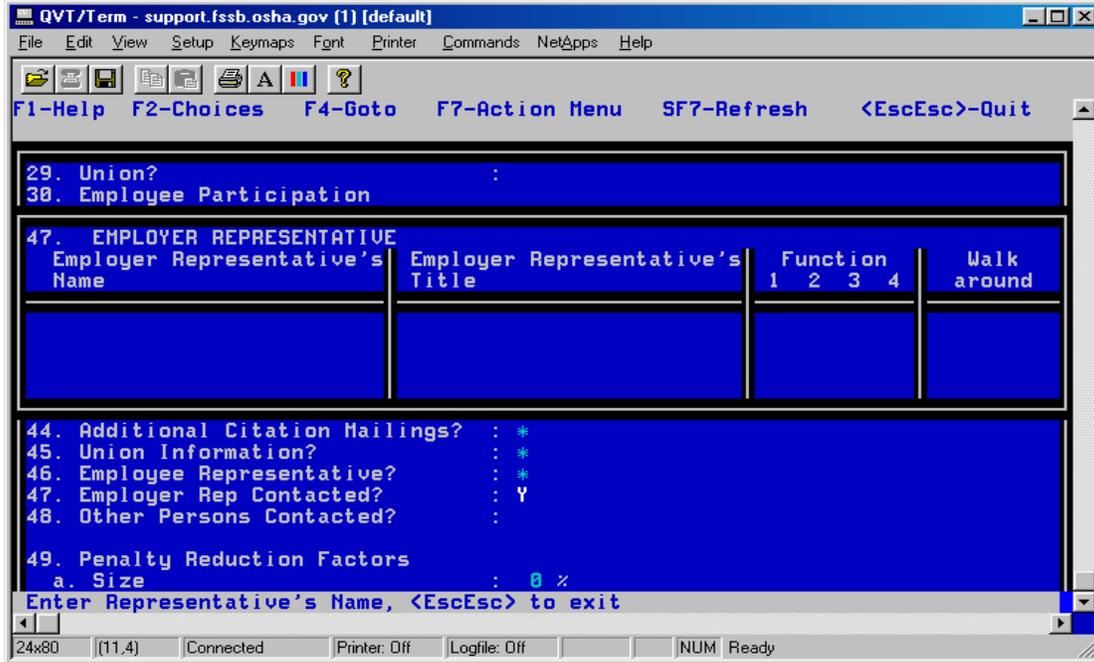


Figure 8-1m
OSHA 1/1A Screen Showing “Other Persons Contacted” Repeating Screen

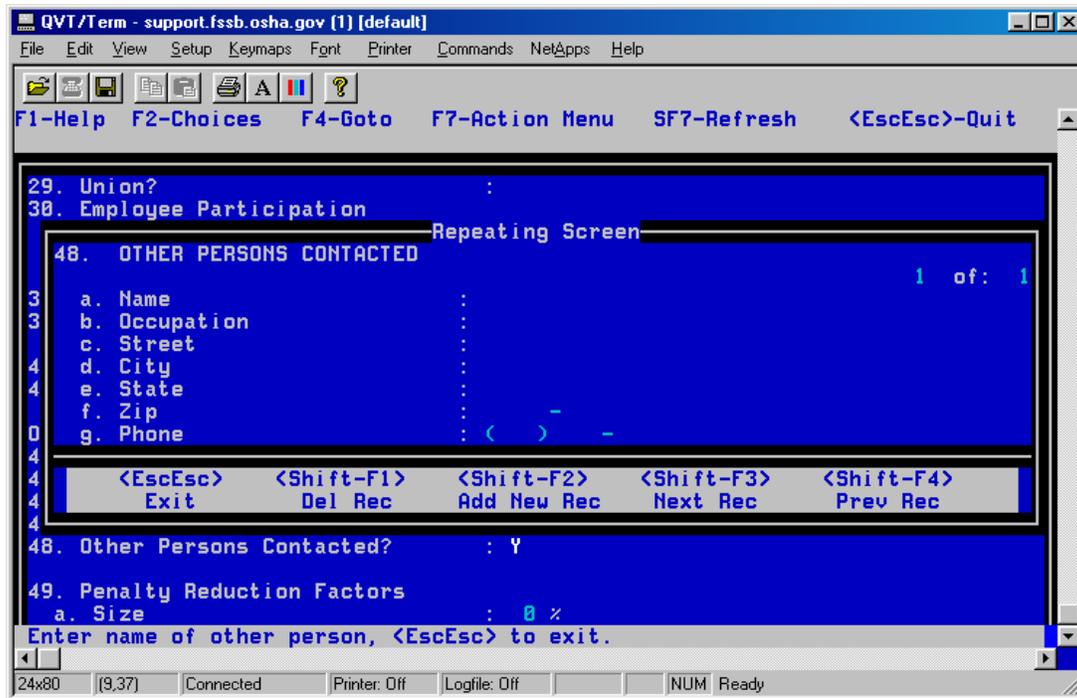
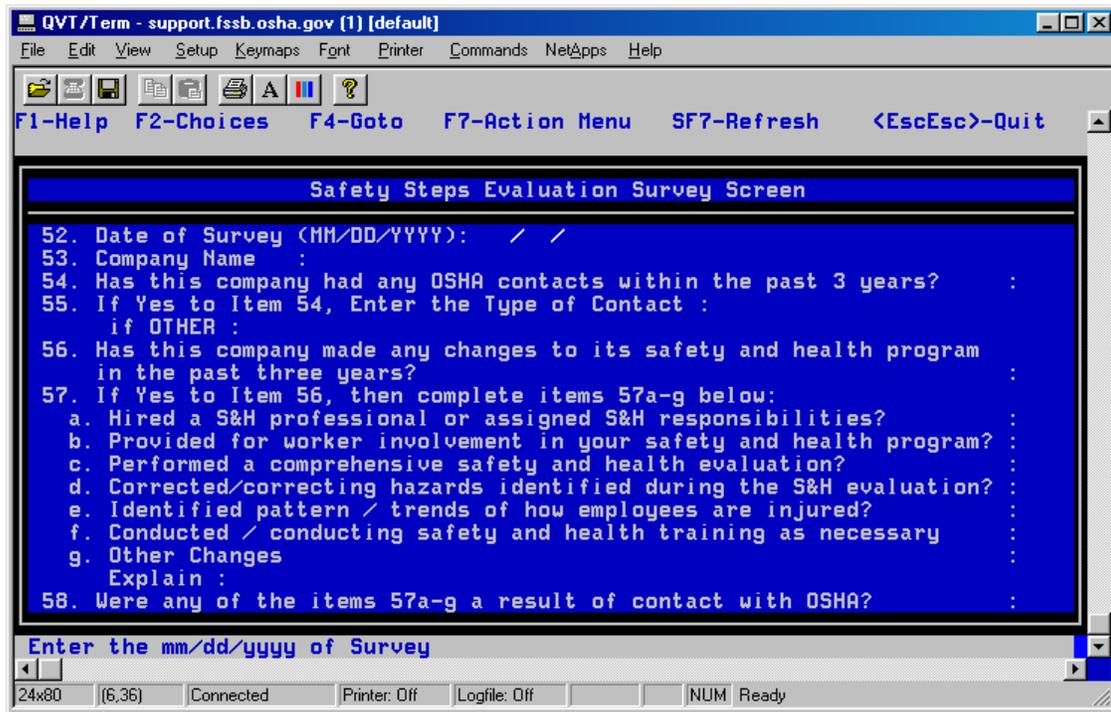


Figure 8-1n
OSHA 1/1A Screen Showing “Safety Steps Evaluation Survey” Repeating Screen



B. Data Item Definitions/Instructions. Each data item on the Inspection and Narrative Report processing screen 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. Follow the instructions in Chapter 2 and on the status line and use the F2-Choice List feature to identify and select the appropriate entry. **IT IS IMPORTANT THAT YOU READ CHAPTER 2.**

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

Icons Used in this Manual. 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.

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

Assignment Number. The unique number from the OSHA-168, Assignment Report. When the assignment number is entered on the OSHA-1 screen, the program will fill in this information from the assignment record.

1. **Reporting ID.** 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 the ID or make a selection from a Choice List.

