OSHA Field Safety and Health Manual

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OSHA INSTRUCTION

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

DIRECTIVE NUMBER: ADM-04-00-002	EFFECTIVE DATE: October 5, 2016
SUBJECT: OSHA Safety and Health Management System	

ABSTRACT

Purpose: This Instruction establishes a Safety and Health Management System (SHMS) for Occupational Safety and Health Administration (OSHA) employees. The Instruction also establishes safety and health programs as identified in subsequent chapters for Regional implementation. Employee participation is a key element of any successful SHMS. It is the intent of this program that all employees will participate in all aspects including reporting hazards, incidents, and injury/illness without fear of reprisal. Changes to the SHMS or programs that alter the SHMS or program policies require National Office review and approval.

Scope: OSHA-wide

References: Occupational Safety and Health Act, Public Law 91-596

Presidential Executive Order 12196 of February 26, 1980

Title 29: Subtitle B--Regulations Relating to Labor: Chapter XVII Occupational Safety and Health Administration, Department of Labor

Department of Labor Manual Series (DLMS) 4, Chapter 800, DOL Safety and Health Program

See also Reference paragraphs in individual chapters.

Cancellations: OSHA Instruction ADM 04-00-001, OSHA Field Safety and Health Manual, May 23, 2011

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Executive Summary

This Instruction establishes a Safety and Health Management System (SHMS) for OSHA employees. The Instruction also establishes safety and health programs, as identified in subsequent chapters, for Directorate/Regional implementation.

The SHMS and its programs establish baseline requirements and within established guidelines, may be supplemented or augmented to ensure the safety and health of all OSHA employees as well as temporary and contract employees. Changes related to the implementation of SHMS may be made with local SHMS committee approval. Changes to the SHMS or programs that alter SHMS or program policies require National Labor-Management Steering Committee review and approval.

The SHMS and its programs will be implemented in phases per the timetable that will be provided by Directorate of Technical Support and Emergency Management (DTSEM). Nothing in the instruction eliminates the Regional Administrator or Directorate's obligations to comply with OSHA or other Federal Regulations and Executive Orders.

Significant Changes

On August 15, 2016 Chapters 13, 17, 22, and 27 were revised to provide updated baseline requirements for controlling hazardous energy, fall protection, electrical safety, and exposure monitoring. These changes were made by OSHA Field SHMS Executive Steering Committee workgroups with equal number of OSHA management and bargaining unit subject matter experts.

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CHAPTER 1
INTRODUCTION

I. Purpose

The purpose of this Instruction is to define and implement a Field Safety and Health Management System (SHMS) and appropriate safety and health programs, as identified in the subsequent chapters, for OSHA.

OSHA is responsible for ensuring that employees of the Agency have a safe and healthful workplace that complies with the Occupational Safety and Health Act and with OSHA standards. Establishing an effective SHMS appropriate to employees' varied work responsibilities and workplace conditions is also an essential strategy to eliminate/control hazards before they lead to fatalities, injuries and illnesses.

II. Scope

This Instruction applies OSHA-wide.

Due to the unique technical support the Health Response Team (HRT) provides to the field, it may develop policies and procedures, not covered by this Instruction, to protect HRT employees from specific hazards during work activities only the HRT is expected to conduct. These policies and procedures will comply with OSHA standards while allowing the HRT to provide support to the field during emergent or critical situations. The HRT is a branch of the Salt Lake Technical Center, Directorate of Technical Support and Emergency Management.

III. References

A. Occupational Safety and Health Act, Public Law 91-596, December 29, 1970; as amended by Public Law 101-552, November 5, 1990; as amended by Public Law 105-241, September 29, 1998.

B. Occupational Safety and Health Programs, Presidential Executive Order 12196, February 26, 1980.

C. Regulations Relating to Labor, Occupational Safety and Health Administration, Department of Labor, Title 29, Code of Federal Regulations, Subtitle B, Chapter XVII.

D. Department of Labor Manual Series (DLMS) 4, Chapter 800, DOL Safety and Health Program.

Note: See also Reference sections for individual chapters.

IV. Action Offices

OSHA Regions, Directorate of Technical Support and Emergency Management, Directorate of Training and Education.

V. Federal Program Change

This instruction describes a Federal Program Change for which State adoption is not required.

VI. Changes to Existing MOUs

Regions that have preexisting Memorandums Of Understanding (MOU) and/or safety and health management programs need to review them against this Safety and Health Management System to ensure consistency. The MOUs and any program portions that are not consistent need to be sent to the Directorate of Technical Support and Emergency Management with justification for why the deviation is necessary. A final determination will be made by the joint labor – management steering committee.

CHAPTER 2
SAFETY AND HEALTH MANAGEMENT SYSTEM

The basic tenets of an effective SHMS are Management Commitment and Leadership and Employee Participation, Worksite Analysis, Hazard Prevention and Control and Safety and Health Training.

I. Management Commitment and Leadership

A. Policy Statement

It is the policy of the Agency to provide a safe and healthful work environment for all permanent, temporary, and contract employees. It is also our policy to provide the same safe and healthful environment for our visitors. OSHA is not only committed to ensuring a safe and healthful work environment for others, but is equally committed to the safety and health of its employees. The development, implementation, and evaluation of this Safety and Health Management System (SHMS) shall be a cooperative effort between labor and management in order to prevent injuries, illnesses, and death from work-related causes and minimize losses of material resources. The information contained in this SHMS shall be used to assist employees and supervisors in carrying out their responsibilities of ensuring a safe and healthful working environment.

This SHMS establishes the framework of a continuing process for providing occupational safety and health guidelines and information to all personnel. OSHA's commitment is to ensure continuous improvement by establishing procedures for annual self-evaluation and follow-up. The safety, health, and well-being of OSHA's Federal employees, contractors, and members of the visiting public are a shared responsibility. Management will provide training and the time necessary for successful implementation of all aspects of this program.

B. Roles and Responsibilities

1. National Office

a. The Assistant Secretary bears responsibility for the health and safety of OSHA employees as well as temporary, contract and visiting employees and will demonstrate leadership and commitment for employee safety and health. The Assistant Secretary will hold Regional Administrators accountable for the SHMS and programs within their respective offices.

b. The National Field Safety and Health Steering Committee consists of three executive field management representatives and three NCFLL representatives.

2. **DTSEM** will be organizationally responsible for the implementation and management of the program. DTSEM will:

a. Support the Regions in the implementation of the SHMS, e.g. provide guidance and assistance.

b. Maintain oversight of the SHMS.

c. Review and submit, to National Field Safety and Health Steering Committee, all changes to the SHMS submitted by the Regions other than those that describe site specific roles and responsibilities.

d. Review Annual SHMS Self-Evaluations submitted by the Regions and provide guidance as needed.

e. Compile and maintain injury/illness/incident reports and analyze trends and share recommendations and success stories as appropriate.

f. Provide safety and health performance updates on a semi annual basis to the National Field Safety & Health Steering Committee which includes the status of:

i. Regional progress towards safety and health goals;

ii. Regional percent completion of mandatory training;

iii. Regional percent completion of annual physicals;

iv. Regional percent completion of respirator fit tests;

v. Regional percent completion of required annual exercises (i.e. Continuity Of Operations Plan, Shelter In Place Plan, Occupant Emergency Plan, Local Contingency Plan);

vi. Regional percent completion of required inspections (i.e. office inspections, vehicle inspections, SCBA inspections, etc.);

vii. Regional number of incidents investigated and percentage of timely reporting (within 5 days);

3. **Regional Offices**

The Regional Administrators bear responsibility for the health and safety of all Regional employees as well as temporary, contract and visiting employees. The Regional Administrator will demonstrate leadership and commitment to employee safety and health. See Chapter 4 for roles and responsibilities specific to the Regions.

4. **Area and District Offices**

The Area Directors bear responsibility for the health and safety of the staff as well as temporary, contract and visiting employees within the Area and District Offices. The Area Director will demonstrate leadership and commitment to employee safety and health. See Chapter 5 for roles and responsibilities specific to the Area and District Offices.

II. Employee Participation

A. Each employee covered by this instruction is responsible for:

1. Following all of the safety and health rules and practices of the SHMS and safety and health programs;

2. Monitoring and reporting to their supervisor (or designee) any unsafe conditions for prompt correction;

3. Correcting any hazard that they have the ability to correct and report that event to the applicable supervisor (or designee), e.g. their Regional Administrator/Area Director/Unit Manager and/or Assistant Area Director (AAD)/Team Leader (TL);

4. Providing feedback to their applicable supervisor (or designee) regarding the need for additional controls to ensure safety and health standards are met;

5. Setting the example as a leader in occupational safety and health to others in the course of their professional duties;

6. Avoiding exposure to any recognized uncontrolled hazard; and

7. Participating meaningfully in SHMS activities, for example; preparing Job Hazard Analyses (JHA), conducting accident investigations, and serving on safety and health committees.

B. All employees shall be provided access to: training materials; safety data sheets; results of inspections; evaluations of their own SHMS; results of accident investigations except for portions deemed confidential for personnel or medical reasons; hazard assessments and such other materials produced by the SHMS that may be helpful to employees in improving safety and health in their workplace.

C. Union and employee participation in the field are to be undertaken consistent with the National Council of Field Labor Locals (NCFLL) bargaining agreement.

D. Each Region shall establish a joint labor management committee referred to as the Regional Safety and Health Committee (RSHC) to promote occupational safety and health benefits to all employees, including temporary, contract, and visiting employees. The requirements for formation and election of the RSHC and chairperson will be consistent with 29 CFR 1960.37. The size of the RSHC will be determined jointly by the local labor-management representatives.

1. The RSHC will consist of at least as many bargaining unit representatives as management representatives. The NCFLL will appoint the union representatives and the Regional Administrator will appoint the management representatives.

2. Each committee member will serve terms of one to three years. The terms should be staggered so that no more than half of the management or union members will be rotated off the committee's membership during the year.

3. A Regional Safety and Health Manager (RSHM), identified by the Regional Administrator, serves as facilitator and technical advisor and is a permanent support position in the committee. This position is in addition to the members of the RSHC.

4. The RSHC may designate ad hoc work groups as appropriate (with up to four members) to address specific safety and health issues and work assignments.

III. Worksite Analysis

A. Inspections

Safety and health inspections will be conducted at each OSHA office quarterly at a minimum with at least one union and one management representative participating. Corrective actions will be documented on the Corrective Action List (Appendix A) communicated to all affected employees, and retained at the office where the inspection was conducted

for at least two years. Consideration should be given to conducting limited scope monthly inspections (i.e., fire extinguisher, eyewash, or emergency lighting inspections).

B. Hazard Analyses of Routine Tasks

1. Hazards and risks to employees' safety and health should be identified and assessed on an ongoing basis at both the office and field locations, such as at enforcement inspection and VPP onsite evaluation locations. Implementation of preventive and protective measures should: eliminate the hazard/risk; control the hazard/risk at the source through the use of engineering controls or organizational measures; minimize the hazard/risk by the design of safe work systems or use of administrative control measures; or where residual hazards/risks cannot be controlled by collective measures, effected by the use of appropriate personal protective equipment.

2. Hazard Analyses are effective in uncovering hazards to employees and shall be done to the fullest extent possible for all tasks assigned to employees. Based on a general assessment of work sites, at a minimum, employees are required to utilize safety glasses, safety shoes, and hard hats on construction sites and safety glasses and safety shoes on all general industry, maritime and long shoring sites. All employees shall abide by the requirements of the employer under inspection, if more protective than the general assessment.

3. The SHMS program serves as the basic hazard analysis and control for routine tasks.

4. To evaluate potential health hazards, employees will abide by OSHA’s Policies and Procedures in Chapter 27 entitled, Policies and Procedures for Field Staff Exposure Monitoring.

C. Hazard Analysis of Non Routine Tasks

1. When known special hazards are identified prior to the OSHA inspection and or evaluation, safe job instructions will be given by the unit manager in these cases.

2. When OSHA employees discover hazards that limit their ability to access an area for inspection and or evaluation, they will contact their unit manager immediately.

3. When OSHA employees encounters a hazard that is not addressed in the SHMS program they will notify their supervisor who will

discuss with the local safety and health committee whether a JSA should be developed.

4. When it is determined by the safety and health committee that a JSA be developed Appendix C will be utilized. Any JSAs developed will be forwarded to the Regional Safety and Health Committee for review and upon approval forwarded to DTSEM for posting.

D. Employee Reporting of Hazards

1. The recognition and control of all types of hazards encountered in the performance of official duties is critical to the safety and health of employees.

2. Employees including temporary, contract and visiting employees have the right, and are encouraged, to report all working conditions perceived to be potential safety or health hazards to their supervisor (or designee) without fear of reprisal.

3. In order to capture such incidents as chemical overexposures, near misses, vehicle accidents, and office hazards, employees shall report workplace hazards and provide the information necessary to complete the Incident Investigation and Hazard Reporting Worksheet (Reporting Worksheet) as soon as possible to his or her supervisor (or designee). Once submitted, investigations of these incidents are initiated as soon as possible, but within three working days.

4. Reported hazard(s) are documented on the Incident Investigation and Hazard Reporting Worksheet (Reporting Worksheet) and submitted to the RSHM and union official within 24 hours. Corrective action(s) dates shall be tracked on the Corrective Action List (Corrective Action List). The supervisor (or designee) shall ensure that employees and the union official are notified in writing within 15 work days of the corrective actions taken or are pending and the reason why.

5. Reports of unsafe conditions may also be submitted to any local management or the Department of Labor on line using DL 1-1097 Form, Reporting Unsafe and Unhealthful Conditions located at https://shimshosting.dol.gov/login/ShimsLogin.aspx). Reports may be submitted anonymously. The Office of the Assistant Secretary for Administration and Management (OASAM) Safety and Health Manager will investigate and respond appropriately to the hazard(s) identified, within required timeframes.

IV. Incident Reporting/Investigation Procedures

A. Prompt and accurate reporting and investigation of work-related "incidents," which include all work-related injuries, illnesses and near misses, or accidents that could have caused serious injuries, is a necessary component of effective accident prevention programs. This information can be used in evaluating and preventing hazards, fulfilling mandatory recordkeeping requirements and filing for workers' compensation benefits. Incidents resulting in personal injury and/or illness require that the appropriate Office of Worker's Compensation Programs (OWCP) and DOL procedures are followed and forms completed.

B. All work-related incidents occurring during the performance of the employee's job duties must be reported promptly to the employee's supervisor (or designee).

C. The supervisor (or designee) will notify the Regional Administrator within one workday of all incidents involving recordable injuries and illnesses. The Incident Investigation and Hazard Reporting Worksheet (Reporting Worksheet) will be completed by the manager or designated coordinator.

For Regions, the Worksheet is sent to the RSHM within five days of the incident correction due date. The Worksheet shall include the action plan to correct the incident. Copies are kept at the office for employees to review.

D. Incidents involving property damage shall be reported as soon as possible to the manager (or designee). The manager (or designee) will complete the Incident Investigation and Hazard Reporting Worksheet (Reporting Worksheet) and will be involved in the investigation process.

1. In the Regions, all incidents involving property damage must be reported to the RSHM within one workday. An Incident Investigation and Hazard Reporting Worksheet (Reporting Worksheet) and supporting information shall be sent immediately to the RSHM.

2. In addition to the reporting requirements outlined in this directive and in the Department of Labor Management Series (DLMS) 4, Chapter 800, DOL Safety and Health Program, employees and supervisors must fully adhere to DOL accident reporting requirements in DLMS 2, Chapter 1500, Motor Vehicle Management. These requirements are in addition to the Motor Vehicle Accident Report (SF 91) that must be completed and submitted to DTSEM in the National Office and the RSHM in the Regions.

E. Each office must maintain their own recordkeeping forms in accordance with 29 CFR Part 1904 for injuries/illnesses occurring at their facilities or work areas. In addition, each office will follow DOL requirements in regards to the use of SHIMS.

The RSHM will maintain the recordkeeping forms in accordance with 1904 for the Regional Office. Completed Incident Investigation and Hazard Reporting Worksheet (Reporting Worksheet) are sent to the RSHM within five days of the incident correction due date. Copies are kept at the office for employees to review.

V. Hazard Prevention and Control

A. Hazard prevention and control procedures must be reviewed and modified as necessary on a regular basis to follow the most current laws and regulations and to ensure that the fullest level of protection is provided.

B. Supervisors (or designees) are responsible for ensuring that employees comply with all safety and health rules, policies, and programs and are required to take appropriate action to prevent injury or illness to employees. Specific actions to be taken will be in accordance with existing personnel practices and regulations.

C. Employees including temporary, contract and visiting employees are required to wear required Personal Protective Equipment (PPE) as outlined below and in the PPE Program.

1. At the start of any inspection/audit or other field activity, the employees will assess the need for PPE, which will include the employer's PPE assessment.

2. Employees including temporary, contract and visiting employees will abide by OSHA's PPE Program (Chapter 8) or the program of the employer under inspection or other field activity, whichever requires greater protection.