2. **CSHO Information.**

a. **CSHO ID.** The CSHO's assigned ID. A list of valid IDs and corresponding names may be displayed by pressing the F2 (Choice List) function key.

b. **Job Title.** The job title code for the CSHO identified in CSHO ID. This field fills on the screen when an entry is made in CSHO ID but may be modified as appropriate. A list of valid codes may be displayed by pressing the F2 (Choice List) function key.

c. **Supervisor Assigned.** The identification code of the supervisor assigned to this case. This field fills on the screen when an entry is made in CSHO ID but may be modified as appropriate. A list of valid IDs and corresponding names may be displayed by pressing the F2 (Choice List) function key.

d. **Trainee (1).** The CSHO ID of any trainee who assisted on this inspection.

e. **Trainee (2).** If more than one trainee assisted on this inspection, the CSHO ID of the second trainee.

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



NOTE: The Host computer will accept any entry (alphabetic and/or numeric) up to nine characters long. If an office wants to be able to use the Optional Report Number in any meaningful way, it should standardize its format within the office.

4. [There is no item 4.]

NOTE: Do NOT record the Assignment Number in *Related Activity*.

5. **Related Activity/Satisfied.** =====

The Type(s) and Activity Number(s) of any/all Fatality/Catastrophe(s), Accident(s), Complaint(s), Referral(s), Intervention(s) or original Inspection(s) related to the scope of this inspection.

NOTE: All related activity should be listed even if that activity is not marked in *Inspection Type*, as the primary reason for the inspection.

Multi-Employer Work Site. If multiple employers were inspected at the work site, enter the Type (A, C, R or I) and Activity Number of the complaint, accident report, referral or inspection for each inspection when the employer was identified in the complaint, accident report, referral, etc.

Related Activity Fields. Related Activity includes fields *Type*, *Number*, *Satisfied*, *Complaint/Referral Close*, and *Related Inspection Close Date*. When a y is entered in the *Related Activity* field, the pop-up window shown in Figure 8-1b above displays.



a. **Type.** The code for the type of activity involved in this inspection. This item identifies the kind of form from which the referenced number came. The valid codes are:

- A = Fatality/Catastrophe (Federal), Accident (States)
- C = Complaint
- R = Referral
- I = Inspection

NOTE: Use **I** to identify the original inspection to which the current follow-up or monitoring activity relates. Use **I** also to identify 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.
- c. **Satisfied.** Enter **x** in the appropriate space(s) to indicate that all safety or health hazards of a complaint or referral activity have been satisfied or serviced. *Satisfied* only indicates that no further inspections are required to address the complaint/referral items. Note that whether or not violations exist does not effect whether the complaint or referral may be closed. Only one OSHA-1 needs to indicate that the activity is satisfied. It is not necessary to modify a previous OSHA-1 for an inspection that did not satisfy the activity.

NOTE: Do NOT complete *Satisfied* for related Fatalities/Catastrophes or Accidents, or Inspections, since they are not categorized as safety or health in tickler systems and the monitoring of backlog is handled differently for these activities.



- d. **Close Complaint/Referral.** Enter **x** on the line that corresponds to the activity number of the related complaint or referral to be closed. (See the Complaint Processing and Referral Processing chapters for further explanations when these records may be closed.)



- e. **Close Date/Related Inspection.** Enter **x** on the line that corresponds to the activity number of the related inspection to be closed.

6. [There is no item 6.]

7. **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.

8-17 Establishment Information.

- a. Establishment data is entered through a procedure called Establishment Processing. When processing new inspection data, the Establishment Search Selection screen automatically displays when the cursor gets to the *Estab Name* field.

- b. The displayed screen allows you to search the database for an existing establishment record/row and either accept the existing data for the current inspection or add a new establishment record. If you choose to add a new record, the Establishment Detail screen displays for entering the establishment information.
- c. For reference purposes, the establishment information fills items 8 thru 17 on the OSHA-1/1A screen. Those items are write-protected. Any modifications to those items must be made via Establishment Processing.
- d. Establishment data item definitions and detailed search and data entry instructions for processing establishment data are given in Chapter 3 and will not be repeated here. PLEASE READ CHAPTER 3.

18. **Legal Entity.** (State Use Only). If instructed to do so by your State, indicate whether the employer is a Corporation, Partnership, or Sole Owner.

19. **Insp Opening/Closing?** =====

When **y** is entered in the *Insp Opening/Closing?* field, the pop-up window shown in Figure 8-1e above displays. This is a scrollable window containing items 19a thru 19r.

NOTE: Items 19l thru 19r are not shown in the illustration (Figure 8-1e).



a. **Was Advance Notice Given?** Enter either Y (yes) or N (no) to indicate whether advance notice of the inspection was given. Refer to the Field Inspection Reference Manual (FIRM), OSHA Instruction CPL 02-00-103 (CPL 2.103), for situations that qualify as advance notice.

Corporate-Wide Settlement Agreements. Indicate **no** on "other" OSHA-1s completed for establishments covered by a Corporate-wide Settlement Agreement (CSA).

NOTE: "Other" OSHA-1s are those completed for additional locations that did not initiate the negotiations for a CSA. Refer to Chapter XIV of OSHA Instruction IRT 01-00-006 (ADM 1-1.32), Enforcement User Skills Manual.



b-c. Entry Date and Time. The date (month, day, and year) and time (hour and minute) of the first contact with the establishment such as the opening conference, date of entry, or attempted entry, whichever came first.



d-e. Opening Conference Date and Time. The date (month, day, and year) and time (hour and minute) of the opening conference with the proper official of the establishment.

NOTE: Do NOT modify this item if a CSHO who was denied entry later conducts an opening conference upon re-entry.

Corporate-Wide Settlement Agreements. For "other" OSHA-1s completed for establishments covered by a CSA, the *Opening Conference Date* is the effective date of the agreement.



f-g. Walkaround Date and Time. The date (month, day, and year) and time (hour and minute) that the walkaround inspection began.



h-i. Closing Conference 1 Date and Time. The date (month, day, and year) and time (hour and minute) of the beginning of the onsite closing conference held at the termination of the walkaround. If no closing conference was held, the date of exit from the site.

NOTE: If this item is left blank at the time the OSHA-1 data is initially submitted, it MUST be updated before closing the case.

Fatality/Catastrophe Related Inspections. If a closing conference date is entered for fatality and catastrophe related inspections and the correlating OSHA-170 does not exist, the OSHA-1 cannot be saved as FINAL.

NOTE: In State plan States, the OSHA-170 edit check only applies to fatalities; NOT to catastrophes.



j-k. Closing Conference 2 Date and Time. The date (month, day, and year) and time (hour and minute) of the final closing conference held (either onsite or by phone) before issuing citations.



l-m. Exit Date and Time. The date (month, day, and year) and time (hour and minute) of departure from the establishment.



n. Follow Up. Enter **y** if a followup inspection appears necessary according to the guidelines given in Chapters I and II of the OSHA Field Inspection Reference Manual, OSHA Instruction CPL 02-00-103 (CPL 2.103). If yes, indicate in Item 50, *Coverage Info, Eval, Recs, Checklist and Narrative*, the items that require a followup.



o. Reason. If **y(es)** is entered in Item 19n, *Follow Up*, briefly state the reason for the recommendation of a followup inspection. If additional space is needed, use the WP file accessible via Item 50.



p. Case Closed Date. The date (month, day, and year) on which the case is closed. This date indicates that no further action or tracking will occur for this inspection or attempted inspection. All inspections and attempted inspections must eventually be closed. Close case when:

- No inspection is conducted (except for Denials of Entry where the *Scope of Inspection* may later be modified to other than No Inspection.)
- OSHA is denied entry but no warrant will be obtained to continue the inspection.
- An inspection has been conducted and a determination NOT to cite has been made.
- A followup inspection has been conducted where no new violations were found.
- An inspection has been conducted, citations issued, all contests have been settled, penalties paid, and abatements completed, or the case has been administratively closed.

Followup Cases. Followup cases may be closed as soon as conducted if no additional violations were issued even if a Failure to Abate (FTA) was issued. Do not, however, close the followup case until the original inspection is closed.

Case Closing. In order to simplify case closing, the case closed date is included on several screens. Cases for which no citations are to be issued may be closed through either the Inspection and Narrative Report (OSHA-1/1A) screen or the Inspection Update (OSHA-167I) screen. Cases with citations may be closed through either the Abatement(s) Completed/Close screen (selection under Violations Global Updates) or the Penalty Payment screen when reporting final payment.

Reopening Closed Cases. To reopen a case, space through the *Case Closed Date* field on the Inspection and Narrative Report (OSHA-1/1A) screen or the *Close Case Date* field on the Inspection Update (OSHA-167I) screen.



q. **No Citations Issued.** Entering **X** in this item indicates that no citations are to be issued for this inspection.



r. **Number of Days on Site.** The number of days the CSHO visited the work site. Each partial day shall be counted as one day. For example, if the CSHO spent one full day and two hours of another day at the site, he or she would enter **2** in this item.