3. If during the course of an inspection/audit or other field activity the employee encounters a hazardous condition requiring the use of PPE not addressed by the employer's PPE hazard assessment, the employee will promptly address the hazardous condition with the employer. The employee will also don the appropriate PPE before proceeding, unless other appropriate action eliminates the hazard.

4. Supervisors will periodically evaluate the employee use of PPE to ensure that employees are adequately protected.

VI. Safety and Health Training

The following procedures apply to supervisors (or designees) in the Regions:

A. The supervisor (or designee) will ensure that all employees are trained initially and given refresher training as appropriate on an annual basis thereafter.

1. Employee training will include all relevant Chapters of the SHMS and specific safety and health programs.

2. Specialized technical training will be provided for employees who may encounter unique hazards associated with a particular industry or hazard.

3. Supervisors and employees who are engaged in safety and health activities for the agency will be trained to conduct those duties.

B. The supervisor (or designee) will ensure that new employees are provided training on this Instruction as part of a DOL new employee orientation process.

C. Training will be accomplished within 30 days after a new or updated chapter is released. Employees will be trained on the emergency action plan when first hired, and notified, and trained as necessary, whenever the plan has changed or whenever any person's responsibilities under the plan have changed.

D. Records of training will be maintained for three years at the Regional or Office level to ensure that all employees have been appropriately trained.

E. Supervisors (or designees) will make available records of the training conducted to the Regional Administrator, and DTSEM when requested.

F. Supervisors (or designees) will ensure that appropriate training is provided to temporary, contract, and visiting employees to ensure their safety.

VII. Specific Safety and Health Programs

A. Safety and health programs for the specific topics identified in the subsequent chapters must be adopted and implemented. These may be supplemented or augmented to enhance employee safety and health. Safety and health on additional topics may also be adopted and implemented to address unique safety and health topics. All safety and health programs shall ensure the highest level of protection for employees, temporary employees, contractors, and the visiting public consistent with existing rules, standards and guidance.

B. All changes to the SHMS or programs other than those that describe site specific roles and responsibilities must be submitted to the DTSEM for review and approval using the following procedures.

DTSEM in conjunction with the joint Labor-Management Committee is to review and respond to the Region within 60 days of receipt of changes to policies and procedures.

C. The SHMS and programs provide baseline guidance to OSHA in order to implement an effective SHMS to prevent employee injuries, illnesses and fatalities. Within established guidelines, Regional Administrators may supplement or augment the SHMS and programs to address the unique needs within the National Office or their respective Regions and ensure the health and safety of their employees. Changes to the SHMS or programs to make them site specific, (e.g., identify areas of responsibility), may be made without National Office approval. Changes to the SHMS or programs that alter the SHMS or program policies require National Office approval.

APPENDIX A
Corrective Actions List

Corrective Action List

Item Number	Hazard	Corrective Method/Interim Controls	Target Date	Name of Responsible Party	Date of Correction

Name:	
Date:	

APPENDIX B
Hazard Reporting and Incident Investigation Worksheet

Hazard Reporting and Incident Investigation Worksheet

Area Office:	Incident Number:
Reporting Date *(date the form was completed)*:	

Event Type:		Event Summary:
☐	Injury	
☐	Illness	
☐	Near-Miss	
☐	Property Damage	
☐	Report of Hazard	

Occurrence Date:	Affected Employee:
Investigation Start Date:	

Hazard Type:			
☐	Struck-by	☐ Electrical	☐ Repetitive Motion
☐	Caught in	☐ Chemical	☐ Noise
☐	Fall (from height)	☐ Fire	☐ Slip/Trip
☐	Other (identify)		

Hazard Location:	☐ Field	☐ Office	☐ Off-site/Travel

Severity *(if injury or illness)*:	
☐	Fatality
☐	Serious *(medical aid w/temporary disability – return to work)*
☐	Major *(lost work day(s) or restricted work required)*
☐	Minor *(first-aid only)*

Injury Type:				
	☐ Laceration	☐ Burns	☐ Strain/Sprain	☐ Fracture
	☐ Contusion	☐ Amputation	☐ Other (identify)	

Body Part Affected:			
	☐ Hand/Wrist	☐ Head	☐ Hip
	☐ Arm	☐ Internal	☐ Eye(s)
	☐ Shoulder	☐ Foot/Ankle	☐ Back
	☐ Neck	☐ Leg	
	☐ Other (identify)		

Investigation Complete Date:	
Investigation was Completed by Whom?	

(Attach summary of investigation – optional)

Suggested Possible Corrective Actions (explain):

Elimination/ Substitution	
Engineering Controls	
Work Practice Controls	
Personal Protective Equipment	
Other	

Planned Corrective Action Items/Corrective Action(s) including interim actions (explain):

Date Completed:	
Completion of Actions Verified By Whom:	
Date Sent to Regional Safety and Health Manager:	

CHAPTER 3
SAFETY AND HEALTH PROGRAM EVALUATION

I. Purpose

The objective of the Safety and Health Metrics/Tracking section is to provide a mechanism to measure and track the safety and health performance of all offices in the Region.

II. Scope

This section applies to all offices (Regional, Area, and District).

III. Responsibilities

A. The Regional Administrator is responsible for ensuring that:

1. Managers set and track appropriate safety and health goals and objectives each year;

2. Managers complete all required safety and health-related training and other activities for their staff as required by this Safety and Health Management System;

3. Managers report and investigate all incidents, and complete all recommendations resulting from these investigations in a timely manner.

B. Area Directors and Assistant Regional Administrators are responsible for:

1. Setting, pursuing, and tracking safety and health goals on an annual basis;

2. Tracking and completing all required safety and health-related training and other activities for their staff as required by this Safety and Health Management System;

3. Reporting and investigating all incidents, and completing all recommendations resulting from these investigations in a timely manner utilizing the Hazard and Incident Investigation Worksheets.

C. The Regional Safety and Health Manager with the assistance of the Regional Safety and Health Committee is responsible for:

1. Compiling and maintaining injury and illness records, incident reports, investigations for the Region and analyzing trends.

2. Provide safety and health performance updates on a semi annual basis to the Regional Administrator which includes the status of:

   a. Progress towards safety and health goals;

   b. Percent completion of mandatory training;

   c. Percent completion of annual physicals;

   d. Percent completion of respirator fit tests;

   e. Percent completion of required annual exercises (i.e. Continuity Of Operations Plan, Shelter In Place Plan, Occupant Emergency Plan, Local Contingency Plan);

   f. Percent completion of required inspections (i.e. office inspections, vehicle inspections, SCBA inspections, etc.);

   g. Number of incidents investigated and percentage of timely reporting (within 5 days);

   h. Number of "open" versus "closed" action items list on the "Corrective Action Items" listing;

3. Sharing recommendations and success stories on a quarterly basis to the Regional Administrator.

4. Compiling information and data from the Hazard Report and Incident Investigation Worksheets from each office and providing updates on a quarterly basis to the Regional Administrator.

IV. Procedure

A. Each office in the Region will be evaluated annually on the following metrics:

1. Progress towards safety and health goals;

2. Percent completion of mandatory training;

3. Percent completion of annual physicals;

4. Percent completion of respirator fit tests;

5. Percent completion of required annual exercises (i.e. Continuity Of Operations Plan, Shelter In Place Plan, Occupant Emergency Plan, Local Contingency Plan);

6. Percent completion of required inspections (i.e. office inspections, vehicle inspections, SCBA inspections, etc.);

7. Number of incidents investigated and percentage of timely reporting (within 5 days);

8. Number of “open” versus “closed” action items list on the “Corrective Action Items” listing.

APPENDIX A
Safety and Health Management System (SHMS) Self-Evaluation

Note: Completion of this self-audit must include input from a team consisting of management and non-management employees. During the evaluation process, input from additional employees should be encouraged, and comments / recommendations / corrective actions noted. Upon completion, the evaluation shall be sent to the Regional Administrator and the Regional Safety and Health Manager.

SECTION 1

INJURY & ILLNESS RECORDS

A. Who maintains the OSHA 300 and 301 forms?

B. Was the OSHA 300-A completed and posted in the workplace?

C. Was the OSHA 300-A signed by the Area Director/Regional Administrator?

D. Last Year's Total Case Incident Rate (TCIR):

Office_____ BLS NAICS Code – 541350_____

E. Last Year's Days Away Restricted Transfer Rate (DART):

Office_____ BLS NAICS Code – 541350_____

Comments, Current Recommendations / Corrective Actions:

SECTION 2 - SAFETY & HEALTH MANAGEMENT SYSTEM

Element A: Management Leadership / Employee Involvement

A-1. Commitment

a. Is a signed U/M SHMS Commitment statement posted in your office for all employees to view?

A-2. Communication / Employee Notification

a. How is your overall safety and health policy communicated to employees?

b. Do you have a designated safety and health coordinator(s)?

c. If so, what are their responsibilities?

d. Has a safety and health committee that includes management and employees been established?

e. How are comments or concerns regarding safety and health issues:

- communicated / submitted by employees?

- addressed or resolved by management?

f. How is the resolution of an issue communicated to employees?

g. How do you make employees aware of:

- the SHMS Program?

- Results of self-inspections, evaluations, S & H audits, near misses, accident investigations, etc.?

A-3. Participation / Responsibility / Accountability

a. Give examples of managers' and employees' participation in safety and health related activities such as training, quarterly S&H inspections, staff/team meetings, etc.

b. How are safety and health responsibilities, including specific tasks, assigned and communicated to employees?

c. Give examples of delegated duties and the process to assure completion / accountability.

A-4. Resources

a. For the past year, give examples of resources, including time and money, devoted to the safety and health program.

b. For the upcoming year, do you think these resources will increase, decrease, or remain about the same?

A-5. Goals

a. List next fiscal year's goals for your safety and health program.

b. Have action plans been developed to accomplish these goals?

c. List last fiscal year's goals and indicate if each goal was Completed (C), is in Progress (P), or was Withdrawn (W).

d. Describe how employees are involved in the goals setting process.

e. Once established, how are the goals communicated to employees?

Recommendations & Follow-up Items for: Element A: Management Leadership / Employee Involvement

List last fiscal year's recommendations and current status [(**N/A**), Completed (**C**), In Progress (**P**), or Withdrawn (**W**)]

Question Number	Recommendation	Corrective Action	Status

List any Comments, Current Recommendations and Corrective Actions for **Element A**:

Question Number	Recommendation	Corrective Action	Due Date

Comments:

Element B – Worksite Analysis

B-1. Routine Audits

a. Describe the process for conducting and documenting routine safety audits of the office.

b. How many safety audits of your office were conducted last year?

c. What procedures are in place to assure identified hazards are corrected?

d. What system is in place to identify and document routine safety and health hazards to CSHOs in the field?

e. What are the steps that have been taken to ensure a preventative/predictive maintenance system is in place for the following:

   GSA Vehicles?

   Technical Equipment?

f. When was your office's safety and health program last audited by the Regional Office?

   Date of last audit?

   Were there recommendations?

   If so, how were they addressed?

g. Describe the annual review of programs such as lockout/tagout, bloodborne pathogens, respirators, etc.

h. Approximately how many CSHO monitoring samples were collected last year for your office?

B-1. Hazard Review – Significant Changes / Contractor Activities

a. Has a process been developed to review safety and health considerations when:

Purchasing new equipment (field or office), furniture, PPE, etc.?

Relocating office space?

Developing new emphasis program(s)?

b. Describe the procedures to oversee the activities of service / nested contractors who perform work in your office or building.

B-2. Accident/Incident Investigations

a. What is the procedure for conducting, documenting and tracking accident investigations, near misses, first aid and recordable incidents?

b. How are employees aware of these procedures and the importance of communicating these incidents to management?

c. How are the results of the investigations communicated to employees?

d. Are near misses submitted to the Regional Office by the end of each quarter?

B-3. Pattern Analysis

a. Which of the following does the office use to determine and analyze any the patterns of near misses, injuries and illnesses?

_____ Results of accident and near miss investigations?
_____ Employee concerns?
_____ Quarterly office inspections?
_____ SHMS self evaluations?
_____ Regional audits?

b. Have there been any injury / illness or near miss patterns over the last three years?

c. If so, what corrective actions were taken?

d. Was the data shared with the employees and the Regional Office?

Recommendations & Follow-up Items for: Element B: Worksite Analysis

List last fiscal year's recommendations and current status [(**N/A**), Completed (**C**), In Progress (**P**), or Withdrawn (**W**)]

Question Number	Recommendation	Corrective Action	Status

List any Comments, Current Recommendations and Corrective Actions for **Element B**:

Question Number	Recommendation	Corrective Action	Due Date

Comments:

Element C – Hazard Prevention and Control

C-1. Engineering / Administrative Controls

a. What feasible engineering controls are in place such as ergonomics, lighting, walking/working surfaces, etc.?

b. What administrative controls are in place such as work policies?

c. What work practices controls are in place?

C-2. Personal Protective Equipment

a. Who conducted and certified the personal protective equipment assessment?

b. Are employees involved in the assessment?

c. Are appropriate types and sizes PPE available?

d. Is PPE properly used?

e. Is there a written PPE inventory?

f. If so, how often is the inventory reviewed and restocked?

g. How does the office verify that employees are using appropriate PPE?

C-3. Emergency Preparedness / Health Care

a. Does the Office have written procedures for and conducted annual training on:

Emergency Action Plan?

COOP?

REMP?

SIP?

b. Are CSHO physicals and respirator fit testing up to date?

c. How many staff members in the office are currently certified in:

CPR? _____

First Aid? _____

AED? _____

d. Does the office have a system to ensure the proper location, and availability (i.e. battery checks) of the AED?

e. Describe any additional health care initiatives undertaken by the office.

f. Describe the on-site and off-site access to First Aid and emergency treatment.

g. Where is the first aid kit kept in the office?

h. Are first aid kits in each government vehicle?

i. Is there a system in place to maintain and restock the first aid supplies?

Recommendations & Follow-up Items for: Element C – Hazard Prevention and Control

List last fiscal year's recommendations and current status [(**N/A**), Completed (**C**), In Progress (**P**), or Withdrawn (**W**)]

Question Number	Recommendation	Corrective Action	Status

List any Comments, Current Recommendations and Corrective Actions for **Element C**:

Question Number	Recommendation	Corrective Action	Due Date

Comments:

Element D – Safety and Health Training

D-1. SHMS Training

a. Which of the following describes your office's SHMS training? (Mark all that apply)

_____ Every chapter of the SHMS manual is reviewed annually
_____ All chapters with annual training requirements are reviewed annually
_____ New and updated chapters are reviewed annually
_____ Specific (non required) chapters were included in last year's training, including _____.

b. Who maintains and tracks safety and health training records?

c. Describe how employees are involved in the training process.

d. Has the office completed all the mandatory training requirements? (Attach copy of tracking sheet.)

e. Describe additional safety and health or related training initiatives completed during the past year.

Recommendations & Follow-up Items for: Element D – Safety and Health Training

List last fiscal year's recommendations and current status [(**N/A**), Completed (**C**), In Progress (**P**), or Withdrawn (**W**)]

Question Number	Recommendation	Corrective Action	Status

List any Comments, Current Recommendations and Corrective Actions for **Element D**:

Question Number	Recommendation	Corrective Action	Due Date

Comments:

This evaluation Report was prepared by:

Management Representative

Employee Representative

Date:_____

APPENDIX B
SHMS Mid-Year Summary

SHMS MID YEAR SUMMARY
FY-2010 10/01/10 thru 03/31/11

Activity	Aur	Cal	Chn	Peo	FVH	IL	Cin*	Clv	Col	Tol	OH	App	Eau	Mad	Mil	WI	Ind	Lan	Reg	All
LIFTS DATA																				
% of Required Training Completed																				
% Fit Testing Completed																				
% Required Annual Exercises Completed																				
% Team Safety Goals Achieved																				

Data Source: LIFTSV2 Data Base - data pulled April 20 thru April 24, 2009

CHAPTER 4
REGIONAL OFFICE

I. Roles and Responsibilities

A. The Regional Administrator will:

1. Implement the SHMS and safety and health programs in accordance with this Instruction and existing laws and regulations applicable to all working conditions of employees in the Region.

2. Serve as a role model through personal compliance with the SHMS and safety and health programs.

3. Create a culture that is supportive of employee safety and health.

4. Ensure managers set appropriate safety and health goals and objectives, track results; hold managers accountable through the Performance Management Plan.

5. Assure employees have input into the program and that annual goals are communicated to all employees.

6. Provide managers with the authority and resources to carry out their occupational safety and health responsibilities.

7. Provide timely reports to DTSEM, including Annual SHMS Self-Evaluations, any changes requiring approval, best practices.

8. Support the formation of a Regional Safety and Health Committee (RSHC) that is comprised of representatives from both labor and management. Appoint a Regional Safety and Health Manager (RSHM) to oversee the Regional SHMS and serve as the RSHC facilitator.

9. Review information and recommendations from the RSHC and the RSHM and provide updates and recommendations to the DTSEM, as appropriate.

B. The Regional Safety and Health Manager (RSHM) will:

1. Conduct the Annual Safety and Health Management System (SHMS) Self-Evaluations.

2. Facilitate and review Regional, Area, and District Office Annual SHMS Self-Evaluations.

a. By December 15 the RSHM will send the Area Director and the NCFLL Representative of each Area Office instructions and a copy of the Annual SHMS Self-Evaluation guidelines to be used for that calendar year.

b. By January 15 of each year, each Area Office and Regional Office will complete the following based on whether or not they are in the VPP Program.

c. Each VPP Office will send the following to the Regional Administrator and the RSHM by January 15:

   i. A copy of their annual VPP self-evaluation;

   ii. A status update for ongoing safety and health goals and results not already listed in the annual VPP self-evaluation; and

   iii. A copy of the safety and health goals and action plan for the next calendar year.

d. Each non-VPP Office will send a copy of the completed Annual SHMS Self-Evaluation to the Regional Administrator and the Regional Safety and Health Manager by January 15.

e. The Regional Office will receive copies of the latest Annual SHMS Self-Evaluation from the Area and District Offices. By February 15 of each year, the RSHM will review the Annual SHMS Self-Evaluations from each Area and District Office, then summarize and brief the Regional Administrator and Deputy Regional Administrator on the results.

f. The RSHM will be responsible for soliciting feedback from the Area and District Offices each year on the effectiveness of the Annual SHMS Self-Evaluation and complete any needed changes by November 1 of each year.

g. The RSHM will be responsible for sharing the most recent version of the Annual SHMS Self-Evaluation with the Regional Audit and Analysis Team Leader for use on Regional, Area, and District Office audits.

h. The RSHM will share general summaries of the Annual SHMS Self-Evaluations with the RSHC. A copy of the Annual SHMS Self-Evaluation must be forwarded to DTSEM.

3. Facilitate the RSHC.

   a. Serve as a permanent member as facilitator and technical advisor to the RSHC. Also maintains and distributes documentation, such as meeting minutes and specific safety and health program changes.

   b. Compile and maintain injury and illness records and incident reports and investigations for the Region, and analyze trends and share recommendations and success stories as appropriate. Provide updates on a quarterly basis to the Regional Administrator.

   c. Propose safety and health program modifications to improve employee safety and health protections through the Regional Administrator for submission to the DTSEM for review and approval.

   d. Maintain and dispose of SHMS related documentation in accordance with the Federal disposition schedule. Where no guidance exists on particular documents, they will be maintained for at least two years.

C. The RSHC will:

1. Promote occupational safety and health for the benefit of all employees.

2. Meet at least quarterly to review, evaluate and recommend updates or additions to safety and health policies and practices.

3. Review all reports of incidents, accidents, occupational injuries and illnesses, and near misses, and perform suitable analysis of this information and share any recommendations.

4. Facilitate the implementation of OSHA safety and health policies and programs at the Regional Office, Area Office, District Office or Unit level.

CHAPTER 5
AREA OFFICE

I. Roles and Responsibilities

A. The Area Director will:

1. Serve as a role model through personal compliance with the SHMS.

2. Be prompt, consistent, and fair in identifying and correcting unsafe work conditions and unsafe working behaviors.

3. Provide resources and authority needed to allow Assistant Area Directors (AADs)/Supervisors to fulfill their safety and health responsibilities.

4. Provide advice, coaching, and training to staff to effectively integrate the SHMS and policies into all aspects of their work.

5. Hold AADs/Supervisors, and employees accountable for the proper implementation of the SHMS as it applies to their areas of responsibility.

6. Set, pursue, and track safety and health goals to achieve continuous improvement in employee occupational safety and health issues.

7. Assure employees have input into the program and that annual goals are communicated to all employees.

8. Be aware of and use safety and health resources available to meet the occupational safety and health needs within their jurisdiction.

9. Provide timely reports including annual SHMS evaluations.

B. The AADs/Supervisors have the first-line responsibility for the safety and health of the employees in their respective teams. As part of their responsibilities the AADs/Supervisors must:

1. Manage safety work methods in accordance with the SHMS.

2. Provide job related safety and health training.

3. Enforce the SHMS through monitoring and investigating any unsafe act or condition brought to their attention or noted in the course of the AAD/Supervisors activities. Ensure that those

hazards or potential hazards are controlled or eliminated by appropriate actions.

4. Provide an environment of clear communications through training, education, and positive feedback to their team members.

5. Provide prompt reports to the Assistant Regional Administrator/Area Director of any unsafe act, condition, or accident.

6. Set the example as a role model for excellence in occupational safety and health practices.

C. Each Regional, Area, and District Office will conduct an annual SHMS Self-Evaluation s follows:

1. By January 15, each Regional, Area, and District Office that has achieved VPP status will send the RSHM a copy of their latest annual VPP Self-Evaluation; any significant changes since the last Self-Evaluation; a status update for ongoing safety and health goals and results not already listed in the annual VPP Self-Evaluation; and a copy of the safety and health goals and action plan for the next year.

2. By January 15, each Regional, Area, and District Office that is not a VPP site will send the RSHM a copy of their completed Annual SHMS Self-Evaluation.

CHAPTER 6
OFFICE SAFETY AND HEALTH

I. Purpose

This program is intended to protect employees from potential health and safety hazards in the office. This policy emphasizes the elimination or reduction of hazards by workplace and job design, taking into account differences among tasks and individuals.

II. Scope

This chapter applies to all OSHA employees.

III. Definitions

A. *Indoor Air Quality (IAQ)*. The quality of air within the office environment; this is a function of many parameters, including outdoor air quality in the vicinity of the building, the configuration of the enclosed space, the design of the ventilation system, the way the system is operated and maintained, and the presence of sources of contaminants and the concentrations of those contaminants.

B. *NEC*. National Electrical Code.

C. *Noise*. Unwanted sound. The most common effects in offices are: interference with speech communication; annoyance; and distraction from mental activities.

D. *REMP*. Regional Emergency Management Plan.

E. *SIP*. Shelter in Place.

F. *Suspicious Package*. The following may be indicators – mail and deliveries that have:

1. Excess postage;
2. Handwritten or poorly typed addresses;
3. Incorrect titles;
4. Title but no name;
5. Misspellings of common words;

6. Oily stains or discolorations or odors emitted from the mail or parcel;

7. No return address;

8. Excessive weight;

9. Lopsided or uneven envelope;

10. Protruding wires or aluminum foil;

11. Excessive security material, such as masking tape, string, etc.;

12. Visual distractions;

13. Ticking sound;

14. Marked with restrictive endorsements, such as “Personal” or “Confidential;”

15. Shows a city or state in the postmark that does not match the return address; or

16. Unexpected parcels.

IV. Responsibilities

A. Responsible OSHA Manager(s)’s responsibilities include:

1. Working with the local safety and health committee to supplement this chapter to meet the needs of the specific office environment;

2. Ensuring office safety and health inspections are conducted quarterly;

3. Training all employees on this chapter;

4. Providing proper storage for office supplies;

5. Ensuring that office equipment is in safe working order; and

6. Ensuring that safe procedures for processing incoming mail and deliveries are utilized.

B. Employee Responsibilities include:

1. Reporting all safety or health concerns to management;

2. Maintaining an orderly and sanitary office environment; and

3. Following all office safety and health policies.

V. Procedure

A. Housekeeping

1. All aisles and passageways in offices must be free and clear of obstructions. Proper layout, spacing, and arrangement of equipment, furniture, and machinery are essential.

2. All tripping hazards must be eliminated. Some common hazards are damaged carpeting, cords in walking areas, and projecting floor electrical outlet boxes.

3. Chairs, files, bookcases and desks must be maintained in a safe operating condition. Filing cabinet drawers must always be kept closed when not in use.

4. Materials stored in supply rooms must be safely stacked and readily accessible. Care must be taken to stack materials so that they will not topple over. Heavy objects will be stored at low levels. Under no circumstances will materials be stacked within 18 inches of ceiling fire sprinkler heads or Halon plane of operation.

5. Hazardous materials must be properly handled and disposed of. A waste receptacle of hazardous material must be labeled to warn employees of the potential hazards.

B. Electrical Safety

1. Electrical cords must be examined on a routine basis for fraying and exposed wiring. Particular attention should be paid to connections behind furniture, as files and bookcases may be pushed tightly against electric outlets, severely bending the cord at the plug. Defective cords will be replaced or repaired as needed.

2. Electrical equipment and wiring must be approved and used in accordance with NEC and local requirements.

3. Non-business related small appliances, such as space heaters, are not permitted in the office unless approved by management. Re-locatable power taps (power strips) can be used in conjunction with small appliances if listed and labeled for such use.

4. Use of extension cords:

a. Extension cords must only be used as temporary wiring in accordance with OSHA's electrical standards.

b. Extension cords must be kept in good repair, free from defects in their insulation. Defective cords will be removed from service until repaired or replaced.

c. Extension cords must be positioned so that they do not present a tripping or slipping hazards.

d. Extension cords must not be placed through doorways having doors that can be closed and thereby damage the cord.

e. All extension cords must be of the grounding type (three conductors).

C. Indoor Air Quality (IAQ)

1. The Department of Labor has adopted a Smoke-Free Workplace Policy that applies to every OSHA location. Smoking is prohibited within all OSHA offices and buildings, except in designated locations. Smoking materials must be extinguished and placed in appropriate containers before leaving smoking areas.

2. The Agency will investigate all complaints of IAQ. Air sampling will be conducted, when appropriate, and the results will be shared with employee(s) and their union representative(s).

D. Noise

1. Sound levels must be considered during the procurement and location or of any office equipment.

2. Provide proper maintenance of equipment, such as lubrication and tightening loose parts, to prevent noise.

3. Locate loud equipment in areas where its effects are less detrimental. For example, place shredders away from areas where people must use the phone.

4. Barriers, walls, or dividers can be used to isolate noise sources. Acoustically-treated materials can be used as buffers to deaden noise and appropriate padding can be used to insulate vibrating equipment to reduce noise.

5. Schedule noisy tasks at times when it will have the lease effect on other tasks in the office.

E. Hazard Communication Program

1. Every employee must be made aware of all hazardous materials they may contact in the office.

2. The hazard communication program must follow the requirements of the hazard communication portion of this manual (Chapter 12) and 29 CFR 1910.1200.

F. Emergency Action Plan

1. Every office must have a written emergency action plan covering actions that must be taken to ensure employee safety from fire and other emergencies, such as tornados or bomb threats.

2. The written emergency action plan must, at a minimum, including the following information:

   a. Emergency escape procedures and emergency escape route assignments;

   b. Procedures to account for all employees after emergency evacuation has been completed;

   c. The methods of reporting fires and other emergencies;

   d. The alarm or emergency notification system used to alert employees of emergencies;

   e. The name and telephone number of the Area Director/Unit Manager who can be contacted in the even of an emergency or for further information about the plan;

   f. Location designated as the shelter-in-place (SIP); and

3. Employees will be trained on the emergency action plan when first hired, whenever the plan changes, whenever any person's responsibilities under the plan change, and not less than annually.

4. Emergency action team members (i.e., monitors, accountability employees) must receive training at least annually.

5. The specific emergency action plan for an office must be maintained in their Safety and Health Program manual.

G. Fire Extinguishers

1. Employees are not to use fire extinguishers unless they have been trained in their proper use.

2. The responsible OSHA Manager(s) will ensure that all portable fire extinguishers are visually checked on a monthly basis and inspected annually.

H. Mail and Deliveries Processing

1. Prior to processing mail and deliveries, it will be examined by an individual in the office who has been trained to recognize potential hazards associated with suspicious packages.

2. Isolate each suspect piece in a sealable plastic bag and place in a remote location, if possible.

3. Notify the responsible OSHA Manager(s), who will evaluate the package and determine if additional preventative measures are necessary.

    a. When the responsible OSHA Manager(s) determines that additional measures are necessary, the Federal Protective Service or other appropriate law enforcement agency will be contacted.

    b. The RSHM will be notified when outside agencies are contacted.

4. All other mail should be opened using a letter opener, not your hands. Use minimal movement to avoid spilling any possible content.

5. In the case of a spill or leakage of a suspicious substance:

    a. The spilled material should be covered with anything available (e.g., paper, trash can, etc.) and no attempt will be made to clean it up.

    b. The area where the package is located will be isolated and no employees will be permitted to enter.

    c. For anyone who has potentially had contact with the package contents, soap and water cleaning is suggested where possible in order to prevent the spread of contaminants.

d. Any such incident must be reported to the responsible OSHA Manager(s) and the RSHM.

e. Any contaminated garments will be removed as soon as possible.

f. The responsible OSHA Manager(s) must provide a list of all individuals who may have been involved in the handling of the parcel or questionable material to officials who may need it for medical follow-up or law enforcement.

I. Ergonomics

1. All offices will follow the ergonomics program provided in this manual. In addition, each office will complete the Computer Workstation Evaluation (Chapter 20) for each workstation

2. In order to reduce stressors at computer workstations, the guidelines in OSHA publication 3092, Working Safely with Video Display Terminals, must be taken into consideration.

J. First Aid

1. First Aid kits must be available in every office and GSA vehicle.

2. The first aid procedures outlined in the First Aid and CPR Chapter (Chapter 15) must be followed.

K. Lighting

Emergency lighting will be provided in accordance with National Fire Protection Association (NFPA) codes or the local authority, whichever is applicable.

CHAPTER 7
EMERGENCY CONTINGENCY PLAN

I. Purpose

The purpose of this plan is to ensure each employee of OSHA is provided a safe working environment. The emergency contingency plan has been developed to provide an organized plan of action to prepare and respond to major natural and human-caused emergencies that threaten OSHA offices. OSHA employees responding to emergencies outside the local office will follow the procedures and plans specified in the Regional Emergency Management Plan (REMP).

II. Scope

The program applies to all OSHA employees and addresses emergencies affecting the continued operation of the OSHA office. This Chapter includes the following emergency action plans.

A. Shelter in Place Plan (SIPP). The SIPP protects occupants in the event of a hazardous materials release in the community or for other scenarios when it would be safer to remain in the building.

B. Local Contingency Plans for the Administrative Closing of Offices During Emergency Situations. This emergency action plan authorizes the administrative closing of OSHA offices for brief periods of time because of emergency conditions.

C. Occupant Emergency Plan (OEP). The OEP contains procedures to keep OSHA employees and visitors safe at the office. The plan covers medical emergencies, fire, bomb threats and the handling of suspicious packages.

III. Definitions

A. *Emergency*. Any incident, human-caused or natural, that requires responsive action to protect life and property.

B. *Event*. A planned, non-emergency activity.

C. *Natural Emergencies.* Major fires, hurricanes, earthquake, tornadoes, snow and severe weather.

D. *Human-Caused Emergencies.* Hazardous chemical releases, civil disorders, riots, bombs, hostage situations, etc.

IV. Responsibilities

A. The responsible OSHA Manager(s) will ensure:

1. Development and implementation of office specific emergency programs;

2. Employees are trained on emergency procedures;

3. Exercises are conducted to evaluate the effectiveness of the emergency action plans; and

4. Maintenance of training records and documentation related to incidents and exercises.

B. Employees are responsible for:

1. Attending emergency training;

2. Reporting potential emergency situations to their responsible OSHA Manager(s); and

3. Following emergency action plans as directed.

V. Procedures

A. Each office will develop emergency plans applicable to their needs using the following templates contained in the Appendices at the end of this chapter. The templates are intended to serve as guides and may work well in some office settings, but not in all.

B. Emergencies will be assessed by the responsible OSHA Manager(s) and/or emergency personnel for size and the potential to cause injury or illness to OSHA employees. The appropriate emergency plan will be implemented based upon the nature and seriousness of the emergency.

C. Exercises will be conducted annually to evaluate the effectiveness of the plans.

D. Any time an emergency plan is implemented, whether it is for an actual emergency or an exercise, the response will be documented. The documentation will include the date, description of the scenario, actions taken or parts of the plan implemented, participants, and critique. The critique will identify what went well and what areas need improvement. Plans will be modified as necessary to correct deficiencies.

VI. Training

A. Records of all post-incident evaluations (actual emergencies or exercises) will be retained by the responsible OSHA Manager(s).

B. Written records will include the source of the training, the OSHA representatives trained, a description of training provided, and the dates when training occurred.

C. All training records will be maintained by the responsible OSHA Manager(s)

APPENDIX A
Shelter In Place Plan (SIPP)

Initiation of Shelter-in-Place Procedures

This Shelter-in-Place Plan is established for the Department of Labor – OSHA facility located at _____ primarily to minimize danger arising from a hazardous materials release within or in the immediate area outside of the building. This plan addresses all such types of emergencies whether they are the result of an accidental release or a national security incident. This plan has been developed by the Department of Labor – OSHA.

The _____ Shelter-in-Place emergency procedures will be initiated based upon information from local police and fire department officials indicating it is safer for occupants to remain in the building than to evacuate to the outside.

Although this Shelter-in-Place Plan is aimed primarily at protecting occupants in the event of a hazardous materials release, the procedures may also be invoked under other scenarios when it would be safer to remain in the building, such as gunfire in the immediate vicinity of the building or an imminent tornado.