No Inspection Conducted. If no inspection is marked in *Scope of Inspection*, enter **1** since the CSHO went to the site to determine no inspection could be conducted.

Corporate-Wide Settlement Agreements. Enter **1** in this item for "other" OSHA-1s completed for sites included in a CSA.

20. **Type of Business [or Plant].** The employer's principal business at the workplace being inspected. For example, the employer's business may be the manufacture of automobiles and trucks, but the workplace being inspected may be the wheel manufacturing plant. In such a situation, "wheel manufacturing" is the correct entry for this item.

21. **Inspection Category.** Indicate the primary focus of the inspection: Safety or Health.

Corporate-Wide Settlement Agreements. For "other" OSHA-1s completed for establishments covered by a CSA, *Inspection Category* is the same as the initiating inspection.

22. **Primary SIC/NAICS.**

- a. **Primary SIC.** The 4-digit Standard Industrial Classification (SIC) code from the SIC Manual that indicates the type of industrial activity performed by the establishment inspected. The appropriate code may be located through the F2- Choice List feature.

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

Incorrect SIC from Establishment List/Planning Guide. If the SIC for an establishment is incorrect on the establishment list, enter the correct SIC in this item.

Federal Agency Activity. For Federal agency activity, enter the equivalent private sector SIC code to designate the actual activity performed by the agency inspected. SIC's 9100-9799 should only be used when a private sector SIC does not apply.

- 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. The appropriate code may be located through the F2 (Choice List) or the F8 (Table Search) feature.

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 codes may be located using either the choice list feature or the table search feature. Refer to Chapter 2 for instructions for using these search features.

23. **Secondary SIC/NAICS.**

- a. **Guide.** If this inspection was scheduled as a programmed inspection from the Secondary SIC/NAICS list, enter the secondary SIC/NAICS code. Refer to the FIRM for definitions.

Incorrect Secondary SIC/NAICS. If the SIC/NAICS code on the Secondary SIC/NAICS List is incorrect, enter the correct secondary SIC/NAICS code in this item.

- b. **Inspected.** Enter the appropriate SIC/NAICS code to indicate the type of industry inspected if different from the primary SIC/NAICS code.

24. **Inspection Type.** From the choices (a-1) below, indicate the primary reason the inspection was initiated. Consult the FIRM for definitions of Inspection Type.

Unprogrammed Inspections at Multi-Employer Work Sites. If multiple employers were inspected at the work site, the *Inspection Type* is the same on the OSHA-1 for each employer inspected who was directly affected by the subject of the unprogrammed activity. Inspections of employers at multi-employer work sites whose operations are not directly affected by the conditions identified in the complaint, fatality/catastrophe or referral are unprogrammed related.

- a. **Fatality/Catastrophe/Accident.** The inspection was conducted to investigate a fatality/catastrophe (Federal offices) or an accident (State offices).

NOTE: Complete *Related Activity* to identify the related OSHA-36 if one was completed (Type = A).

- b. **Complaint.** The inspection was conducted as the result of a complaint. Refer to the FIRM for the definition of a complaint.

NOTE: Complete *Related Activity* to identify the complaint (*Type* = C) that initiated the visit.

- c. **Referral.** The inspection was conducted as the result of a referral. Refer to the FIRM for the definition of a referral.

NOTE: Complete *Related Activity* to identify the referral (*Type = R*) that initiated the visit.

- d. **Monitoring.** The inspection was conducted to:
- (1) Determine the progress an employer was making toward final abatement;
 - (2) Ensure that target dates of a multi-step abatement plan were being met; or
 - (3) Make determinations as required by the FIRM in granting PMAs (Petitions for Modification of Abatement); or
 - (4) Monitor progress of the terms of a corporate-wide settlement agreement.

NOTE: Complete *Related Activity* to identify the original inspection (*Type = I*) in which the violation(s) were cited, or, for monitoring inspections of facilities covered by a corporate-wide settlement agreement where the monitoring inspection is the first activity at the site following the agreement, enter the inspection number of the OSHA-1 coded *Inspection Type "L" Other* used to record the establishment in the IMIS.

Refer to the **Creating "Other" Case Records** paragraph in chapter XIV, Corporate-wide Settlement Agreement, of OSHA Instruction IRT 01-00-006 (ADM 1-1.32), The IMIS Enforcement User Skills Manual for guidelines on processing documents associated with CSAs.

- e. **Variance.** The inspection was conducted to determine whether an employer was in compliance with a granted variance or to determine compliance in areas for which a variance was denied.
- f. **Followup.** The inspection was conducted to determine whether the employer had abated cited violations.

NOTE: Complete *Related Activity* to identify the original inspection (*Type = I*) in which the violation(s) were cited.

- g. **Unprogrammed Related.** The inspection was conducted at a multi-employer work site of an employer whose operations are not directly affected by the subject of the conditions identified in the complaint, accident report, or referral. An example would be a trenching inspection conducted at the unprogrammed work site, where the trenching hazard was not identified in the complaint, accident report, or referral.

NOTE: Complete *Related Activity* to identify the unprogrammed action (*Type = C, A or R*) that initiated the visit.

- h. **Programmed Planned.** The inspection was scheduled from a high hazard list (high-hazard manufacturing, construction or maritime), a National Emphasis Program or a Local Emphasis Program, except for low hazard and non-manufacturing which should be coded Programmed Other. Programmed inspections of Migrant Farmworker Camps, and Federal Agency Evaluations and Targeted Inspections are also 'Planned.'

NOTE: For States, the term "Planned" refers to any inspection from a scheduling document officially submitted to the State's Federal Regional Office.

Multi-Employer Work Site. If multiple employers were inspected at the work site, mark *Programmed Planned* on the OSHA-1 for each high hazard employer at the site. For any other employers inspected, mark *Programmed Related*.

- i. **Programmed Related.** For an inspection of an employer at a multi-employer work site who was not included in the programmed assignment that initiated the visit to the work site.

NOTE: For guidelines on when to use Programmed Related, refer to the FIRM.

- j. **Unprogrammed Other.** Used for a Federal Agency Technical Assistance Request (ATAR), a technical assistance visit at a Superfund or RCRA site, or an inspection conducted under the Cooperative Assessment Program.

NOTE: Refer to the Special Instructions at the beginning of this chapter for special coding that is required in *Optional Information*, when **J** is used.

- k. **Programmed Other.** The inspection was scheduled under the safety targeting system as a programmed low hazard manufacturing inspection or a programmed non-manufacturing inspection.

For States, if a programmed inspection of a single employer was conducted even though it was determined at the site that the establishment should NOT have been scheduled under the State's normal scheduling system, mark *Programmed Other*.

- l. **Other.** The code of **L-Other** is used when the area office must enter an OSHA-1:

- for establishments within their jurisdiction covered by a corporate-wide settlement agreement, and
- when issuing a citation for failing to complete and return the OSHA survey under the ODI Non-Responder program.

25. **Inspection Classification.** Enter **X** in one of the categories under either Safety Planning Guide or Health Planning Guide if one applies, regardless of whether the inspection was Programmed or Unprogrammed. Mark *Local Emphasis Program*, *National Emphasis Program* and/or *Migrant Farmworker Camp* as applicable.

- a. **Safety Planning Guide.** (For safety inspections ONLY.) Mark only one. Mark *Manufacturing* when the SIC code of the establishment is on the Safety High Hazard List. This list includes all general industry, not just manufacturing. Mark *Construction* when the construction site is inspected from the programmed construction inspection list, i.e., the list received from the University of Tennessee Construction Resources Analysis Department. Mark *Maritime* when a maritime inspection is programmed from a maritime inspection list prepared in

accordance with FIRM procedures. For Federal Agency activity, leave this item blank.

- b. **Health Planning Guide.** (For health inspections ONLY.) Mark only one. Mark *Manufacturing* when the SIC code of the establishment is on the Health High Hazard List. This list includes all general industry, not just manufacturing. Mark *Construction* when a construction site is inspected from the programmed construction inspection list, i.e., the list received from the University of Tennessee Construction Resources Analysis Department. Mark *Maritime* when a maritime inspection is programmed from a maritime inspection list prepared in accordance with FIRM procedures. For Federal Agency activity, leave this item blank.

- c. **Local Emphasis Program.** =====

If the establishment is inspected as part of a Local Emphasis Program or Experimental Program, specify the particular program(s) using the appropriate code(s) from the F2-Choice List on your NCR. Local Emphasis Program (LEP) and Experimental Program (EXP) codes are assigned by OMDS and are edited for validity by the IMIS. Experimental Program codes begin with the letter "X."