Shelter-in-place may not be appropriate for all incidents. Every shelter-in-place situation must be assessed on a case-be-case basis to determine the applicable course of action.

Shelter-in-Place Announcements

In the event that it is necessary to initiate shelter-in-place procedures, the responsible OSHA Manager(s) will notify all OSHA employees. Management will contact OSHA staff members working remotely, advising them not to return to the Office until further notice.

All OSHA employees, contractors, and visitors should follow instructions from designated managers, and be alert to periodic updates broadcast via the public address system.

During the shelter-in-place emergency, management staff will be working to enhance building safety. This will include implementing emergency ventilation shutdown procedures and, where appropriate, securing all doors.

During the duration of the emergency monitoring for carbon dioxide shall be conducted to insure air quality in the facility.

Relocating to Designated Shelter Areas Within the Building

All OSHA employees, contractors, and visitors should:

- Relocate to designated shelter areas in the building. Visitors should accompany the employee they are visiting to the employee's designated shelter area.
- Close doors to vacated offices (do not lock them).
- Account for all office staff expected in the shelter area (e.g., responsible OSHA Manager(s) may use sign-in sheets to assess who is at work and their location).
- Listen carefully for instructions from authorized personnel, such as responsible OSHA Manager(s) Remain in the shelter area until an "all clear" message has been announced or an evacuation is ordered.

Critical Information for Employees

The primary focus of this Shelter-in-Place Plan is to minimize damage from a hazardous materials release outside the building. Typically, shelter-in-place conditions will last from a few minutes to a few hours. It is not anticipated that employees would remain in the building overnight.

Shelter-in-place cannot be mandated by your agency. However, building management or local emergency response personnel can require shelter-in-place to be put into effect. For everyone's safety, employees must proceed directly to a designated shelter area.

Opening an outside door could put you in contact with a harmful contaminant, or allow dangerous air to enter the building and put others at risk. Information available to you about conditions outside the building and the threats posed by those conditions may be limited and incomplete.

Should you leave the building, you very likely will not be allowed re-entry. You may also find that the location you travel to may not allow you access to that facility, since they may be sheltering-in-place. If you have children in a nearby childcare facility, ask them to describe their shelter-in-place procedures and whether it will be possible to contact them while they are in a sheltering mode.

You should also be aware that conditions are likely to get uncomfortable, as the maintenance staff will immediately shut down the ventilation system to reduce the chance of contamination entering the building. The close quarters, heat, and stuffiness will add to your discomfort. Please remain calm and assist those around you to cope with the situation.

Responsibilities of Emergency Response Team Members

Members of management will assist in the quick and orderly movement of building occupants into designated shelter areas, using prescribed evacuation routes or immediately establishing a new evacuation route if a prescribed route is endangered or inaccessible. They will ensure that other rooms on the floor are clear of any personnel, and will keep security staff apprised of the status on each floor.

Issuance of "All Clear" Message

When it is safe to resume normal operations, an "all clear" message will be transmitted _____.

Designated Shelter Areas

All OSHA employees should become familiar with the location of the designated shelter areas for their offices. Typically, a shelter area will be on the same floor in the vicinity of the employees' workstations, and will be away from all exterior windows. Designated shelter areas are _____.

Essential Supplies

_____ will provide all OSHA employees, contractors, and visitors with basic essential supplies during a shelter-in-place incident. The responsible OSHA Manager(s) will be responsible for distribution of supplies in the shelter area, if appropriate. Generally, water and nutritional supplements will not be distributed unless it appears the incident will last an hour or longer. The provisions in the shelter area will include:

- Water;
- Nutritional supplement;
- Flashlights and/or chemical light sticks;
- First aid supplies; and,
- Self-powered radio.

Medical and Personal Preparedness

OSHA employees should evaluate their personal medical and dietary needs and plan accordingly. This includes asking your doctor about appropriate storage for prescription medications, such as heart and high blood pressure medication, insulin, or other prescription drugs. The U.S. Department of Homeland Security advises that you also consider any other special needs, such as wearing prescribed alert tags and bracelets to help identify any disability or medical condition, as well as other comfort items.

Further details about the Shelter-in-Place plan for this building _____.

Questions or concerns about this plan should be directed to _____ at _____.

APPENDIX B
Local Contingency Plan

Administrative Closing of
Offices During Emergency Situations

_____ _____
(Designated Local Official) (Date)

1. Purpose: To establish policy and procedures for the administrative dismissal of employees, and the closing of Department of Labor offices during emergencies in the OSHA offices.

2. Background: The Department of Labor, in accordance with Office of Personnel Management (OPM) regulations, authorizes the closing of offices/activities for brief periods during emergency situations that may prevent employees in significant numbers from reporting to work, or that otherwise necessitate the closing down of Federal offices. When this occurs, employees may be excused from work without charge to leave or loss of pay.

3. Policy: The Department's policy is to follow, as much as possible, OPM guidelines. The paramount considerations include: the safety and health of employees in emergency situations; equitable treatment of employees; cooperation and coordination with other Federal agencies during emergency conditions; advance planning for coordinated action under emergency conditions, including appropriate leave policies; and adherence to contractual agreements, and to laws and regulations governing the granting of annual leave, or authorization of excused absence without charge to leave during emergency situations.

4. Authority: Departmental Personnel Regulations (DPR) 610, Subchapter 3, dated July 1992

5. Coverage: Equitable treatment of all employees in the event of emergency or administrative closing is essential. All Department of Labor employees in _____, except those whose positions are determined to be vital to the continuity of the Department's functions, are to be excused by administrative order on a nonselective basis. Employees whose positions have been identified by their respective Department of Labor agency head as vital to the continuity of crucial operations are not excused in the event of emergency or administrative closing.

6. Reasons for Administrative or Emergency Closing: For the purpose of this procedure, the reasons for administrative or emergency closing of Department of Labor offices in OSHA shall be limited to public emergencies, managerial reasons, State or Local holidays, and extreme situations where due to the temporary disruption of air cooling or heating systems, unusual levels of temperatures prevent the continuance on duty without an adverse

affect on health, and conditions are such as to actually prevent employees from working,, as described in DPR 610, Subchapter 4, Section 3.b.

7. Responsibility and Authority Regarding Administrative or Emergency Closing of Offices:

A. The Regional Administrator/OASAM (RA/OASAM) has the authority to make decisions regarding administrative or emergency closing of offices within the region **not to exceed five days**. The RA/OASAM has the authority to designate Department of Labor officials to make such decisions in regional locations for periods **not to exceed two days**. Closing of three to five days shall be decided by the RA/OASAM. Closing of more than five days must be authorized by the Assistant Secretary for Administration and Management.

B. The designated Department of Labor official in _____, who will make decisions regarding administrative emergency closing of Department of Labor offices is _____.

8. Local Contingency Plan:

A. The _____ will determine that an emergency condition exists by contacting the appropriate local authorities and/or organizations in Exhibit 1 to this plan, depending on the nature of the emergency, and try to obtain sufficient information to assess the situation.

B. After obtaining sufficient information, the designated official will decide what course of action is appropriate, depending upon the conditions or situation existing at the time as well as forecasts concerning whether conditions will improve or worsen in the immediate future.

C. If the situation occurs or develops **during normal working hours** and a decision is made to close local DOL offices, the designated official will contact the Regional Administrator (RA) or Assistant Regional Administrator for Administrative Programs (ARA AP) or equivalent unit, and/or OASAM to apprise him/her of the situation and the course of action decided upon. Normally, this will be one of the following.

> **1)** Department of Labor offices will suspend work and all employees (except those identified by their agency heads as providing critical services) will be dismissed at staggered intervals at avoid traffic congestion and tie-ups.
>
> **2)** Department of Labor offices will suspend work and all employees (except those identified by their agency heads as providing critical services) will be dismissed immediately.
>
> After contacting the RA/OASAM, the designated official will contact each local Department of Labor office, as listed in Exhibit 2, and inform the person in charge as to what decision has been made.

D. If the emergency situation occurs or develops **during non-working hours**, the designated official will take the actions described in paragraphs *A and *B above, and then decide which of the following courses of action is appropriate.

1) Open offices as usual. The designated official takes no further action.

2) Close all Department of Labor offices in _____ by administrative order. The designated official will implement the telephone contact procedure outlined in Exhibit 1, and contact the local television and radio stations listed in Exhibit 3 so that public announcements of office closings can be made. The designated official will contact the RA or ARA-AP, and/or OASAM **by 10:00 a.m.** to inform him/her of the administrative closing and the reason for this decision. The RA or ARA-AP, and/or OASAM will then relay this information to the regional heads of all affected agencies.

Note: All local officials, organizations, and television/radio stations listed in the plan have agreed to cooperate during emergency situations.

Exhibit 1 – Telephone Contact Procedure

Exhibit 2 – Dept of Labor / OSHA Local Authorities

Exhibit 3 – Local Television and Radio Stations

APPENDIX C
Occupant Emergency Plan

Signature Page

By their signatures below, the following officials certify that they have participated in the development of this Occupant Emergency Plan and fully understand the procedures to be followed in an emergency affecting the facility and the employees for which they are responsible.

Designated Official:

Title:_____
Name:_____
Signature:_____

Occupant Emergency Coordinator:

Title:_____
Name:_____
Signature:_____

Response Team Coordinator:

Title:_____
Name:_____
Signature:_____

Safety & Health Advisor:

Title:_____
Name:_____
Signature:_____

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EMERGENCY PREPAREDNESS INSTRUCTIONS SUMMARY

EXIT STAIRWAYS – EXIT Stairways are located at both ends of the elevator lobbies. Use the EXIT Stairway that is closest to your location.

EVACUATION – In the event of a fire, bomb threat or other emergency that requires evacuation of the building, use the EXIT stairway that is closest to your location. Exit the building and assemble in your agency's designated area. All evacuations are initiated on the order of the Designated Official and/or GSA Property Manager.

Each agency is responsible for performing a head count after it is determined that agency personnel have arrived at the designated assembly area. If someone is missing, the agency head or his/her representative will alert the designated official, who will in turn alert the fire department. The fire department will search the building for the missing person.

WEATHER EMERGENCY – In the event of a tornado or other weather emergency that requires you to seek shelter, use the EXIT stairway that is closest to you and proceed to the _____.

CHEMICAL OR BIOLOGICAL ATTACK – In the event of the release of a chemical or biological agent in the air outside of the building, you may be directed to seek shelter-in-place within the building.

CODE ADAM – In the event that a child is suspected missing within the building, inform the Federal Protective Service and provide all information possible to assist in the search.

PARKING GARAGE – In the event of an evacuation of the parking facility, use the EXIT stairwell closest to your current location. Stairway entrances are located in the elevator lobby and at the northeast corner of the facility. A basement level EXIT is located at the southeast corner of the facility.

INSTRUCTIONS WILL BE PROVIDED TO YOU THROUGH THE FIRE ANNUNCIATOR SPEAKER SYSTEM.

EMERGENCY CALL LIST

Federal Protective Service (Fire, Medical Emergency, Bomb Threat or Civil Defense Emergency)	(XXX)XXX-XXXX
Health Unit	XXX-XXXX
GSA Property Manager	XXX-XXXX
Fire Department	XXX-XXXX
Police Department	XXX-XXXX
Emergency Responders (Paramedics)	XXX-XXXX

EMERGENCY SYSTEMS

FIRE ALARM PULL STATIONS – Are located _____.

FIRE EXTINGUISHERS – Are located _____.

AUTOMATIC EXTERNAL DEFIBRILLATORS, EMERGENCY OXYGEN UNITS and FIRST AID KITS – Are located
_____.

EMERGENCY EVACUATION PLAN COMMITTEE AND ORDER OF SUCCESSION

Position	Name	Agency	Room	Phone Number
Designated Official				
GSA Property Manager				
Inspector				
Building Coordinator				
Alt. Building Coordinator				

FLOOR WARDENS

Floor	Alternate	Name	Agency	Room	Phone Number

AGENCY WARDENS

Floor	Alternate	Name	Agency	Room	Phone Number

HANDICAPPED OCCUPANTS

Floor	Name	Handicap	Agency	Room	Phone Number

DUTIES, ROLES AND RESPONSIBILITIES

Purpose
The Occupant Emergency Plan (OEP) provides for unified action by all tenant agencies of the _____, to assist all personnel in the building in the event of a local emergency, national disaster or enemy attack.

Scope
This plan applies only to emergency actions to be taken within the building. After an evacuation, personnel will be governed by emergency plans of their respective agencies and/or local government authorities. Changes to the plan will be made only by mutual agreement of the GSA Property Manager and Designated Official.

Responsibilities

1. *FEDERAL PROTECTIVE SERVICE* is responsible for the protection of the building and for the safety of the occupants of the building, and will notify the Designated Official and GSA Property Manager of any emergency.

2. *GSA* will assist appropriate officials of occupant agencies and coordinate with local authorities in achieving the objectives of the plan. GSA shall, to the extent possible and when possible, provide the organization with members who are technically qualified in the operation of utility systems and the installation and maintenance of protective equipment. GSA will control the use of all utilities and mechanical equipment during emergencies.

3. The *Designated Official* is the executor of the OEP and emergency plans. Based upon first-hand information or information received from emergency personnel, the Designated Official will determine whether to call for a general evacuation or take localized actions and will notify the Building Coordinator to initiate any actions.

4. The *Building Coordinator* ensures that the basic provisions of the plan are disseminated to all occupants of the building and takes necessary actions to ensure that the plan operates safely and effectively in emergencies. The Coordinator initiates any action deemed necessary by the Designated Official in an emergency situation, ensures that information notices are issued to all employees of the building over the PA system, issues any changes in the plan, maintains liaison with and cooperates with the principal officers of the tenant agencies on problems arising in the selection and training of designated employees, calls floor warden meetings when necessary to disseminate new information or resolve problems, and directs all shelter management operations when the basement in the building is occupied.

5. *Tenant Agencies* of the building have a responsibility for participating in this plan to guarantee its success. Appointed representatives will function as an organization under the supervision and control of the Building Coordinator. Agencies will ensure that assigned personnel in the organization maintain a state of readiness at all times to accomplish their mission. In case of an emergency, first line supervisors shall determine the whereabouts of all agency personnel as soon as possible and notify the coordinators immediately if anyone is missing. After the emergency has ended, the agency head should determine the reason for any personnel not responding to the designated assembly area to be counted. In a real emergency, lives could be put at risk if emergency personnel enter the building to rescue unaccounted for building personnel. We need to ensure that no one intentionally fails to go to the assembly area.

6. *Floor Wardens* direct occupants of their respective floors to the prescribed evacuation routes, notify the command center that the floor is clear as they exit the building, and evacuate the building. Floor wardens ensure that the evacuation procedures are known to all regular occupants the floor, ensure needed personnel are supplied by the tenants on his/her floor to sufficiently staff the floor's organization, hold meetings as needed to resolve problems and advise the floor of changes, direct an orderly flow of personnel during drills and actual emergencies, move floor personnel from one stairwell to another, report to the command center when their floor has been evacuated completely, keep the door to the stairwell open and the flow of traffic moving, and assist floor personnel as needed.

7. *Agency Wardens* check their agency space to assure that all personnel have vacated the area, search office space during a bomb threat, notify the floor warden that the space is clear, and assist in directing occupants to the evacuation routes.

Test Drills
Evacuation test drills for each floor will be scheduled at least twice a year. The Coordinator will coordinate these test drills with the Federal agencies involved.

Management Duties
In the event of an emergency, each respective agency is responsible for ensuring that members of the public in their space at the time of an emergency are aware of all emergency procedures.

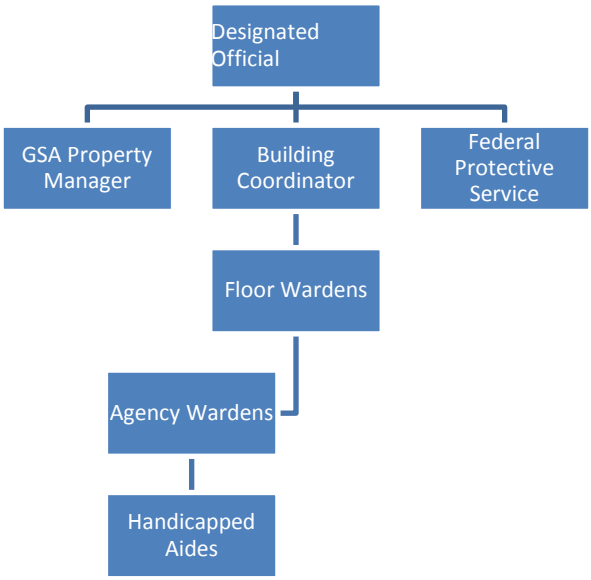
TRAINING
Training will be conducted for all building emergency communication team members twice yearly at a minimum.

BUILDING EVACUATION

1. All building evacuations will be on the order of the Designated Official and/or the GSA Property Manager or persons acting in those positions.
2. The _____ will be used to signal a general evacuation.
3. Evacuation of the floor(s) or entire building will include employees, visitors and the general public. Emergency personnel will be the only person(s) remaining on the floor(s) or in the building.
4. The _____ will be used to evacuate handicapped persons. If an incident occurs that would prohibit the use of the _____, aides and/or emergency personnel will assist all handicapped persons to evacuate by use of the nearest stairwell.
5. All agency doors leading to the hallways will be closed upon evacuation. Each agency should follow its own plan in regards to turning off lights, closing and locking filing cabinets, etc. Upon evacuation of each agency's space, the agency warden shall close the door and place a marker on the door to signal an "all clear."
6. All agency personnel shall evacuate the building using the closest available stairwell to their location.
7. All building occupants shall proceed down the stairway and EXIT the building at the closest available EXIT location.

8. After evacuation of the building, all agency personnel shall meet in their designated meeting area.
9. Handicapped personnel will be assisted by assigned monitors to the stairwells or _____, depending upon handicap condition. It is the responsibility of the individual agency to accommodate its handicapped personnel in an emergency condition. The handicapped or injured individuals (if they are unable to be evacuated via the stairwells) will then be evacuated by fire department and/or emergency personnel. Aides are designated to ensure handicapped or injured individuals are evacuated safely.
10. If evacuation does not go according to plan, the floor warden shall call (XXX)XXX-XXXX for assistance.
11. Elevators are not to be used for emergency situations (except to evacuate handicapped or injured personnel).

BUILDING EVACUATION COMMUNICATION SYSTEM



FIRE PLAN

PLAN AHEAD – Be familiar with the locations of stairwells, fire alarm pull locations and fire extinguishers. See the floor plan posted in your office.

If a fire is observed or suspected, do the following.

1. Alert others around you and activate the fire alarm located near an elevator lobby.
2. If you are leaving the building due to a fire, close, but do not lock all doors as you leave. Ensure that all windows are closed. Follow the route described on the Fire Evacuation Plan in each office.
3. Use the stairwells. DO NOT USE ELEVATORS.
4. Go to the designated assembly area for your agency.
5. Do not re-enter the building until given approval by the Designated Official.

DON'T:

1. Panic
2. Use elevators
3. Re-enter the building for valuables
4. Break windows
5. Open hot doors
6. Become a spectator
7. Congregate at building entrances/exits after evacuation

Building Emergency Communication Team Procedure

1. The fire alarm will initiate the evacuation plan.
2. The Building Coordinator will report to the Command Center to relay necessary instructions over the fire alarm speakers to building occupants.
3. Floor Wardens will direct traffic in hallways and ensure proper evacuation using accessible stairwells.
4. Agency Wardens will ensure that office space is clear and will close and mark the hallway doors with a sign denoting that the space is clear.
5. Floor Wardens will report to the Building Coordinator at the Command Center when their floor is completely clear.
6. The fire alarm alerts the Fire Department, who will provide further instructions upon arrival to the building.

BOMB THREAT PLAN

If a bomb threat is received, do the following.

1. Identify the time threat was received.
2. Follow the instructions listed on the bomb threat cards, which are to be placed under each employee's phone. If a card is not available, following the instructions of #3 below.
3. Ask the following questions (note exact words of person placing call).
    a. Where is the bomb located?
    b. When is it set to go off?
    c. What does it look like?
    d. What kind of bomb is it?
    e. Who put it there?
    f. Why was it put there?
4. Listen for voice characteristics, speech pattern, background noise, age and sex of caller.
5. If a threat is received via mail, hand carry it immediately to your supervisor and attempt to preserve it for fingerprints.
6. Notify the Federal Protective Service.

7. Turn off all cellular phones, pagers and police radios.
8. Search the area for anything that looks suspicious or out of place as you evacuate the area and report any information to emergency responders.
9. The Designated Official will determine if evacuation of the building is necessary. If evacuation occurs, go to your agency's designated assembly area.

DON'T:

1. Antagonize the caller; or
2. Disturb any suspicious package you find. Instead, immediately notify the Federal Protective Service.

Building Emergency Communication Team Procedure

1. The Federal Protective Service will notify the Designated Official, the GSA Property Manager and local authorities.
2. Agency Wardens are responsible for conducting the search in their area. The search should be organized and conducted within fifteen minutes.
3. Floor Wardens will search public areas and stairwells.
4. Agency Wardens and Floor Wardens will notify the Building Coordinator who, in turn, will notify the Designated Official through the Federal Protective Service once the search is complete.
5. The Floor Wardens/Federal Protective Officers will direct building occupants away from any suspicious package found until identification of that package can be made.
6. Once the bomb squad or other emergency personnel are on scene, further instructions will be provided to the Team.
7. The Floor Wardens will follow the evacuation plan based on recommendations of the Designated Official.

Building Emergency Communication Team Plan

1. Once announcement has been made for agency heads to pick up the "information phones," Floor Wardens will proceed to the _____.
2. The Designated Official and GSA Property Manager will proceed to _____ to initiate the red phone system informational call. If not all agencies are accounted for during roll call of the red phone system, Floor Wardens will check on status of those non-reporting agencies on their respective floors. (Reference Red Phone addendum for procedural use.)
3. Further instructions will be provided by on-site emergency personnel.

DEMONSTRATIONS AND CIVIL DISORDERS

Occupants will:

1. Avoid contact with demonstrators and all media representatives;
2. Continue working normally;
3. Keep lobby and corridors clear;
4. Stay away from windows and entrances; and
5. Report the presence of unauthorized persons in your office to the Federal Protective Service.

Building Emergency Communication Team Plan

The Designated Official will determine the need for implementation of emergency procedures during a demonstration or civil disorder.

EARTHQUAKE

DO:

1. Take cover under a desk, in a doorway or in the center interior of the building, or sit down against an interior wall.
2. Stay clear of windows, bookcases, file cabinets, storage racks and similar items.
3. Follow the instructions of the Designated Official and emergency personnel.
4. Remain calm.
5. Turn off all electrical equipment.
6. If an evacuation is signaled, follow your escape route to the closest available stairwell, exit the building, and proceed to your agency's designated assembly area.

DON'T:

1. Use telephones;
2. Use elevators;
3. React in a manner that may cause undue panic or alarm;
4. Stand near windows;
5. Use matches if the power fails;
6. Panic if you are in an elevator. Emergency personnel will take action to remove passengers from inoperative elevators.

Building Emergency Communication Team Plan

- The Designated Official will determine the need for implementation of emergency procedures during an earthquake.

EXPLOSION PLAN

If an explosion occurs:

1. Vacate the office to a safe area.
2. Notify the Federal Protective Service or pull the nearest fire alarm box.
3. Prohibit persons from entering the area.
4. Follow instructions given by emergency personnel.

If you are unable to evacuate the affected area:

1. Get down in the prone position
2. Get under the best available cover (desk, table, etc.)
3. Get away from glass, open areas or perimeter rooms
4. Protect head, eyes and torso

Building Emergency Communication Team Plan

1. The Designated Official will determine the need for implementation of emergency procedures during an explosion.

HOSTAGE SITUATION

When dealing with hostage incidents in the normal business setting, properly trained and equipped law enforcement agencies will be available to control the situation. The building's emergency organization is not trained to handle hostage incidents, but will follow emergency control measures until the appropriate authorities arrive (mainly, to assist in keeping the area clear).

The Federal Protective Service will:

1. Notify the Designated Official, GSA Property Manager, Building Coordinator, and local authorities, regarding the situation;
2. Cordon and isolate the affected area; and
3. Contain the hostage situation in the smallest possible area. All occupants will follow directions given by emergency personnel.

Occupants will:

1. Remain calm;
2. Not antagonize the hostage taker(s);
3. Not make eye contact; and
4. Escape if a safe opportunity presents itself.

Building Emergency Communication Team Plan

1. The Federal Protective Service will: notify the GSA Property Manager, Designated Official, Building Coordinator and local authorities of the situation; cordon and isolate the affected area; and contain the hostage situation in the smallest possible area.
2. The team will await further instructions by FEDERAL PROTECTIVE SERVICE and other emergency personnel.

TORNADO

If the Tornado Warning sirens sound, occupants shall do the following.

1. Stay away from windows and outside walls. Close all drapes and blinds on outside windows.
2. Close all doors to outside offices.
3. Go to the primary shelter area for tornados, which is the basement level.
4. If the primary shelter area (basement) is not accessible, go to the lowest available floor of the building and take shelter in the stairwells.
5. The Designated Official will keep you posted on any further information and instructions.

DON'T:

1. Attempt to leave the building; you are safer in one of the safe areas of the building than you would be in the street or car.
2. Use elevators; or
3. Get excited; remain calm and follow the instructions of the Designated Official.

Building Emergency Communication Team Plan

1. Upon the sounding of the siren, the Building Coordinator, at direction of the Designated Official, will ensure that an appropriate warning announcement is made over the PA system.
2. Team members will direct occupants to the basement or lowest level available in the stairwells.
3. Further instructions may be given over the PA system at the direction of emergency personnel.

POWER FAILURE

In the event of a power failure, do the following.

1. Turn off electrical office machine appliances including computer equipment.
2. Remain calm. Emergency lighting will be available (one elevator will remain operational for emergency use).
3. Keep a flashlight and extra batteries available.

If mechanical failure occurs to the lights, heat, air conditioning, etc., personnel should remain in their areas and await further instructions from their first line supervisors. Further direction or instruction to floor occupants will be issued by the floor wardens. Only by the sounding of the fire alarm will all personnel vacate the building.

Building Emergency Communication Team Plan

1. The Designated Official will determine the need for implementation of emergency procedures during a power failure.

ELEVATOR ENTRAPMENT

In the event of an elevator entrapment, do the following.

1. Press the emergency call button, located in the elevator control pad.
2. Be aware of the elevator number of the entrapment. Numbers are located in each elevator cab.
3. Be aware of the address and name of the building.

_____

_____

Building Emergency Communication Team Plan

1. The Designated Official will determine the need for implementation of emergency procedures during an elevator entrapment.

HOMELAND SECURITY LEVEL RED

Initiate heightened security measures within the building upon notification that the homeland security threat level has been elevated to "Red" for the area.

1. All employees will present ID when entering the Federal Building.
2. Employee packages and personal belongings will be screened at building entrances.
3. Employees will enter magnetometers.
4. All Department of Homeland Security policies will be followed at all times.

CHAPTER 8
PERSONAL PROTECTIVE EQUIPMENT

I. Purpose

The object of this Personal Protective Equipment (PPE) Program is to protect employees from the risk of injury by creating a barrier against workplace hazards. PPE will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury and/or illness.

II. Scope

The program applies to all employees required to wear PPE. This program addresses all forms of PPE except respiratory and hearing protection, which are addressed in separate chapters.

III. Responsibilities

A. Responsible OSHA Manager(s) have the primary responsibility for implementation of the PPE Program in their work area. Responsible OSHA Manager(s) will:

1. Provide appropriate PPE and make it available to employees;
2. Ensure and certify completion of a PPE assessment;
3. Ensure employees are trained on the proper use, care, and cleaning of PPE;
4. Maintain records of training and PPE supplied;
5. Supervise employees to ensure that the PPE Program elements are followed and that employees properly use and care for PPE;
6. Ensure defective or damaged equipment is immediately removed from service;
7. Ensure proper disposal and cleaning of contaminated PPE; and
8. Designate a PPE coordinator to supervise the distribution, maintenance, and care of equipment.

B. OSHA employees are responsible for conforming to the requirements of this policy. Employees will:

1. Wear PPE as necessary;

2. Attend PPE training sessions;

3. Care for, clean, maintain and dispose of PPE as necessary; and .

4. Report any damaged or defective PPE to their responsible OSHA Manager(s).

IV. Procedure

A. Hazard Assessment

1. Based on a general assessment of all work sites, it is OSHA policy that all OSHA employees will utilize safety glasses, safety shoes and hard hats on construction sites and safety glasses and safety shoes on all general industrial sites. OSHA field personnel will also abide by any required PPE based on the local office hazard assessment or OSHA JHAs.

2. At the start of any inspection/audit or other field activity, the OSHA employee will assess the need for PPE, which would include the employer's PPE assessment.

3. The OSHA employee will abide by the employer's or OSHA's PPE policy, whichever requires the greater protection.

4. If in the course of an inspection/audit or other field activity, the OSHA professional encounters a hazardous condition requiring the use of PPE, not addressed by the employer's PPE hazard assessment, the OSHA employee will promptly address the hazardous condition with the employer, and don the appropriate PPE before proceeding unless other appropriate action eliminates the hazard.

5. This chapter, as well as other chapters of the SHMS addressing the following: Protection During Incident Investigations, Hearing Conservation, Fall Protection and Respiratory Protection, as well as any other OSHA JHAs that have been developed serve as OSHA's PPE hazard assessment.

B. General Requirements

1. All PPE procured will be designed to meet relevant National Institute of Occupational Safety and Health (NIOSH), American National Standards Institute (ANSI) or other generally accepted industrial standards.

2. Equipment will be maintained and worn in accordance with manufacturer's specifications.

3. Care will be taken to ensure that the correct size is selected.

C. Eye and Face Protection

1. Eye protection with side protection will be worn during inspection activity.

2. Wherever hazards exist that may require additional eye protection, goggles or face shields will be worn.

3. Equipment fitted with appropriate filter lenses will be used to protect against light radiation. Tinted and shaded lenses are not filter lenses unless they are marked or identified as such.

4. Prescription Safety Eyewear:

   a. For employees who wear prescription lenses, eye protectors will either incorporate the prescription in the design or fit properly over the prescription lens.

   b. Prescription safety glasses will be supplied to OSHA employees in accordance with the current negotiated agreement with the NCFLL.

5. At a minimum, each potentially exposed OSHA employee will be provided with safety lenses with side protection and chemical splash goggles (vented type).

D. Head Protection

1. Hard hats equipped with limited dielectric properties will be furnished to and used by all OSHA employees while on construction sites and where it is required to be worn when hazards from falling or fixed objects or electrical shock are present.

2. Hardhat liners will be provided to OSHA employees as appropriate.

E. Foot Protection

1. OSHA employees will be furnished with and are required to wear approved safety shoes or boots at all times during inspections.

2. Safety shoes or boots with metatarsal protection will be provided and are required to be worn in work areas where heavy materials could be dropped on the foot (e.g., foundries), and where the employer being inspected required that such protection be worn.

3. Each OSHA employee doing field work will be furnished with rubber overshoes.

F. Hand Protection

1. Hand protection will be worn to protect against specific hazards such as chemical exposure, electrical hazards, heat, cuts, bruises or abrasion.

2. Glove selection for chemical protection will be based on performance characteristics of the gloves, conditions, duration of use, and hazards present. See Appendix B for examples of performance characteristics.

3. Based on a hazard assessment, the responsible OSHA Manager(s) will select and provide appropriate hand protection to employees that are potentially exposed.

G. Protective Clothing and Equipment

1. Size appropriate protective clothing and equipment will be worn to protect against injury from flash fire hazards, water hazards, contact with hot or molten metal, chemical exposure, weather conditions, and hazards due to low visibility (such as on road construction sites).

2. The following personal protective clothing and equipment will be furnished or be available to qualified OSHA employees as needed:

   a. For general inclement weather hazards, waterproof/chemical resistant jacket and pants outerwear;

   b. For water hazards, U.S. Coast Guard listed personal flotation devices;

   c. For road construction, high visibility vests and amber safety lights;

   d. Appropriate fire-retardant jackets and pants, whose inventory identifying the location and size will be shared among all the offices, will be provided for the following industries:

- Ferrous foundries;
- Non-ferrous foundries; and
- Chemical plants and refineries.

e. Disposable personal protective equipment apparel:

- Variety of sizes of full body overalls complete with head and foot cover;
- Appropriate tape and pocket attachments as necessary; and
- Disposable Level B suits (purchased on an as needed basis).

f. Other specialized PPE will be provided on an as needed basis. Its use will be discussed in specific chapters (i.e., Fall Protection Electrical Safety Work Practices).

H. Cleaning and Maintenance

1. PPE will be inspected, cleaned, and maintained as necessary so that the PPE continues to provide the required protection. PPE will not be shared between employees until it has been properly cleaned and sanitized.

2. PPE that cannot be decontaminated will be disposed of in compliance with applicable regulations.

I. Training

1. PPE training will include the following elements:

   a. When PPE is necessary;

   b. What PPE is necessary;

   c. How to properly don, doff, and adjust PPE;

   d. Limitations of PPE; and

   e. Care, maintenance, disposal, and useful life of PPE.

2. After training, each responsible OSHA Manager(s) will ensure that each employee in their respective unit has an understanding of the proper use of personal protective equipment.

3. Retraining is required when:

   a. There are indications that PPE is not being used properly; or

   b. There are changes in the PPE policy or equipment.

J. Recordkeeping

1. Written records will be kept of the names of persons trained, the type of training provided, and the dates when training occurred.

2. All training records will be maintained at the field office for at least five years. In the event that an employee transfers to another office they will be provided with a copy of the training records.