NOTE: Follow the procedures outlined in the CPL series of the OSHA Directives System for obtaining a code. If an office enters a code before it has been approved by the Regional office and cleared by the National Office, it will reject at the host when sending the form during end-of-day. Refer to Attachment 1 of CPLN7.11 Software Release for instructions for entering new Local Emphasis codes.

- d. **National Emphasis Program.** =====

If the establishment is inspected as part of a National Emphasis Program, specify the particular program(s) using the appropriate code(s) from the F2-Choice List on the NCR.

- e. **Migrant Farmworker Camp.** Mark this field if the inspection covered a migrant farmworker camp.

f. **Strategic Plan Activity.** _____

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.



26. **[Number of Employees] Employed in Establishment.**

For fixed establishments, the MAXIMUM number of persons (including clerical, administrative, salespersons, etc.) employed at the establishment site at any one time during the previous 12 months. The count should include employees on all shifts but each employee should be counted only once for any one OSHA-1.

For non-fixed establishments, such as construction, maritime or logging, the MAXIMUM number of persons employed by the employer at any one time during the previous 12 months ON THE WORK SITE INSPECTED.

27. **[Number of Employees] Covered by Inspection.** The number of employees at the work site who are covered by, or affected by, the scope of the inspection for this establishment, including all shifts.

- Enter **0** (zero) in this item if the scope is “No Inspection.”
- For a safety inspection in which an LWDI rate was calculated as required by the FIRM, this figure will equal the total number of employees currently employed at the establishment, regardless of the scope of the inspection.
- If there are no employees of a prime contractor on site when a multi-employer work site is inspected, ascertain whether the general contractor's walkaround representative visits the prime contractor's site. If so, enter **1** in *Number of Employees Covered by Inspection*.

- If the prime contractor had engineers or overseer's on the job at various times, obtain names and count these, even if they were not on the site during the walkaround.
- If the reason for completing an OSHA-1 for an employer who has no employees on-site is that the prime contractor is to be cited as the controlling employer and/or the hazard-creating employer, then the total number of exposed employees on the job site should be used.

28. [Number of Employees] Controlled by Employer. An estimate of the maximum number of employees controlled by the employer at this establishment site and at all other domestic locations at any one time during the previous 12 months.

State Offices. For States, this number may be either the number controlled within the State, the Nation or the world, whichever is more useful to them. The definition chosen should not conflict with the State's compliance manual procedures relating to employer size. For public sector inspections, States may determine for themselves on which level to base this number, for example, within the agency, within the State, etc.

Federal Agency Activity. For Federal agency activity, this number should correspond to the level of the agency identified by the Federal Agency Code entered in *Ownership*.

Numbers Equal to or Greater than One Million. The NCR and Host computers will only accept numbers less than one million in this item. If the number is equal to or greater than one million, enter **999,999**.

29. Union? Enter **Y** for Union or **N** for Non-union.

- a. Union.** Specify union if ANY employees at the establishment are organized by a union that has bargaining rights with the employer.
- b. Non-union.** Specify non-union if NONE of the employees at the establishment are organized by a union that has bargaining rights with the employer.

30. **Employee Participation.** Either Item 30a, *Employee Walkaround* OR Item 30b, *Employees Interviewed* must = Y (yes). The exception to this is as follows:

An N (to indicate **no**) may be entered in both fields on the "other" OSHA-1s completed for 1) sites included in a CSA (*Type of Inspection* = L and *Scope of Inspection* = C) and 2) employers who will be cited for failing to complete and return the OSHA Survey under the ODI Non-Responder program (NEP code = DI2000NR).

- a. **Employee Walkaround.** Enter Y (yes) or N (no) to indicate whether an employee representative participated in any part of the inspection.

Refer to the FIRM for the definition of employee representative.

Multi-Employer Work Site. Indicate **yes** for each OSHA-1 completed for multi-employer work sites where one representative is elected by all unions to participate in the walkaround.

- b. **Employees Interviewed.** Enter Y (yes) or N (no) to indicate whether employees were interviewed during the inspection.

31. [There is no item 31.]

32. [There is no item 32.]

33. [There is no item 33.]

34. [There is no item 34.]

NOTE: Data that was previously entered in items 31 through 34 is now entered on the OSHA-200 screen that is accessible via Establishment Processing.

35. **Scope of Inspection.** Used to designate whether the inspection was comprehensive or partial (as defined in the FIRM), was attempted but could not be conducted for some reason (no inspection), or is classified as records only as defined below.

Records Only Inspection. This field is used to designate a case where:

- the area office must enter an OSHA-1 for establishments within their jurisdiction covered by a corporate-wide settlement agreement,
- the establishment's recalculated LWDII/Dart rate falls below a certain rate as specified in the directive for the Site-Specific Targeting (SST) program, and
- the area office issues a citation or Failure to Abate notice for failing to complete and return the OSHA Survey under the ODI Non-Responder program.

No Inspection. When **D** (No Inspection) is entered in the *Scope of Inspection* field, a popup window displays for entering the reason no inspection was conducted. From this popup window, you can display and make your selection from a choice list of valid reasons. Your selection fills item 43, *Reason No Inspection*. An explanation of each reason (Choice List items A-I) is provided below.

- a. **Establishment Not Found.** The establishment could not be located.
- b. **Employer Out of Business.** The employer was out of business.
- c. **Process Not Active.** The process to be inspected was not active. This will include situations at construction sites in which work has not yet begun, is temporarily halted, or has been completed. It also applies on denials of entry for which a warrant was received, but the job had terminated before any inspection could be conducted.
- d. **Ten or Fewer Employees.** The employer was covered by a Congressional exemption based on ten (10) or fewer employees or by any other exemption based on number of employees as explained in the FIRM. Refer to the current program directive and the FIRM on Congressional limitations/exemptions for more detail
- e. **Denied Entry.** The CSHO was denied entry before beginning the inspection.

NOTE: This item and *Scope* must be modified if an inspection is subsequently conducted. Refer to the special instructions at the beginning of this chapter.

- f. **SIC Not on Establishment List.** (For programmed inspections ONLY) The establishment's SIC code was incorrect on the establishment listing AND the correct SIC code was not on the listing
- g. **Work Site Exempt through Voluntary Program.** The employer participates in a voluntary program. For example: Voluntary Protection Program, Inspection Exemption Through Consultation
- h. **Non-Exempt Consultation in Progress.** A federally funded consultation was in progress.
- i. **Other.** Any other reason. [An explanation should be included in the narrative when "Other" is selected.]

36. [There is no item 36.]

37. **Anticipatory Warrant/Subpoena/Denial Information.** =====

When y is entered in this field, the pop-up window shown in Figure 8-1g above displays for completing items 37a-37d and items 38-41.



a. **Anticipatory Warrant Type.** Enter **X** if the CSHO served a warrant obtained prior to initiating the inspection.



b. **Anticipatory Warrant Date.** The month, day, and year on which there was a request for the issuance of an anticipatory warrant, that is, a warrant requested prior to a denial of entry.



c. **Anticipatory Subpoena Type.** If the CSHO served a subpoena obtained prior to initiating the inspection, enter **I** (for injury or illness) or **O** (for other) to indicate the type of subpoena served.



d. **Anticipatory Subpoena Date.** The month, day, and year on which the anticipatory subpoena was requested of the Solicitor for forwarding to the Assistant Secretary.



38. **Date of Denial.** The month, day, and year on which the CSHO was initially denied entry to the establishment.

NOTE: If denial-of-entry or re-enter dates are submitted, the IMIS must receive appropriate updates with the pursuit of warrant information.



39. **Date Re-Entered.** The month, day, and year the CSHO entered or attempted to enter the establishment for the first time following denial of entry.



40. **Date Re-Denied.** If there was a second denial of entry, enter the month, day, and year of the second denial. If denied for a third time, contact OMDS for further instructions.



41. **Date Re-Entered.** If a CSHO attempted to re-enter the establishment following the second denial, enter the month, day and year of the attempt or re-entry.

42. **Optional Information.** _____

Enter *y* in the *Optional Information* field to display a pop-up window (see Figure 8-1h above) for recording information of National, Regional, State or Local office interest. Optional information codes/values required by the National office are available on the NCR through a "Choice List."

Refer to Appendix D, Optional Information Codes, and paragraph II, Special Instructions, at the beginning of this chapter for instructions on completion of this item.

43. **Reason No Inspection.** This item automatically fills from the **Reason No Inspection** pop-up window that displays when you select "D-No Inspection" for Item 35, Scope of Inspection; however, it can be overwritten. Refer to item 35 above for an explanation of each reason provided in the popup window's choice list.

CAUTION

Refer to current program directives to determine whether inspections are to be conducted in any of the circumstances below. This item does not authorize discontinuing inspections; it merely provides a place to enter decisions based on current policy.

44. **Additional Citation Mailings.** =====

Enter y in the *Additional Citation Mailings* field to display a repeating screen (depicted as Figure 8-1i above) for recording the following information for any additional destinations for copies of the Citation. Include only those addresses not listed on the OSHA-1.



- a. **Organization Name.** Name of the organization to which a copy of the citation is to be sent.
- b. **Attention.** Name of the recipient (person or company) of the citation.
- c. **Address/Phone.** The mailing address (street, city, state, and zip-code) and telephone number (including area code and extension, when applicable) of the recipient (person or company) of the citation.

Reference Chapter 2, paragraph III.R, Pre-programmed Function Keys, for instructions and guidelines on the use of each function available for the repeating screen.

45. **Union Information.** =====

Enter y in the *Union Information* field to display a repeating screen (depicted as Figure 8-1j above) for recording the organizational names, addresses, telephone numbers, and in the case of a union, the local number, of all authorized employee groups.

NOTE: If there is no organized group to represent employees but affected employees have, nevertheless, designated a person to represent them for the purpose of OSHA inspections, complete Item 46, *Employee Representative*, leaving Item 45, *Union Information* blank.



- a. **Union.** Name of the organized employee group.
- b. **Local.** For unionized groups, enter the union's local number.
- c. **Address/Phone.** The mailing address (street, city, state, and zipcode) and phone number for the organized employee group.



- d. **Mail Citation.** Enter **y** in this field if a copy of the Citation is to be mailed to the employee group named.

NOTE: If the citation is to be mailed to an individual other than the representative named in Item 46, *Representative*, enter the recipient information in Item 44, *Additional Citation Mailings*.

Reference Chapter 2, paragraph III.R, Pre-programmed Function Keys, for instructions and guidelines on the use of each function available for the repeating screen.

46. **Employee Representative?** _____

Enter **y** in the *Employee Representative* field to display a repeating screen (depicted as Figure 8-1k above) for recording information relative to all authorized employee representatives.



- a. **Name.** Name of authorized employee representative.
- b. **Address/Phone.** The mailing address (street, city, state, and zipcode) and phone number for the authorized employee representative.
- c. **Walkaround.** Enter **y** (yes) if the named representative took part in any portion of the walkaround. If yes, indicate in Item 50, *Narrative*, in which portion of the walkaround that individual participated (e.g., "electrical shop, warehouse") or the percentage of time during which the individual takes part in the walkaround (e.g., "60%").

Reference Chapter 2, paragraph III.R, Pre-programmed Function Keys, for instructions and guidelines on the use of each function available for the repeating screen.

47. **Employer Representative Contacted?** _____

Enter **y** in this field to display the scrollable pop-up window (depicted as Figure 8-1l above) for recording information relative to any employer representatives contacted.

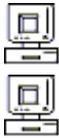


- a. **Name/Title.** Name and title of employer representative contacted.
- b. **Function.** From the Choice List, select the code(s) that describes the type(s) of activity engaged in by the contacted official.
- c. **Walkaround.** Enter **y** if the official named took part in any portion of the walkaround.

Reference Chapter 2, paragraph III.R, Pre-programmed Function Keys, for instructions and guidelines on the use of each function available for the repeating screen.

48. **Other Persons Contacted.** =====

Enter **y** in the *Other Persons Contacted* field to display the repeating screen (depicted as Figure 8-1m above) for recording information relative to any other person(s) interviewed during the inspection for any reason.



- a. **Name/Occupation.** Name and occupation of person interviewed.
- b. **Address/Phone.** Address (street, city, state, and zipcode) and telephone number of person interviewed.

Reference Chapter 2, paragraph III.R, Pre-programmed Function Keys, for instructions and guidelines on the use of each function available for the repeating screen.

49. **Penalty Reduction Factors.** Determine the penalty reduction factors for Size, Good Faith and History that are to be applied to the violation amounts. The F2 choice list feature allows you to display the valid values for each.

Refer to Chapter IV, Post Inspection Procedures of the Field Inspection Reference Manual, CPL 02-00-103 (CPL 2.103) for reduction guidelines.



50. **Coverage Info, Eval, Recs, Checklist and Narrative.** =====

Enter **y** in this field and select Safety or Health from the drop-down menu to invoke the appropriate word processing template for entering information pertaining to, but not limited to, the following topics:

- Coverage Information
- Opening Conference Notes
- Record Keeping Programs
- Compliance Programs
- Evaluation of Employer's Overall Safety & Health Program
- Closing Conference Notes

Follow the guidelines in the Field Inspection Reference Manual (FIRM), OSHA Instruction CPL 02-00-103 (CPL 2.103) when providing substantiation of OSHA coverage of the establishment inspected.

NOTE: When you go into WordPerfect from this item for the first time, an error message will be displayed stating the file is not found and the assigned file name. This error message is acceptable since the application attempts to create a file conforming to the filenames needed by the application. Any accesses to this file once it has been saved will not receive the error message.

51. **Safety Steps Evaluation Survey.** =====

Enter y in this field to display the repeating screen depicted as Figure 8-1n above for completing items 52 through 58.

Purpose. The purpose of the Safety Steps screen is to provide a means of documenting when and what particular compliance assistance related action, if any, from the OSHA family resulted in the employer implementing or improving upon their safety and health program and/or identifying and correcting hazards. The screen consists of a series of questions which will be answered by compliance officers to document and track what compliance assistance activity resulted in the employer making an effort to improve the worker safety and health in that establishment.

When to Complete the Safety Steps Evaluation Screen. Complete Safety Steps data entry for all programmed inspections of all industries except construction with an opening conference date of June 24, 1999 or later and with an LEP or NEP code entered.



52. **Date of Survey.** Enter the date of the survey in the mmddyyyy format. You must enter all four digits for the year. The date entered here must be equal to or greater than the opening conference date.



53. **Company Name.** The name of the company displays for reference purposes only.



54. **Has this company had any OSHA contacts within the past 3 years?**
 You may type in the code (y=yes, n=no, d=don't know) or press the <F2> function key to display the choice list and make your selection.

NOTE: If you answer No or Don't Know to item 54, the cursor bypasses item 55. If you answer Yes to item 54, you must enter at least 1 value in Item 55, Type of Contact.



55. **If Yes to Item 54, Enter the Type of Contact.** When applicable, enter y to access a scrollable popup region (illustrated below) for entering the contact type(s).

You can type in the value from the list shown below or press the <F2> function key to display the list and make your selection.

Valid Values for Type of Contact:



If OTHER. If the Type of Contact selected is OTHER, you must enter a brief description (50 characters max) for the contact type.



56. **Has this company made any changes to its safety and health program in the past three years?** You may type in the code (y=yes, n=no, d=don't know) or press the <F2> function key to display the choice list and make your selection.

NOTE: If you answer No or Don't Know to item 56, there are no other applicable items on they form; therefore, the cursor bypasses all remaining items. If you answer Yes to Item 56, you must enter at least one value in Items 57a-57g.



57. If Yes to Item 56, then complete Items 57a-g below.

- a. **Hired a S&H professional or assigned S&H responsibilities.** You may type in the code (I=Internal, E=External, B=Both) or press the <F2> function key to display the choice list and make your selection.
- b-g. Enter **X** in any/all applicable fields (items 57b-57g) to identify where the company made changes to its safety and health program in the past three years and leave all others fields in this section blank.

If Other Changes, Explain. If you enter **X** in 57g, Other Changes, enter a brief explanation (50 characters max) for other changes made by the company.

NOTE: If 57a or any field for items 57b-g is completed, you must complete item 58.



58. Were any of these actions taken as a result of contact with OSHA?

You may type in the code (y=yes, n=no, d=don't know) or press the <F2> function key to display the choice list and make your selection.



59. CSHO Signature/Date. This space is provided on both the OSHA-1 and OSHA-1A computer-printed paper forms for the CSHO's signature and the date signed.



60. Accompanied By. (OSHA-1A) If a third party (not an employee) participates in the inspection (e.g., a CSHO trainee, OSHA National or Regional Office representative, an outside consultant, a Local or National Union representative), enter that party's name and affiliation.