3. Certification of the PPE Assessment will be maintained at the local office.

APPENDIX A
Filter Lenses for Protection Against Radiation Energy

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Filter Lenses for Protection Against Radiant Energy			
Operations	**Electrode Size – 1/32 inch**	**Arc Current**	**Minimum* Protective Shade**
Shielded metal arc welding	Less than 3 3-5 5-8 More than 8	Less than 60 60-160 160-250 250-550	7 8 10 11
Gas metal arc welding and flux cored arc welding		Less than 60 60-160 160-250 250-500	7 10 10 10
Gas tungsten arc welding		Less than 50 50-150 150-500	8 8 10
Air carbon arc cutting	(Light) (Heavy)	Less than 500 500-1000	10 11
Plasma arc welding		Less than 20 20-100 100-400 400-800	6 8 10 11
Plasma arc cutting	(Light)** (Medium)** (Heavy)**	Less than 300 300-400 400-800	8 9 10
Torch brazing Torch soldering			3 2
Carbon are welding			14

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Filter Lenses for Protection Against Radiant Energy			
Operations	**Plate Thickness - Inches**	**Plate Thickness – MM**	**Minimum* Protective Shade**
Gas Welding: Light Medium Heavy	 Under 1/8 1/8-2 Over 2	 Under 3.2 3.2-12.7 Over 12.7	 4 5 6

*As a rule of thumb, state with a shade that is too dark to see the weld zone. Then go to a lighter shade that gives sufficient view of the weld zone without going below the minimum. In Oxyfuel gas welding or cutting where the torch produces a high yellow light, it is desirable to use a filter lens that absorbs the yellow or sodium line in the visible light of the (spectrum) operation.
**These values apply where the actual arc is clearly seen. Experience has shown that lighter filters may be used when the arc is hidden by the workpiece

APPENDIX B
Glove Chart

Glove Chart			
Type	**Advantages**	**Disadvantages**	**Use Against**
Natural Rubber	Low cost, good physical properties, dexterity	Poor vs. oils, greases, organics; frequently imported, may be poor quality	Bases, alcohols, dilute water solutions, fair vs. aldehydes, ketones
Natural rubber blends	Low cost, dexterity, better chemical resistance than natural rubber vs. some chemicals	Physical properties frequently inferior to natural rubber	Same as natural rubber
Polyvinyl chloride (PVC)	Low cost, very good physical properties, medium cost, medium chemical resistance	Plasticizers can be stripped, frequently imported, may be poor quality	Strong acids and bases, salts, other water solutions, alcohols
Neoprene	Medium cost, medium chemical resistance, medium physical properties	N/A	Oxidizing acids, anilines, phenol, glycol ethers
Nitrile	Low cost, excellent physical properties, dexterity	Poor vs. benzene, methylene chloride, trechloroethylene, many ketones	Oils, greases, aliphatic chemicals, xylene, perchloroethylene, trichloroethane; fair vs. toluene
Butyl	Specialty glove, polar organic	Expensive, poor vs. hydrocarbons, chlorinated solvents	Glycol ethers, ketones, esters
Polyvinyl alcohol (PVA)	Specialty glove, organic solvents	Very expensive, water sensitive , poor vs. light alcohols	Aliphatics, aromatics, chlorinated solvents, ketones (except acetone), esters, ethers
Fluoro-elastomer (Viton)*	Organic solvent	Poor physical properties, poor vs. some ketones, esters, amines	Chlorinated solvents, also aliphatics and alcohols
Norfiol (Silver Shield)	Excellent chemical resistance	Poor fit, easily punctures, poor grip, stiff	Use for Hazmat work

*Trademark of DuPont Dow elastomers

CHAPTER 9
VEHICULAR OPERATIONS

I. Purpose

Vehicles used to conduct official business are to be operated in a safe manner consistent with local, State and Federal laws. All damage to Government-owned motor vehicles (GOVs), privately-owned vehicles (POVs), or rental vehicles used for government business must be reported promptly follow the procedures outlined within. The use of GOVs is limited to official government business.

II. Scope

The procedure will serve as the guideline for protecting all employees using GOVs, POVs, and /or rental vehicles operated while performing official government business.

III. Responsibilities

A. The responsible OSHA Manager(s) will:

1. Oversee maintenance and repair of government vehicles;
2. Ensure that GOVs are equipped with a spare tire, jack, lug wrench, fire extinguisher, first aid kit and General Service Administration (GSA) Motor Vehicle Accident Reporting Kit. It is recommended that POVs are similarly equipped;
3. Ensure that GOVs are periodically inspected with regard to their outward appearance and maintenance schedules;
4. Provide defensive driving instruction as needed; and
5. Ensure that employees under his or her supervision who drive government vehicles possess a valid state driver's license.

B. The Driver will:

1. Use the GOV only for conducting official business;
2. Carry a valid state driver's license;
3. Ensure seat belt use for all occupants;
4. Operate the vehicle in a safe manner conforming to traffic laws and road conditions;

5. Ensure no smoking in GOV or leased vehicles;

6. Not use a hand held cellular phone or other device for calls or texting;

7. Not use photographic devices while operating the vehicle.

IV. Procedures

A. Vehicle inspections will be conducted as follows:

1. Prior to each use visual inspections of the vehicle will be conducted. The Pre-Use Checklist (Appendix A) can be used as a guide.

2. Monthly inspections will be conducted and documented. The Monthly Checklist (Appendix B) will be used and retained in the office. Those performing monthly inspections will be adequately trained.

3. Concerns/problems must be reported to the Area Director/Unit Manager or his or her designee.

B. Employees will comply with all state regulations while operating motor vehicles during official government business.

C. All employees must wear seat belts when traveling on official government business.

D. Employees will not operate motor vehicles if fatigued or impaired by the consumption of alcohol, prescription drugs, or over-the-counter medications.

E. In the case of damage to a GOV, all of the following procedures apply. For POVs or rental vehicles operating for official business, notification of the responsible OSHA Manager(s) and completion of the Incident Investigation and Hazard Reporting worksheet are required. The other procedures may serve as useful guidelines.

1. Stop immediately.

2. Take whatever steps are necessary to prevent another accident.

3. Notify police and/or emergency services if necessary.

4. DO NOT sign any paper or make any statement as to who was at fault in any accident situation (except to your AAD/Team Leader, or to a Federal Government investigator).

5. As soon as possible, notify your responsible OSHA Manager(s), who in turn will notify Administrative Programs in the Regional Office. If driving and interagency motor pool vehicle, the manager off the pool that issued the vehicle will also be notified.

6. If the vehicle is unsafe to operate, have it towed to the nearest garage or service station.

7. The responsible OSHA Manager(s) will ensure that General Services Administration (GSA) guidelines referenced in the Accident Report Procedures and the Incident Investigation and Hazard Reporting worksheet are completed.

    a. Standard Form 91, Motor Vehicle Accident Report;

    b. Standard Form 94, Statement of Witness (if applicable);

    c. Form CA-1, Federal Employee's Notice of Traumatic Injury (if applicable);

    d. Standard Form 95, Claim for Damage, Injury, or Death (if applicable);

    e. Police Report of Accident;

    f. Repair estimates; and

    g. Incident Investigation and Hazard Reporting worksheet;

8. In the event of damage caused by vandalism or other, non-accident sources, such as weather, the responsible OSHA Manager(s) must be notified who, in turn, will notify the ARA of Administrative Programs or equivalent unit.

9. If you are injured in a motor vehicle accident:

    a. If injured to the extent that you cannot perform your duties, have the police notify your responsible OSHA Manager(s), who will assume your responsibilities for reporting the accident.

    b. Submit Form CA-1, Federal Employee's Notice of Traumatic Injury, to your responsible OSHA Manager(s).

c. Submit all reports and data to your responsible OSHA Manager(s) within one working day.

V. Winter Driving

A. During winter months, particular attention to driving conditions will be considered when employees are required to travel.

1. Travel will be under the discretion of the responsible OSHA Manager(s), and the driver.

2. If an employee encounters driving conditions that may be hazardous, they will contact the office and advise the supervisor of the hazardous condition. If contact cannot be made with the office, the employee will make every effort not to put him or herself in a hazardous situation.

B. Each office will develop a winter driving kit to fit the needs of that particular office.

1. Prior to each winter driving season, kits will be inspected and employees trained on the equipment in the kit.

2. Winter driving kits may include: space blanket, candles, matches, spike mats, etc.

VI. Driving in Remote Areas

Procedures will be developed for employees required to travel to remote areas (e.g., mountain roads, logging inspections, oil and gas operations, and desolate highways. If possible, direct communication utilizing radios or cell phone will be used. If direct communication is not possible, a check-in/check-out system will be used.

APPENDIX A
Vehicle Pre-Use Inspection Log

Month: _____ Year: _____ Vehicle Plate #: _____

Pre-Use Inspection Log									
Date	First Aid Kit	Fire Extinguisher	Ice Scraper	Headlights	Turn Signal Lights	Brake lights operational	Horn	Flashlight	General Condition (Damage)

APPENDIX B
Vehicle Monthly Inspection Log

Month: _____ Year: _____Vehicle Plate #: _____

Starting Mileage: _____Ending Mileage: _____

Monthly Inspection Log		
ITEMS TO BE CHECKED	**STATUS**	**DATE ITEM(S) WERE REPLACED/SERVICED**
Oil (Check Level)		
Windshield Wipers and Washer Fluid		
Radiator Coolant Level		
Tires (Pressure, Excessive Wear)		

Comments:-

_____
_____
_____
_____
_____
_____
_____

Name of Inspector for Monthly Check:

_____
_____

CHAPTER 10
VIOLENCE IN THE WORKPLACE

I. Purpose

To provide a workplace that is free from violence, harassment, intimidation, and other disruptive behavior.

II. Scope

This chapter applies to all OSHA employees.

III. Definitions

A. *Assault*. To attack someone physically or verbally, causing bodily or emotional injury, pain, and/or distress. This might involve the use of a weapon, and includes actions such as hitting, punching, pushing, poking, or kicking.

B. *Intimidating Behavior*. Threats or other conduct that in any way create a hostile environment, impair Agency operations, or frighten, alarm, or inhibit others. Verbal intimidation may include making false statements that are malicious, disparaging, derogatory, disrespectful, abusive, or rude.

C. *Threat*. Any oral or written expression or gesture that could be interpreted by a reasonable person as conveying intent to cause physical harm to persons or property.

D. *Workplace Violence*. An action, whether verbal, written, or physical aggression, that is intended to control, cause, or is capable of causing injury to oneself or other, emotional harm, or damage to property.

IV. Responsibilities

Employees will treat all other employees, as well as customers, with dignity and respect. Management will provide a working environment as safe as possible by having preventative measures in place and by dealing immediately with threatening or potentially violent situations. No employee will engage in threats, violent outbursts, intimidation, bullying, harassment, or other abusive or disruptive behaviors.

A. Assistant Regional Administrator/Director for Administrative Programs (ARA – AP) or equivalent unit will:

1. Disseminate the workplace violence policies and procedures to all employees;

2. Provide annual training on this policy and U.S. Department of Labor workplace violence program for responsible OSHA Manager(s); and

3. Conduct an investigation and complete a Workplace Violence Incident Report for all incidents reported. The report will be submitted to the Regional Administrator within 24 hours of completion.

B. The responsible OSHA Manager(s) will:

1. Contact local Federal Protective Service and U.S. Marshal representatives to develop notification procedures prior to any event occurring;

2. Ensure that both the U.S. Department of Labor "Workplace Violence Program" and this program are enforced;

3. Not condone any violence, disruptive, aggressive, or abusive behavior exhibited or threatened by any employee;

4. Ensure employees are trained on the program, which includes the appendix for this chapter;

5. Assist in identifying potentially dangerous situations and participate in the development of procedures to address those situations;

6. Take all threats seriously. Respond by utilizing proper resources from security, the Employee Assistance Program (EAP), medical services, and the police if necessary;

7. Contact the Regional Administrator and appropriate local law enforcement when incidents occur during official duty but outside the Area Office;

8. Be aware of changes in employee behavior that may indicate the potential for workplace violence or disruption. Address these changes in discussion with employee(s);

9. Be knowledgeable about the disciplinary actions that can be taken against employees who are disruptive in the workplace. Utilize these actions in accordance with the collective bargaining agreement; and

10. Once aware of a workplace violence incident, conduct an investigation and initiate the Workplace Violence Incident Report

(Appendix A). A copy of the Report will be submitted to the ARA-AP within 24 hours of completion of the investigation.

C. Employees will:

1. Be familiar with the U.S. Department of Labor "Workplace Violence Program" and this policy; http://labornet.dol.gov/me/worklife/dol-workplace-violence-program.htm .

2. Remove themselves from any threat as soon as possible;

3. Report any threats, physical or verbal, and/or any disruptive behavior of any individual to local management;

4. Report threats, physical or verbal, and/or any disruptive behavior regarding the responsible OSHA Manager(s) directly to the ARA-AP;

5. Cooperate with any subsequent investigation of workplace violence incidents; and

6. Leave the area immediately when threats or violent behavior occur while on office duty outside the duty station and contact the responsible OSHA Manager(s) who will in turn contact the Regional Administrator and appropriate local and federal law enforcement. **No attempt to engage or antagonize a person threatening violence will be made.**

APPENDIX A
Workplace Violence Incident Report

WORKPLACE VIOLENCE INCIDENT REPORT	
Date of Incident:	Time of Incident
Location of Incident:	
Name of person reporting the incident:	Telephone Number:
Name of responsible OSHA Manager(s) writing report:	Telephone Number
Type of Violence: _____ Physical _____Verbal Harassment _____ Other	
Source of Violence: _____ Violence from strangers outside the workplace _____ Violence from customers/clients _____ Violence from coworkers, supervisors, managers _____ Violence from personal relations (domestic violence) _____ Other (bomb, terrorist)	
Names of Individuals Involved:	

WORKPLACE VIOLENCE INCIDENT REPORT	
Detailed description of incident (describe the incident in terms of who, what, here, why and how. Were weapons/equipment involved? Reports/referrals made to police?)	
NAME AND ADDRESSES OF WITNESSES:	
Name: Address:	Telephone Number:
Name: Address:	Telephone Number:
Name: Address:	Telephone Number:
Name: Address:	Telephone Number:
Was the individual(s) involved in previous incidents? _____ Yes _____ No If yes, please describe:	
Was anyone injured? _____ Yes _____ No If yes, please describe injuries and any lost time due to those injuries:	

WORKPLACE VIOLENCE INCIDENT REPORT		
Corrective Actions Taken	X	
Referral to EAP		
Counseling by the responsible OSHA Manager(s)		Date:
Disciplinary/Adverse Action (Warning, Suspension, Termination, …)		Date:
Training on Workplace Violence		Date:
Referral to local law enforcement		Date:
Modifications to Working Conditions		Date:
Other Corrective Actions Taken (please specify)		Date:
Response to Person Reporting Incident:		Date:

CHAPTER 11
WALKING WORKING SURFACES

I. Purpose

This program is intended to protect employees from potential health and safety hazards encountered with walking/working surfaces in the office and in the field.

II. Scope

All OSHA employees will comply with the requirements of this chapter. Only trained and authorized employees will be allowed to access ladders and scaffolds. Employees will exercise professional judgment and limit their exposures to the absolute minimum.

However, unless they have specialized training and qualifications, prior to OSHA employees accessing a scaffold system they must contact area office management for concurrence.

III. Definitions

See 20 CFR 1910.21.

IV. Responsibilities

A. Responsible OSHA Manager(s) are responsible for:

1. Training for all office, administrative, and field employees on the procedures outlined in this Chapter.
2. Providing proper tools and equipment to ensure that the procedures are followed.
3. Ensuring reported unsafe conditions are corrected.

B. Employees are responsible for:

1. Reporting all safety problems immediately to their supervisor.
2. Maintaining a neat and sanitary office environment.
3. Following all office safety and health policies.

V. Procedures

A. Keep all worker areas, aisles, and passageways, including stairs, doorways, electrical panels and exits, free and clear of obstructions, and maintain them in a clean, orderly, and sanitary fashion.

B. Maintain floors and stairs in a clean and dry condition (so far as possible. If a spill occurs, clean it up immediately or warn others and report it so that it can be cleaned up.

C. All trip hazards must be eliminated. Common hazards include damaged carpeting, cords in walking areas, and projecting floor electrical outlet boxes.

D. Step stools, if equipped with wheels, should have an automatically locking base or wheel locks. Inspect to ensure all parts are secure and safety features, such as wheel locks and anti-slip treads, are intact and properly functioning.

E. Ladders.

1. Ladders will be selected for the work intended.

2. Make sure the ladder is the proper height for the job. Extension ladders will be at least 3 feet taller than the point of support and stepladders will be selected so that the worker is never required to use the top two steps.

3. Inspect ladders before use. Defective ladders will not be used. Some signs of defects include: broken rungs, split side rails, worn or broken safety feet, broken hinges and spreaders, loose nuts, bolds and/or rivets. If defective, remove ladder from service and place a warning tag reading on it “DO NOT USE.”

4. When using a straight ladder, place feet on a firm surface and secure it at the top so that it cannot slide sideways.

5. Always face the ladder when climbing or descending. Use both hands – never carry anything in your hands. You have climbed too high if your knees are above the top of the ladder or if you cannot maintain a handhold on the ladder.