V. Saving and Printing. Instructions for saving and printing the data and for printing blank forms are provided in Chapter 2, Data Processing Concepts and Guidelines and will not be repeated here.

Chapter 9.

INSPECTION UPDATE PROCESSING

I. Overview.

- A. **Purpose.** Inspection Update Processing allows the user to modify, and/or update inspection information. It is used to track and report subsequent actions (i.e., warrant/subpoena, penalty, and debt collection) at the local office level and to report these actions to the IMIS. The actions tracked via Inspection Update Processing apply to an entire case as opposed to a single violation.
- B. **Recording the Data.** As actions occur, the information may be entered directly into the computer via the Inspection Record Update screen and a hard copy printed for the case file. Alternatively, the data may be recorded on a computer-printed form for data entry purposes.

The computer-printed OSHA-167I, Inspection Record Update, paper form is completed only as a local office option; therefore, no guidelines for completing the paper form are given.

- C. **Running the Case Audit Report.** Inspection Record Update Processing allows you to run the Case Audit Report from the data entry screen. The report shows the status of the case and includes detailed violation and penalty payment data.

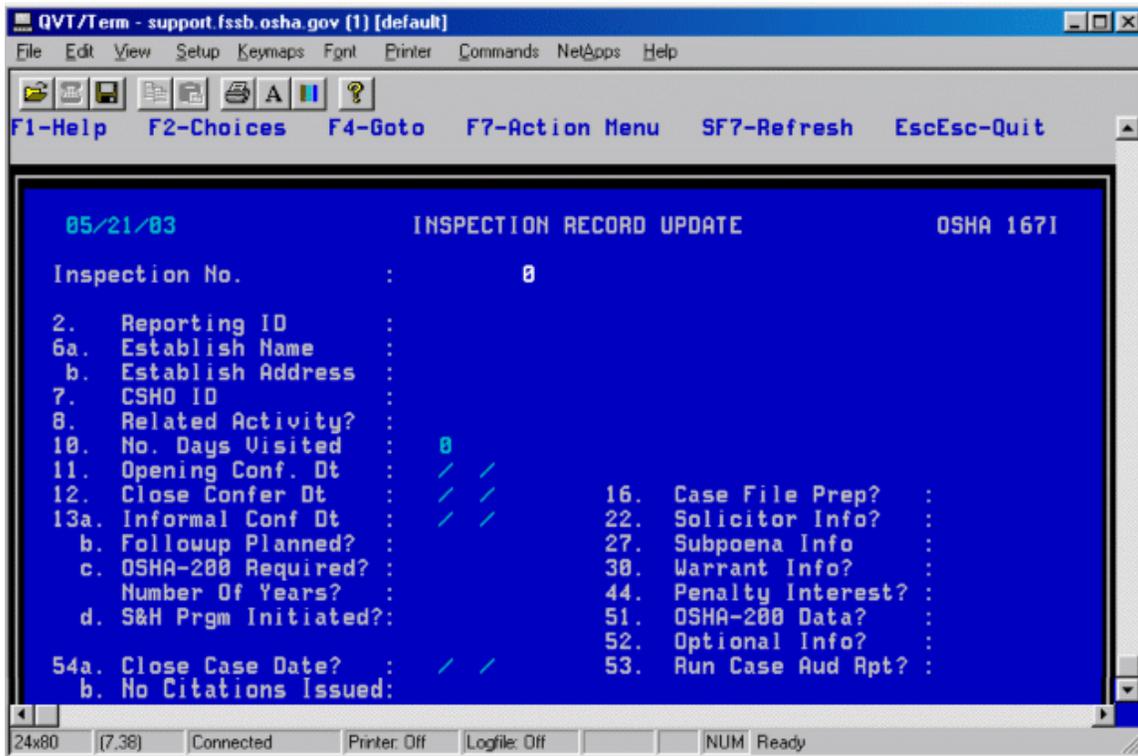
Refer to (IRT 01-00-004 (ADM 1-1.21A), The IMIS Enforcement Micro Reports Documentation, for detailed information and an example of the Case Audit Report.

- D. **Completing the Data Items.** Paragraph II.B, Data Item Definitions/Instructions, defines each data item on the Inspection Update screen and gives specific instructions for completing an item when required. Modifications to OSHA-1 items are reflected on the Inspection Processing screen.

II. Screen Illustration and Data Item Definitions/Instructions.

- A. **Screen Illustration.** The Inspection Record Update data entry screen is illustrated as Figure 9-1.

**Figure 9-1
Inspection Update Data Entry Screen**



B. Data Item Definitions/Instructions. Each data item on the Inspection Record Update data entry 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. Icons have been inserted in this chapter to denote the items that are located within a pop-up window. A double line extending from the item name to the right margin denotes the fields from which a pop-up window may be displayed.

NOTE: Refer to Paragraph IX in Chapter 1, Introduction and Data Processing Overview, for an explanation of the icons used in this manual.

- Inspection Number.** The unique number for the Inspection Report you wish to update.

When you enter the Inspection Number, data items from the OSHA-1 fill with information entered during Inspection Processing.

- Reporting ID.** The office's appropriate ID for reporting to the IMIS.

3. [There is no item 3.]
4. [There is no item 4.]
5. [There is no item 5.]
6. **Establishment Information.**
 - a. **Establish Name.** The legal name of the establishment.
 - b. **Establish Address.** The address of the work-site of the establishment inspected.

The F5 function key allows you to access Establishment Processing for modifying establishment information. Refer to Chapter 3 for detailed instructions.

7. **CSHO ID.** The CSHO's assigned ID.
8. **Related Activity?** =====

When **Y** is entered in the *Related Activity* field, the pop-up window shown in Figure 9-2 below displays.

**Figure 9-2
Related Activity Pop-up Window**

| 8. RELATED ACTIVITY | | | | | |
|---------------------|--------|------------------------|----------------------|------------------|---------------------------|
| Type | Number | Satisfied Saf? Hth? | 10th Ltr Response | Cmp/Ref Close | Related Ins Close Date |
| | 0 | | | | // |
| | 0 | | | | // |
| | 0 | | | | // |

Refer to Item 5, Paragraph IV.B of Chapter 8, Inspection Processing, for detailed instruction on completing the items in this pop-up window.

9. [There is no item 9.]
10. **Number of Days Site Visited.** The total number of days the CSHO visited the work-site. Each partial day shall be counted as one day. If only five minutes were spent on site on a given day, that day shall be counted.

11. **Opening Conference Date.** The month, day, and year of the first contact with the establishment; that is, the opening conference, date of entry, or attempted entry, whichever comes first.
12. **Closing Conference Date.** The month, day, and year of the last closing conference held before issuing citations. If no closing conference was held, enter the date of exit from the site.
13. [Item 13 on the screen consists of a through d below.]

- a. **Informal Conference Date.** The month, day, and year the Informal Conference was held with the employer, regardless of whether or not an agreement was reached. For 18(b) States, the Informal Conference is used to record data for the First Appeal.

Refer to Chapter 10, Violation Processing, for instructions on globally deleting citation items due to an Informal Settlement Agreement. Refer to Chapter 11, Post Violation Processing, for instructions on modifying and deleting citation items (item-by-item) due to an Informal Settlement Agreement.

- b. **Followup Planned?** Used to indicate whether a followup inspection is planned. When **Y** is entered in this field, the system will automatically generate the assignment record for the followup inspection and display its assigned activity number.
- c. **OSHA-200/300 Required?** Enter **Y** (yes) if, during the Informal Settlement Agreement (ISA) process, as part of the agreement, the employer is required to supply OSHA-200/300 data in subsequent years.

Number of Years? If you entered **Y** in 13c, *OSHA-200/300 Required*, enter here the number of years (1, 2 or 3) for which the employer is required to supply OSHA-200/300 data.

- d. **S&H Program Initiated?** Enter **Y** (yes) if, during the Informal Settlement Agreement (ISA) process, as part of the agreement, the employer is required to initiate a Safety and Health Program.

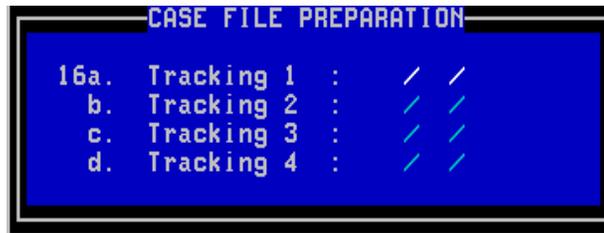
14. [There is no item 14.]

15. [There is no item 15.]

16. **Case File Prep?**

When **Y** is entered in *Case File Prep*, the window shown as Figure 9-3 displays. The items in the Case File Preparation pop-up window are for local office use only. They may be used to track dates, not covered elsewhere on the form, which the office wishes to track. Their specific use is left to each office's discretion but possible uses are as follows:

Figure 9-3
Case File Preparation Pop-up Window



Example 1:

Example 2:

- | | | | |
|----|---------------------------|---------------------------|--------------------|
| a. | <u>Tracking 1.</u> | File sent for review | Samples submitted |
| b. | <u>Tracking 2.</u> | File sent for typing | Results received |
| c. | <u>Tracking 3.</u> | File sent for review | Citation to review |
| d. | <u>Tracking 4.</u> | File back for corrections | Citation to typing |

Case File Lapse Time Report. The Case File Lapse Time report uses the data entered in *Tracking 1* to determine the number of calendar days from the closing conference to the date the case file was sent to the Area Director for review. This report uses *Tracking 2* to determine the number of lapsed calendar days from the date the case file was sent to the Area Director for review to the date it was sent for typing.

If an office uses the Case File Lapse Time report, *Tracking 1* and *Tracking 2* should be used for the purpose shown in Example 1.

17-21. [There are no screen items for 17-21]

- d. **Hazard Abatement.** The case is forwarded to the Solicitor to compel abatement after repeated failures.
- e. **Contempt.** OSHA contempt proceedings are to be brought against the employer for any reason.
- f. **Other.** The file is sent to the Solicitor for any other reason.



24. **Solicitor Returned File.** Complete this item to indicate that the case file sent to the Solicitor was returned to the Area Office.



25. **Solicitor Number.** The identifying number assigned to the case by the Solicitor, if available.



26. **Attorney Assigned.** The last name of the attorney assigned to the case, if known.

Subpoena Info? =====

When **Y** is entered in *Subpoena Info*, the window shown in Figure 9-5 displays. For State Offices, substitute the appropriate State position or title for the Federal titles used in this section.

**Figure 9-5
Subpoena Info Pop-up Window**



27. **Anticipatory Subpoena Requested.**

- a. **Date.** The month, day, and year on which the Anticipatory Subpoena was requested of the Solicitor for forwarding to the Assistant Secretary.
- b. **Type.** Enter **I** or **O** to indicate whether the anticipatory subpoena is for injury/illness records (I) or for other records (O).



28. **Subpoena Requested.**

- a. **Date.** The month, day, and year on which the subpoena was requested of the Solicitor for forwarding to the Assistant Secretary.
- b. **Type.** Enter **I** or **O** to indicate whether the subpoena is for injury/illness records (I) or for other records (O).



29. **Signed Subpoena Received.**

- a. **Date.** The month, day, and year on which the signed subpoena was received.
- b. **Not Approved.** Complete this field if the subpoena was not approved. Do NOT complete this item for anticipatory subpoenas.

Warrant Info? =====

When **Y** is entered in *Warrant Info*, the window shown as Figure 9-6 displays.

- For Federal Agency inspections during which denial occurs, complete only Fields *Denial Withdrawn*, *Subpoena Request Withdrawn*, or *Warrant Request Withdrawn*.
- For State Offices, substitute the appropriate State position or title for the Federal titles used in this section.

Figure 9-6
Warrant Information Pop-up Window





30. **Anticipatory Warrant Requested.** The month, day and year on which there was a request for the issuance of an anticipatory warrant, that is, a warrant requested prior to a denial of entry.



31. **Warrant Requested of SOL/AG.**

- a. **Date.** The month, day, and year on which the warrant was requested of the Solicitor or, for States, the Attorney General.
- b. **Not Requested.** Complete this field to indicate that a warrant was not requested of the legal staff. Do NOT complete this item for anticipatory warrants.
- c. **Authorization.** Indicates whether the Solicitor or Attorney General authorized or declined to authorize the warrant request. Do NOT complete this item for anticipatory warrants.



32. **Warrant to Magistrate/State Court.**

- a. **Date.** The month, day, and year on which the warrant or subpoena was sent to the Magistrate from the Solicitor's office.
- b. **Date Unknown.** Complete this field to indicate that the date the warrant or subpoena was sent to the Magistrate from the Solicitor's office is unknown. Do NOT complete this item for anticipatory warrants.
- c. **Granted/Denied.** Indicates whether the Magistrate granted or denied the request for a warrant.



33. **Warrant Return Due.** This field is provided for local use. The month, day, and year by which the office must report back to the court or complete the inspection.



34. **Denial Withdrawn (Employer).** Complete this field if, after the regular warrant procedures have begun, the employer allows OSHA in without a warrant.



35. **Subpoena/Warrant Withdrawn.**

- a. **Subpoena Request Withdrawn.** Complete this field if the Area Director or State equivalent decided (at any stage in the process) not to pursue the subpoena.

- b. **Warrant Request Withdrawn.** Complete this field if the Area Director or State equivalent decided (at any stage in the process) not to pursue the warrant.

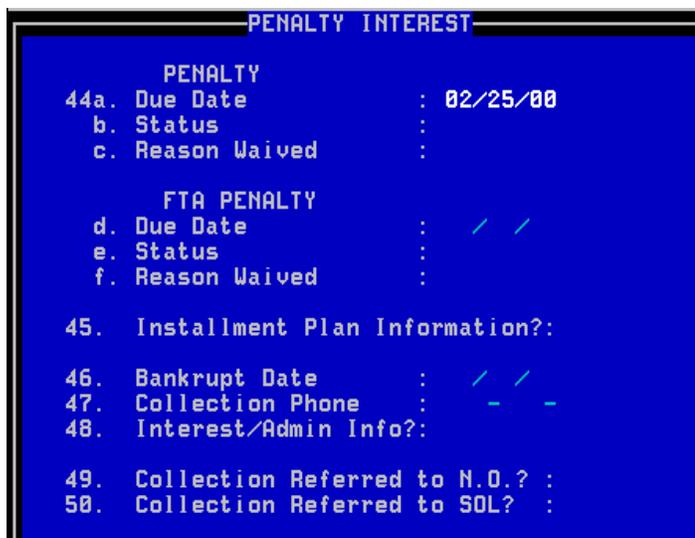
36-43. [There are no screen items for 36-43.]

44. **Penalty Interest?** =====

When Y is entered in *Penalty Interest*, the window shown in Figure 9-7 displays.

Refer to OSHA Instruction FIN 00-00-001 (previously FIN 8.1) and CPL 02-00-103 (CPL 2-103), Field Inspection Reference Manual for instructions, policies and procedures for the collection of debts, assessment of interest, delinquent fees and administrative costs.

Figure 9-7
Penalty Interest Pop-up Window



- a. **Penalty - Due Date.** The month, day and year on which the original penalties assessed the employer are due and payable. If the due date changes, for example after a contest settlement, modify this item to reflect the new date.



- b. **Penalty - Status.** Code that identifies the final status of the original debt. These codes may be found on the micro through the F2-Choice List feature.

When to Complete this Item. Complete this field only after final actions have been taken to collect all monies owed by the employer. It should NOT reflect interim payment status.

Further details on when to use this field are discussed in OSHA Instruction FIN 00-00-001 001 (previously FIN 8.1).

Use of this Item. This field allows the office to track the final status of debts without having to enter all the information generated by the National Office during debt collection.



- c. **Penalty - Reason Waived.** Code that indicates the reason collection of monies owed was waived. These codes may be found on the micro through the F2-Choice List feature.



- d. **FTA Penalty - Due Date.** The month, day and year on which the additional penalties assessed the employer as a result of failure to abate are due and payable. If the due date changes, for example after a contest settlement, modify this item to reflect the new date.

When to Assign Due Date. The due date for the additional penalties should not be assigned until all FTA monies have been assessed. The FTA penalty due date should be calculated using the latest FTA issuance date.

Refer to CPL 02-00-103 (CPL 2-103), Field Inspection Reference Manual for determination of the appropriate penalty due date.



- e. **FTA Penalty - Status.** Code that identifies the final status of the debt accrued as a result of failure to abate. These codes may be found on the micro through the F2-Choice List feature.

When to Complete this Item. Complete this field only after final actions have been taken to collect all monies owed by the employer. It should NOT reflect interim payment status.

Further details on when to use this field are discussed in OSHA Instruction FIN 00-00-001 (previously FIN 8.1).

Use of this Item. This field allows the office to track the final status of debts without having to enter all the information generated by the National Office during debt collection.