6. There should only be one person on a ladder at any time unless designed for multiple users.

7. Do not use metal ladders if there is the possibility of contact with electrical conductors.

8. Never use a stepladder as a straight ladder.

9. Do not use stepladders as a brace or support for a work platform or plank.

10. Never lean from the side of a ladder. If necessary, the task will be evaluated for potential fall hazards. Other alternative solutions will be used to allow a safe approach to the task.

F. Stairs, ramps and walkways will be clear and in good condition. Always us the handrail provided when ascending or descending stairs.

G. Employees will be cautioned to watch for holes, concrete dividers, curbs, discarded items, paper and other tripping hazards.

H. During cold weather, employees will be cautioned about icy conditions on walkways and parking lots.

I. Floor holes and openings will be protected by a cover or standard railing. Should the cover or railing need to be removed, the floor opening or hole will be constantly attended by an attendant assigned to warn others of the hazard.

J. Open-sided floors or platforms that are four or more feet above ground level will be provided with proper standard railing. When there is equipment that could fall from these elevations, the installation of a standard toe board is required.

K. Scaffolds.

There are several different types of scaffolds. Access to elevated locations or work at heights requires guardrails, fall protection, or a personal fall arrest systems device. Employees will be cautioned that if the work cannot be performed from the ground or by other available means, the following general requirements for scaffolding will be met:

1. Scaffolds will be used only when work cannot be performed from the ground or from solid construction.

2. Footing or anchorage for scaffolds will be sound, rigid, and capable of carrying the intended load without settling or displacement. Unstable objects, including barrels, boxes, loose bricks or concrete blocks, will not be used to support scaffolds or planks. The use of base plates and mudsills is acceptable.

3. Access to the scaffold must be provided by a ladder, ramp, or other safe means. Never use the side frames to access the scaffold.

4. Scaffolds must be fully planked. The planks will not extend less than six inches and not more than 18 inches from the end.

5. Scaffolds will not be used during storms, high wind, or when covered by ice or snow.

6. Scaffolds over 10 feet from ground level must have standard guardrails, toeboards, and will be properly cross-braced.

7. Mobile ladder stands and scaffolds will have positive wheel and/or swivel lock casters to prevent movement.

CHAPTER 12
HAZARD COMMUNICATION

I. Purpose

It is OSHA's policy to comply with the requirements of OSHA's Hazard Communication Standard (HCS), 29 CFR 1910.1200.

II. Scope

This program applies to all work operations where there is exposure to hazardous chemicals that are known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency. The mere *presence* of a hazardous chemical in the workplace does not trigger coverage under the HCS. There must be actual or potential exposure to an employee. Consumer products are not covered by this program to the extent that the use of the products results in a duration and frequency of exposure that is not greater that that which could be reasonably be experienced by consumers.

III. Responsibilities

A. Area Offices – responsible OSHA Manager(s) is the coordinator of the Hazard Communication Program (HCP) in his or her office, acting as the representative of the Regional Administrator.

1. He or she may delegate the day-to-day responsibility for the HCP to one of the Assistant Area Directors or a senior industrial hygienist.

2. Ultimate responsibility for the development and implementation of the program in each Area Office remains with the responsible OSHA Manager(s).

B. Regional Offices – the Regional Hazard Communication Coordinator (RHCC), acting as the representative of the Regional Administrator, will have responsibility for the development and implementation of the program in the Regional Office, as well as act as overall coordinator for the program. For purposes of this program, the responsible OSHA Manager(s) and RHCC have the same responsibilities.

IV. Procedure

A. List of Hazardous Chemicals

1. A list will be maintained of all hazardous chemicals used in the office and updated as necessary. This list will be developed by each office and become a part of this program as an attachment.

2. The list will identify the corresponding Material Safety Data Sheet (MSDS) for each chemical.

B. Material Safety Data Sheets

1. A copy of a MSDS for every substance on the list of hazardous chemicals in the Regional/Area office will be maintained.

2. MSDSs for all hazardous chemicals used in the Regional/Area Office will be readily accessible to employees at all times.

3. Requisitions for hazardous chemicals are to include a request for the MSDS. All MSDSs will be reviewed for content and completeness. Additional research will be done if necessary.

4. MSDSs of new material to be purchased must be reviewed and the chemical approved for use by the responsible OSHA Manager(s) /RHCC or his or her designee. Whenever possible, the least hazardous substance will be obtained.

C. Warning Labels

1. All containers of hazardous chemicals in the office will be properly labeled.

2. All labels will include the identity of the hazardous chemical and the appropriate hazard warning, including the target organ effects.

3. Each label will be checked with the corresponding MSDS to verify the information.

4. Alternate labeling provisions, such as tags or markings, may be made for containers that are of unusual shape or size and do not easily accommodate a legible label.

5. Chemicals that are transferred from a properly labeled container to a portable container, and that are intended only for the immediate use of the person who performs the transfer are not required to be labeled. Immediate use is defined in 29 CFR 1910.1200.

D. Training

1. Each employee who is potentially exposed to hazardous chemicals will receive training as outlined in this Chapter.

2. New employees will receive training on the contents of this program and specific training on the chemicals that the individuals will be directly working with during orientation and prior to performing work where exposure may occur.

3. Additional training will be provided for employees whenever a new chemical is introduced into their work area.

4. As warranted, training may be provided based on the uniqueness of the hazards to be encountered at an inspection worksite.

5. The training program will emphasize the following elements:

    a. A summary of the HCS and the written program;

    b. Hazardous chemical properties, including visual appearance and odor, and methods that can be used to detect the presence or release of hazardous chemicals;

    c. Physical and health hazards associated with potential exposure to hazardous chemicals;

    d. Procedures to protect against hazards, such as personal protective equipment, work practices, and emergency procedures;

    e. Hazardous chemical spill and leak procedures; and

    f. Location of MSDSs, how to understand their content, and how employees may obtain and use appropriate hazard information.

E. Hazardous Chemicals Encountered on Work Sites

Recognizing that the greatest potential for exposure to hazardous chemicals involves field exposures during the course of on-site activities, the following issues will be considered:

1. Field employees will identify potential hazards using the employer’s list of hazardous chemicals and associated MSDSs and labeling system.

a. Ensure that appropriate protective measures, including personal protective equipment, are available and utilized.

b. Where protective measures are not adequate, OSHA employees must avoid exposure and contact their responsible OSHA Manager(s) /RHCC.

2. Samples collected during any on-site activity that may present a potential hazard to OSHA employees will be handled in accordance with procedures outlined by OSHA's Salt Lake City Technical Center.

F. Contract Employees

1. Outside contractors will be advised of any chemical hazards that may be encountered in the normal course of their work in OSHA offices.

2. Outside contractors will be notified of the location and availability of MSDSs.

3. Each contractor bringing chemicals on-site must provide OSHA with the appropriate hazard information, including MSDSs. All containers of hazardous chemicals brought on-site by an outside contractor must be appropriately labeled.

G. Non- Routine Tasks

If a non-routine task is planned in an OSHA office, affected employees must be informed of any chemical hazards associated with the performance of the task(s) and appropriate protective measures before such work is initiated.

CHAPTER 13
CONTROL OF HAZARDOUS ENERGY SOURCES

I. Purpose

This chapter establishes the OSHA Field Safety and Health Management System (SHMS) National Lockout/Tagout (LO/TO) Program. The policies and procedures in this Program are intended to set broad expectations for preventing OSHA employee injury or death from uncontrolled hazardous energy sources when there are no alternatives to conducting work activities where energy isolation is required. OSHA expects Regions, DTSEM and DTE to develop specific procedures that align with this program as needed.

This Program is designed to protect OSHA employees from the inadvertent or unintended release of energy, movement, or flow in electrical potential, mechanical, or material systems, which could result in an injury or fatality to *outside personnel* as defined in 29 CFR 1910.147(f)(2). Locally developed OSHA procedures that align with this LO/TO Program will ensure that all potentially hazardous energy from machines or equipment is isolated using lockout devices before OSHA employees perform any activities (e.g., inspections) where unexpected energizing, start up, or release of stored energy could cause an injury or a fatality.

All OSHA employees are considered *affected employees* because their jobs required them to likely work in an area in which machine or equipment servicing and maintenance is being performed. For the rare occasion when lockout devices are determined necessary, management will determine if and when a limited number of OSHA employees are considered *authorized employees*. If Directorate Directors, Regional Administrators (RA), and Area Directors (AD) decide employees under their supervision will never be considered *authorized employees*, only the annual training requirements for *affected employees* in this program apply to that Region/Directorate.

This Program assumes that OSHA is the *outside* employer and *authorized OSHA employees* may conduct work activities as *outside personnel*. Normally, OSHA employees are not expected to put themselves in a position that would require isolating hazardous energy sources. However, work activities that require taking measurements or visually inspecting equipment at an *on-site employer's* worksite is considered *maintenance or servicing*. LO/TO program requirements apply if there is a potential for the unexpected energizing, start up or release of stored energy that could cause injury. Only *authorized employees* will use this Program to lock out hazardous energy. This will include providing information to the *on-site employer* about OSHA's LO/TO procedures as required in 29 CFR 1910.147(f)(2)(i) (see section V.C.1).

This Program relies on an effective *on-site employer* LO/TO Program and OSHA employee's ability to assess its effectiveness during the required information sharing about LO/TO procedures. OSHA employees will not conduct work activities that require controlling hazardous energy as *outside personnel* if there is not an effective *on-site employer* LO/TO Program.

II. Scope

This LO/TO Program is intended to apply specifically to OSHA employees covered by the OSHA Field Safety and Health Manual—specifically OSHA employees conducting work activities at another employer's facility (i.e., inspecting or otherwise visiting another employer's facility), hereinafter referred to as the *on-site employer* as established in 29 CFR 1910.147(f)(2)(i).

The procedures in this program do not provide OSHA-owned equipment-specific LO/TO procedures required by 29 CFR 1910.147 for equipment at **OSHA facilities**. Regions/Directorates that require employees to isolate hazardous energy at OSHA facilities will develop specific LO/TO procedures for applicable OSHA-owned equipment that is consistent with, and at least as protective as, 29 CFR 1910.147. The RA/Directorate Director will provide information about LO/TO procedures to personnel servicing OSHA equipment as the *on-site employer* and will ensure that they are informed about the servicing personnel's LO/TO procedures.

This Program also does **not** apply to hazardous energy in OSHA offices covered in Chapter 6, Office Safety and Health. When there is a potential for exposure to energized parts, Chapter 22, Electrical Safety provides necessary procedures for electrical hazard recognition and avoidance.

III. References

A. 29 Code of Federal Regulations Section 1910.147, The Control of Hazardous Energy (Lockout/Tagout)

B. 29 Code of Federal Regulations 1910, Subpart S, Electrical

C. 29 CFR 1926, Subpart V, Electrical Power Transmission and Distribution

D. CPL 02-00-147, The Control of Hazardous Energy, Enforcement Policy and Inspection Procedures, dated February 11, 2008

E. OSHA Field Safety and Health Manual, Chapter 6, Office Safety and Health

F. OSHA Field Safety and Health Manual, Chapter 22, Electrical Safety

IV. Definitions

A. *Affected OSHA Employee* is an OSHA employee that may conduct activities in an area in which LO/TO procedures are being used. All OSHA employees are potentially *affected* employees since they may encounter LO/TO devices at an OSHA facility or at another employer's worksite.

B. *Authorized OSHA Employee* is an OSHA employee authorized by an RA, Directorate Director, Area Office Director or a designee to use a lockout device. *Authorized OSHA Employees* will use a lock only in a group lockout that includes the *on-site employer's* primary authorized employee in order to perform inspection activity on a machine or piece of equipment.

C. *Energy Isolation Device* is a mechanical device that physically prevents the transmission or release of energy, including but not limited to manually operated circuit breakers, disconnect switches, line valves, a block and any similar devices. Push buttons, selector switches and other control circuits are not acceptable as energy isolating devices.

D. *Lockout Device* is a device that utilizes a positive means, such as a key or combination lock, to hold an energy isolating device in a safe position and prevent the energizing of a machine or equipment (e.g., blank flanges and bolted slip blinds). Each lockout device will be supplied with a tag that meets the requirements of 29 CFR 1910.147, is intended for use in group lockout, and includes a tag that identifies the lock user and the application date.

E. *Tagout Device* is a prominent warning device, such as a tag, and a means of attachment, that can be securely fastened to an energy isolating device in accordance with an established procedure to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed. For this Program, only lockout devices are authorized to control hazardous energy and tags are used only to label locks.

V. Responsibilities

A. RAs/Directorate Directors and Area Office Directors/equivalents or designees will:

1. Decide if employees are authorized to conduct work activities that require LO/TO procedures on rare occasions when no alternatives are available.

2. Provide training to *affected and authorized OSHA employees* as described in this LO/TO Program.

3. Request assistance from SLTC's Health Response Team (HRT) when investigations and inspections require hazardous energy isolation and the Region or Directorate does not have the resources to safely implement LO/TO procedures.

4. Develop local procedures that meet requirements in 29 CFR 1910.147 for OSHA-owned machines and equipment in which the unexpected energization or startup of the machines or equipment, or release of stored energy could harm OSHA employees or outside servicing personnel. Determine if authorized OSHA employees are expected to isolate hazardous energy sources at their respective OSHA facilities. Develop and provide site specific information about LO/TO procedures to outside personnel servicing OSHA equipment and share information about the servicing personnel's LO/TO procedures before work begins (29 CFR 1910.147(f)(2)).

B. If RAs, Directorate Directors, Area Office Directors or designees determine that *authorized OSHA employees* are authorized to use lockout devices as *outside personnel*, they must:

1. Develop local procedures for LO/TO program implementation to supplement this Program.

2. Select employees who are authorized to implement LO/TO procedures in this Program and that have the knowledge and skills required for the safe application, use, and removal of hazardous energy control devices. Ensure that selected *authorized OSHA employees* understand the purpose of the LO/TO program and, at a minimum:

   a. Can recognize hazardous energy sources;

b. Will represent this chapter and local procedures as OSHA's LO/TO Program to the *on-site employer* as the *outside personnel*, as required by 29 CFR 1910.147(f)(2)(i);

c. Can verify the *on-site employers* LO/TO program and procedures are effective (e.g., interviews and contacting equipment manufacturers);

d. Know the importance of considering alternative methods and how to identify them for measuring or visually inspecting equipment;

e. Know and follow the specific LO/TO procedures described in this Program; and

f. Voluntarily accept assigned tasks and is willing to perform *authorized OSHA employees* responsibilities. Should safety concerns arise when locking out equipment or machines, the OSHA employee may choose to end the task, and will discuss safety concerns with the *on-site employer* and OSHA management from a safe location.

3. Issue each *Authorized OSHA Employee* a lockout device with a key. The lockout device type should be standardized within each Office and in compliance with 29 CFR 1910.147(c)(5) for use in group lockout with at least *an on-site employer authorized employee*.

4. Determine if *authorized OSHA employees* will maintain their lockout devices or if all lockout devices will be maintained in a central location until they are needed for approved LO/TO procedures. Include specifics in the local LO/TO procedures.

5. Maintain a spare key for all issued lockout devices in a secured area. This key will be only used with the Area Office Director/designee's approval. The spare key may be provided to the a*uthorized OSHA employee* if they misplace their key or may be used to remove the lock from an energy isolated device in accordance with the procedures in this Program.

6. When approving an employee's request to use LO/TO procedures, consider the following:

   a. Are alternative methods a better option to obtain necessary information?

b. Is the information critical to the inspection?

c. Is the *on-site employer* LO/TO program effective?

7. Conduct post-use evaluations with the *authorized OSHA employee* who used LO/TO procedures following each approved lock application. OSHA regulation 29 CFR 1910.147(c)(6) requires periodic inspections of the LO/TO procedure(s) at least annually. Post-use evaluations, conducted following each application, are intended to meet the periodic inspection intent (see Appendix A, Control of Hazardous Energy Sources Pre-Request for Approval Checklist and Post-Application Evaluation).

C. OSHA employees are responsible for following this Program and Region or Directorate specific procedures. OSHA employees designated as *authorized* by their direct supervisors with approval from the applicable RA, Directorate Director or Area Office Director or designee to lock out hazardous energy will:

1. Obtain information about the *on-site employer's* LO/TO program and provide the *on-site employer* with the following OSHA LO/TO Program description orally or in writing to meet requirements in 29 CFR 1910.147(f)(2)(i) when considering implementing LO/TO procedures at their workplace.

a. All OSHA employees are considered *affected employees*.

b. A limited number of OSHA employees are *authorized employees* and allowed, only under specific scenarios, to use a lockout device as *outside personnel* conducting equipment inspection activities in coordination with an *on-site employer*.

c. *Authorized OSHA employees* will verify that the *on-site employer* LO/TO program is effective before proceeding with local OSHA management approval processes.

d. *Authorized OSHA employees* will never have the only lockout device on a controlled hazardous energy source and will only participate in a group lockout that includes at least one *on-site authorized employee*.

e. At any time, the *on-site employer*, OSHA employee or their management may cancel any activity if it is determined unsafe.