- f. **FTA Penalty - Reason Waived.** Code that indicates the reason collection of additional monies owed was waived. These codes may be found on the micro through the F2-Choice List feature.



45. **Installment Plan Information?** =====

Enter **Y** in *Installment Plan Information* to display a second pop-up window (shown as Figure 9-8). Complete the items in this window if OSHA and the employer have agreed on a plan for payment of penalties by installments. Installment plan information should only be recorded for formal agreements that have been approved by the Area Director.

Figure 9-8
Installment Plan Information Pop-up Window

| INSTALLMENT PLAN INFORMATION | | |
|------------------------------|------|-------------|
| Total Penalty Amounts | | |
| Penalty | FTA | Outstanding |
| 0.00 | 0.00 | 0.00 |

45a. Penalty or FTA? :
b. No Installments : 0
c. Start Date : / /
d. End Date : / /
e. Interval :
f. Calculate Installment?:

| INSTALLMENT PLAN INFO: | | |
|------------------------|------|-------------|
| 45h. PEN/FTA | | |
| Type | Date | Install Amt |
| | / / | 0.00 |
| | / / | 0.00 |
| | / / | 0.00 |



Total Penalty Amounts. The total CURRENT penalty and FTA penalty amounts assessed the employer and the outstanding (unpaid) balance will pre-fill on the screen. If the amount paid exceeds the amount assessed (e.g., erroneous amount paid was entered or payment was entered for the wrong establishment), the *Outstanding* field will show the overpaid amount preceded by the minus (-) sign.



a. **Penalty or FTA?** Indicates whether the installment plan is for the payment of original penalties or additional (FTA) penalties.



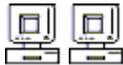
b. **No. of Installments.** The number of installment payments agreed upon.



c. **Start Date.** The month, day, and year on which the first installment payment is due.



d. **End Date.** The month, day, and year on which the final installment payment is due.



e. **Interval.** The number of calendar days within which a payment is due and payable.



f. **Calculate Installment?** The system will automatically calculate the money amount due for each installment when **Y** is entered in this field and the appropriate sub-items 45a through 45e (see Figure 9-7) are completed. In order for the system to make the calculation, you **MUST** enter the starting date AND either 1) number of installments and ending date, 2) number of installments and interval, or 3) ending date and interval.

Alternatively, you may enter **N** in *Calculate Installment* and key in the installment plan *Type*, *Date*, and *Installment Amount* in screen item 45h (see Figure 9-7).

g. [There is no item 45g.]



- h. **Installment Plan Information (Calculated)**. The fields *Type*, *Date*, and *Install Amt* compose a scrollable region (repeating group). The system will fill these fields from the information entered in screen items 45a through 45f. Alternatively, you may choose not to complete the fields for automatic calculation by the system and key the data in the *Type*, *Date*, and *Install Amt* fields.

Updating Installment Information. When a payment is received, the installment information should be updated by spacing through the line in the scrollable region that contains the installment that was paid, thus removing it. Updating in this fashion will keep the most current installment on top of the "stack" so the next installment due will be listed first.

The Debt Collection report will remind users of the need for timely updating of this data.

- **Type**. Indicates whether the installment plan is for the payment of original penalties (P) or additional (FTA) penalties (F).
- **Date**. The month, day, and year by which the first/next installment payment is due.
- **Install Amt**. The amount due and payable by the date indicated.



46. **Bankrupt Date**. The month, day, and year on which the company filed bankruptcy.



47. **Collection Phone**. Completion of this field is only required when a case is forwarded to the National Office by a Federal Office in accordance with Debt Collection Act procedures.

Refer to OSHA Instruction FIN 00-00-001 (previously FIN 8.1) for complete instruction on debt collection actions.



48. **Interest/Administrative Information.**

Enter **Y** in *Interest/Administrative Information* to display a second pop-up window (shown as Figure 9-9) containing the following fields that compose a scrollable region. This window is for reporting letter and interest fee information to the IMIS.

Figure 9-9
Interest/Admin Info Pop-up Window

| Type | Letter Date | *****Interest***** Date | Amount | Admin Fee | **Delinq/Oth Assess** Date | Amount | Letter Process? |
|------|-------------|-------------------------|--------|-----------|----------------------------|--------|-----------------|
| | / / | / / | 0.00 | 0.00 | / / | 0.00 | |
| | / / | / / | 0.00 | 0.00 | / / | 0.00 | |
| | / / | / / | 0.00 | 0.00 | / / | 0.00 | |



a. **Letter Type.** From the F2 Choice List, indicate the type of letter sent. Letter types are:

- 1 = Payment Plan Default/Penalty Demand Letter
- 2 = Penalty Payment Plan Default Letter
- 7 = FTA Payment Plan Default/Penalty Demand Letter
- 8 = FTA Payment Plan Default Letter
- O = Other Assessment Fee

b. **Letter Date.** The date the demand letter was sent.

c. **Interest Date.** The date the interest was calculated.

d. **Interest Amount.** The total interest assessed to date for the original penalty or FTA penalty as identified in *Letter Type* above.

e. **Admin Fee.** The appropriate administrative charge for the demand letter identified above.

f. **Delinquent/Other Assessed Date.** The date that delinquent or other fees were assessed.





g. **Delinquent/Other Assessed Amount.** The total amount assessed for delinquent or other fees.



h. **Letter Process?** Demand letters may be generated, edited, and printed from the Inspection Update screen.

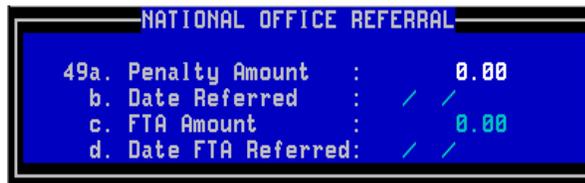
Refer to Chapter II, General Guidelines, for more information on Letter Processing.



49. **Collection Referred to N.O.?** _____

Enter **Y** in *Collection Referred to N.O.?* to display the pop-up window shown as Figure 9-10. Complete the appropriate fields in this window when the case has been referred to the National Office for collection processing.

**Figure 9-10
National Office Referral Pop-up Window**



a. **Penalty Amount.** The outstanding penalty amount referred to the National Office for collection.



b. **Date Referred.** Month, day, and year the referral was made to the National Office for collection of the outstanding penalty amount.



c. **FTA Amount.** The outstanding additional penalty (FTA) amount referred to the National Office for collection.



d. **Date FTA Referred.** Month, day, and year the referral was made to the National Office for collection of the outstanding additional penalty (FTA) amount.



50. **Collection Referred to SOL?** Enter **Y** in this field if the case has been referred to the Solicitor for collection processing.

51. **OSHA-200300 Data?** =====

Please complete OSHA-200/300 data entry on the Inspection Processing screen. See Chapter 8, Inspection Processing, of this manual for instructions.

52. **Optional Info?** =====

Enter **Y** in *Optional Info* to display the popup window shown as Figure 9-12.

Figure 9-12
Optional Information Pop-up Window



| 52. OPTIONAL INFORMATION CASE | | |
|-------------------------------|----|-------|
| Type | ID | Value |
| | | |

Refer to Appendix D, Optional Information Codes, and paragraph II, Special Instructions, in Chapter 8, Inspection Processing, for instructions on completion of this item. Optional Information required by the National Office when processing inspection data is available on the micro through the F2-Choice List feature.

53. **Run Case Audit Report?** Enter **Y** in this item to generate the Case Audit Report. The report shows the status of the case and includes detailed violation and penalty payment data.

Refer to IRT 01-00-004 (ADM 1-1.21A), The IMIS Enforcement Micro Reports Documentation, for detailed information and an example of the Case Audit Report.

54. **Close Case/Citations Issued?**

- a. **Close Case Date.** The month, day, and year on which the case is closed.

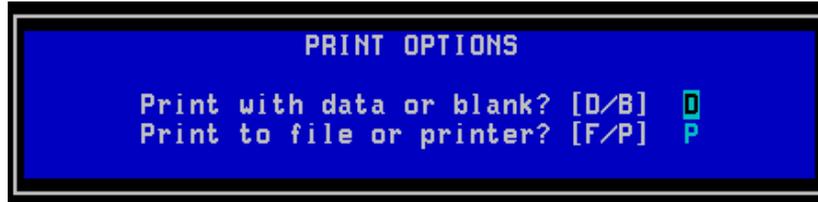
Refer to Chapter 8, Inspection Processing, for guidelines on case closing.

- b. **No Citations Issued.** Enter **X** in this item if no citations are to be issued for this inspection.

III. Saving and Printing the Data.

- 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>**.