2. Perform LO/TO procedures in accordance with this Program (e.g., request approval, verify host employer program, and notify supervisor when complete).

3. Participate in post-evaluations conducted by OSHA RA, Directorate Director and/or Area Office Director, or designees each time LO/TO procedures are implemented.

VI. Safe Alternatives

The following lists some options for alternative methods to obtain information without requiring hazardous energy isolation:

A. Camera positioned from a safe location (e.g., a camera connected to a engineering rod, camera equipped with zoom lens or video equipment)

B. Electronic measurement devices used from a safe distance/location (e.g., laser measurement device)

C. Employer provided diagrams, drawings, hazard assessments and/or inventories of energy sources

D. Interviews with authorized personnel, maintenance personnel and machine or equipment operators

E. Seek assistance from employer-authorized personnel in obtaining measurements and evidence

VII. Procedures

All OSHA employees, when working near equipment that is locked or tagged out but not inspecting equipment that requires hazardous energy controls:

1. Do not alter the locks or tags that are in place

2. Do not conduct activities that could lead to an exposure to the hazardous energy if released

In the rare occasion when an *authorized employee* needs to use a LO/TO device, the *authorized OSHA employee* will first consider all other alternatives and ensure that locking out the machine or equipment is absolutely necessary. As *outside personnel,* the *authorized OSHA employee* will share information with the *on-site employer* about equipment-specific LO/TO procedures. The *authorized OSHA*

employee must verify that the *on-site employer's* procedures are effective in identifying and isolating all applicable hazardous energy sources, and must obtain approval from management before applying locks to a group lockout in accordance with this OSHA Program.

B. When inspecting a machine or equipment that uses an electrical cord for power and the OSHA employee is required to place any part of his or her body into the point of operation or danger zone, the OSHA employee should ask the on-site employer representative to unplug it. The OSHA employee must maintain exclusive control of the cord and plug during inspection activities (e.g., lock a plug cap).

C. When an OSHA employee makes an initial determination that an inspection activity (e.g., taking measurements, conducting a visual inspection) may require controlling hazardous energy sources, either before or during an inspection, the employee must follow these procedures:

1. Consider alternative methods for obtaining the information

2. If no alternatives are identified:

   a. Thoroughly review the *on-site employer's* LO/TO program, including any machine-specific procedures, and determine the program's effectiveness. The *OSHA employee* must interview the *on-site employer's authorized employee(s)* to verify that the on-site employee(s) are thoroughly familiar with the equipment, its hazardous energy sources, and any procedures in place for isolating and controlling hazardous energy.

   b. Obtain and review any manufacturer's information on LO/TO procedures for the equipment or machine.

3. Notify their OSHA management that they are requesting to lock out hazardous energy to conduct inspection activities

4. OSHA management and the OSHA employee requesting the approval will discuss and consider all alternatives

D. If no alternatives are identified the applicable OSHA management representative will decide whether to approve using LO/TO procedures and also whether:

1. The requesting employee will continue with the inspection activities as an *authorized OSHA employee*; or

2. Another *authorized OSHA employee* will proceed with the inspection activities.

E. Prior to using LO/TO device(s) to control hazardous energy approved by management, the *authorized OSHA employee* will:

1. Inform the *on-site employer* about OSHA's LO/TO Program including the procedure for the host employer to follow if a lock is left in place after the OSHA employee leaves the facility.

2. Comply with OSHA requirements under 29 CFR 1910.147 and follow the *on-site employer's* effective LO/TO procedures.

3. Verify that the *on-site employer's authorized employee*(s) fully de-energized the equipment/machine and utilized an appropriate and effective energy isolating device(s) for the equipment/machine.

4. Place his or her lock(s) on each isolating device for the equipment as part of a group lockout. OSHA employees will only enter into group lockout that includes a lock placed by the *on-site employer's authorized employee*.

5. Ensure that the *on-site employer's authorized employee* verifies that the hazardous energy source is controlled after ensuring that personnel are not potentially exposed to the hazardous energy if released.

6. Not attempt to activate/operate the *on-site employer's* equipment.

7. *Authorized OSHA employees* applying LO/TO procedures will:

   a. Limit the time for conducting work activities that require hazardous energy LO/TO to the absolute minimum needed to complete tasks.

b. Remove only their energy-isolating device.

c. Notify their responsible OSHA Manager(s) that the LO/TO procedure is complete when lockout devices are removed.

8. If the lockout device is unintentionally left on the equipment after leaving the worksite, the *on-site employer* will contact the appropriate OSHA Office before removing the device. OSHA management will contact the OSHA employee to verify their location and the OSHA employee will return to the site to remove the lock. Where the OSHA employee cannot return to the site, the OSHA employee's responsible OSHA Manager(s) may authorize removing the lockout device(s) only after the OSHA employee's location is verified and the OSHA employee agrees with removing the lockout device.

VIII. Training

Required training is based on expected work activities as described below:

A. All OSHA employees, including *affected* and *authorized employees*, will receive training annually about this LO/TO Program and the Directorate/Area Office procedures, purpose, function, and use.

B. *Authorized OSHA employees* must receive specific training in addition to LO/TO Program training annually or when conditions change that includes:

1. How to identify hazardous energy sources they might encounter during inspections at another employer's worksite

2. Energy types and magnitudes they may encounter at another employer's workplace

3. The importance of considering alternative methods for obtaining the required inspection information

4. Methods and means necessary for energy isolation and control

5. The local procedures for requesting approval for using LO/TO procedures

6. How to verify specific *on-site employer* LO/TO procedures when the use of a lockout device is required

Retraining will be conducted whenever a post-evaluation reveals, or the responsible OSHA Manager(s) has reason to believe, that LO/TO procedures are not being used properly or that the appropriate skills need refreshed.

IX. Recordkeeping

A. The applicable OSHA RA/Directorate Director or Area Office Director/equivalent or designee will:

1. Maintain training records.

2. Maintain documentation for lockout device issuance.

B. A suggested format for pre-application checklist and post-application evaluation is enclosed in Appendix A.

APPENDIX A
Control of Hazardous Energy Sources Pre-Request for Approval Checklist and Post-Application Evaluation

Pre-request Checklist for *authorized OSHA employees* to consider before requesting approval to implement lockout/tagout (LO/TO) procedures:

- Have you explored all alternative methods for obtaining the information without needing to lock out hazardous energy? Yes No

- Does the employer have an effective LO/TO program? Yes No

Note: Review the employer's LO/TO program to make sure it meets the requirements in 29 CFR 1910.147.

- Does the employer have specific procedures for this machine? Yes No

Note: Obtain a copy and review the employer's specific procedures to make sure they have addressed all hazardous energy associated with the machine.

- Does the employer have the correct lockout devices for use on the energy isolating device? Yes No

Note: Make sure the employer has the correct hardware for the control of the hazardous energy.

- Have you interviewed the employer's *authorized employee* to ensure that the employee is thoroughly familiar with the equipment, its energy sources, and the procedures in place for the purpose of isolation and control? Yes No

- Have you informed the employer of OSHA's LO/TO Program? Yes No

- Have you informed your supervisor about your need to use LO/TO? Yes No

If you answered **yes** to all the above questions, you may request approval to use the OSHA Field SHMS LO/TO Program and local procedures.

Post-application Evaluation (29 CFR 1910.147(c)(6))– Completed by the Authorized OSHA employee who used the LO/TO procedures.

Date/time the lock was applied _____and removed_____

Name of the OSHA Manager(s) that approved the lockout:
_____

Who participated in the LO/TO procedures including *on-site employer* and OSHA employees?

Machine/Equipment description:

Review OSHA employee's responsibilities for LO/TO procedures:

Date of post-evaluation:

Names of post evaluation participants:

Any lessons learned and recommendations:

CHAPTER 14
PERMIT REQUIRED CONFINED SPACES

I. Purpose

The objective of the Permit-Required Confined Space chapter is to protect employees from confined space hazards during the performance of inspection activity.

II. Scope

This program applies to all OSHA employees who conduct inspections that include determining an employer's compliance with confined space standards. OSHA prohibits employees from entering into permit spaces without the written approval of the Area Director/Unit Manager.

Normally, OSHA employees will not be working in such a position so as to necessitate entering permit-required confined spaces and will only do so* rarely. *If such entries are not absolutely required or OSHA employees are not absolutely certain regarding the safe entry into the space, then those entries are not to be conducted under any circumstance.

III. Definitions

A. *Authorized entrant.* An OSHA employee who has received written authorization to enter a permit confined space from their responsible OSHA Manager(s)

B. *Attendant*. An individual stationed outside one or more permit spaces that monitors the authorized entrants and who performs all attendants' duties as described in 29 CFR 1910.146.

C. *Confined Space*. A space that:

1. Is large enough and so configured that an employee can bodily enter and perform assigned work; and

2. Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); and

3. Is not designed for continuous employee occupancy.

D. *Permit-Required Confined Space (permit space).* A confined space that has one or more of the following characteristics:

1. Contains or has a potential to contain a hazardous atmosphere (as defined in 29 CFR 1910.146(b)); or

2. Contains a material that has the potential for engulfing an entrant; or

3. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or

4. Contains any other recognized serious safety or health hazard.

IV. Responsibilities

A. Responsible OSHA Manager(s) is responsible for:

1. Ensuring that employees understand the requirements of OSHA's Permit-Required Confined Space Entry Program and that they have the knowledge and skills required for the safe entry, if necessary, into permit-required confined spaces

2. Complying with all requirements of the OSHA's Permit-required Confined Space Entry Program

B. Employees are responsible for complying with all requirements of the OSHA's Permit-required Confined Space Entry Program.

V. Procedures

A. *OSHA prohibits employees from entering into permit spaces without the written approval of the Area Director/Unit Manager.* This includes permit spaces that have been reclassified or are being entered by the employer under alternative procedures as specified in 1910.146(c)(5)(ii) and (c)(7). The final determination of whether a confined space is a permit-required confined space shall be made by the OSHA employee who will be the entrant with the concurrence of their responsible OSHA Manager(s). If entry must take place, the guidelines below shall be employed.

B. Entry policy for OSHA employees. No entry will be permitted unless all the provisions of the 1910.146 standard have been met. Only OSHA employees who are trained in confined space entry and are medically fit to wear the necessary personal protective equipment may enter permit-required confined spaces.

C. OSHA employees, in coordination with their responsible OSHA Manager(s), will evaluate the hazards identified by the employer which

are present in the permit-required confined space. In addition, the space will be independently evaluated by the employee for any other hazards which may be present.

D. In addition to personal protective equipment typically issued to OSHA employees, an employee who is conducting inspections involving entry into a permit-required confined space will be provided with and use all personal protective equipment necessary for safe entry. A self-contained escape respirator shall be worn where confined spaces have the potential to develop hazardous atmospheres.

E. A second trained OSHA employee will act as an attendant when the first employee enters the permit space. Both employees will be cross-trained in each other's duties as an entrant and an attendant. The attendant will not enter the confined space under any circumstance. The attendant will monitor the activities in the confined space and order the entrant to evacuate if there are changes that could present a hazard.

F. A safe means of rescue will be readily available onsite. The OSHA attendant will not perform rescue. The OSHA attendant will confirm that personnel designated to perform rescue have been trained in accordance with 1910.146(k). If lockout is necessary to control hazards within the confined space, the OSHA entrant will follow OSHA's lockout/tagout procedures (Chapter 13).

G. The employee who will enter the confined space may use the permit entry procedures established by the employer only if all of the following conditions are met:

1. The employer has a permit required confined space entry program that complies with 1910.146.

2. All hazards and potential hazards have been identified There are no discrepancies or potential discrepancies between the employer's assessment of the hazards and the assessment conducted by OSHA.

3. The entrant verifies all entries on the permit and assures that all hazards or potential hazards have been eliminated or controlled.

4. The entrant will not rely on the employer's atmospheric monitoring results. The entrant will also conduct atmospheric monitoring to confirm the space is safe to enter.

H. A copy of the entry permit or certification will be faxed to the responsible OSHA Manager(s) for signature. Entry will not begin until a signed copy has been returned to the entrant. The permit must also be signed by the employer's entry supervisor.

I. The entry permit will be terminated by the responsible OSHA Manager(s) if entry conditions change or when the entry has been completed. A review of the confined space entry program will be conducted after every confined space entry.

J. Entry permits and certifications will be considered exposure records and will be maintained in accordance with 1910.1020 by the TL in the local office.

VI. Training

A. Annual training will be conducted on the requirements of this chapter to assure that all employees are aware of the policy and procedures necessary for confined space entry.

B. Minimum training for employees who will be entering a permit space and the attendant is:

1. The Confined Space entry course offered by OSHA's Training Institute or equivalent.

2. Respiratory Protection course offered by OSHA's Training Institute or equivalent.

3. Training in the use of any personal protective equipment required for confined space entry.

4. Introduction to Industrial Hygiene for Safety Personnel course offered by OSHA's Training Institute or equivalent training and/or experience.

CHAPTER 15
FIRST AID AND CARDIOPULMONARY RESUSCITATION

I. Purpose

To provide prompt and properly administered first aid, cardiopulmonary resuscitation (CPR), and Automated External Defibrillation (AED) to minimize the severity of injuries and illnesses that may occur in the workplace.

II. Scope

This chapter applies to all OSHA employees. Any reference to AEDs is reserved until further notice.

III. Definitions

A. *Automated External Defibrillator (AED)*. A medical device that analyzes the heart rhythm and can deliver an electric shock to victims of ventricular fibrillation to restore the heart's normal rhythm.

B. *Cardiopulmonary Resuscitation (CPR)*. The combination of artificial respiration and manual artificial circulation.

C. *First Aid*. Immediate assistance, emergency care, or treatment given to an ill or injured person before regular medical aid can be obtained.

IV. Responsibilities

A. The responsible OSHA Manager(s) or his or her designee is responsible for the development and implementation of this program in OSHA Offices.

B. Only designated first aid responders are expected to provide first aid as part of their job duties.

C. In those offices where emergency services cannot respond within fifteen minutes, the responsible OSHA Manager(s) or his or her designee will solicit a sufficient number of volunteers to administer first aid.

1. Where a sufficient number have not volunteered, the responsible OSHA Manager(s) or designee will designate individuals as first aid responders as a collateral job duty.

2. Designees will include members outside the bargaining unit and others within the bargaining unit subject to the collective bargaining agreement.

D. The responsible OSHA Manager(s) will assure the following:

1. All employees are offered first aid and CPR training;

2. Training certificates remain current; and

3. The contents of first aid kits are replenished and maintained in a serviceable condition.

E. Employees exposed to blood will follow the Bloodborne Pathogen Standard and procedures outlined in Chapter 19.

V. Procedures

A. In the event of an injury to an employee, an assessment of the injuries will be made by a designated first aid responder as to whether the injury requires treatment beyond first aid. If further treatment is needed, the employee will be transported to an appropriate facility. Call 911 for all transports deemed unsafe other than by emergency response services.

B. In the event of an injury to a contract worker, first aid supplies will be made available to the individual. If the extent of an injury requires treatment beyond first aid, emergency response services (911) will be contacted.

C. In the event first aid is required, it will be provided by a designated first aid responder.

D. Incidents in which employees provide first aid and/or CPR in the course of their duties must be reported to the unit manger for review and follow-up, which may be necessary to protect the health of the employee.

VI. Training

A. Training will include the means of accessing emergency response services.

B. All employees will be offered first aid, CPR and AED training.

C. Training will be provided to maintain certifications.

D. Certificates of training will be issued to those employees who successfully complete training.

E. Training records will be retained at the office level.

F. Contents of the training will include those subjects listed in OSHA's publication "Best Practices Guide: Fundamentals of a Workplace First Aid

Program." Training must include practice with one-way masks and special emphasis must be given to treatment of heart attack and stroke victims.

VII. First Aid Equipment

A. In the absence of an infirmary, first aid kits will be provided for each office. Kits will also be provided for each GSA vehicle. First aid kits will be readily accessible and stored in a convenient area. The size of the kit will be determined by the number of employees in the office, based on supplier's recommendations.

B. The first aid kit for the office and the GSA vehicle will comply with current ANSI standards and at a minimum must contain:

- Gauze compress (32 square inches);
- Adhesive bandage (1x3);
- Adhesive tape (5 yards);
- Antiseptic swabs, wipes, and towelettes effective against HIV and HBV;
- Burn ointment;
- Sterile pad;
- Triangular bandage; and
- Medical exam gloves.

C. Office first aid kits will contain the following additional items:

- Roller bandages (4"x 6 yards and 2" x 6 yards);
- CPR Barrier and biohazard bag;
- Cold pack;
- Eye wash and covering;
- Oral analgesic;
- Antibiotic ointment;

- Bandage compresses; and
- Burn dressing.

D. First aid kits will be inspected at least quarterly and replenished as necessary. Medical exam gloves will be replaced in accordance with manufacturer's recommendations. Any item beyond its marked expiration date will be removed from the kit and replaced.

E. All offices with labs where employees are potentially exposed to corrosive liquids will have eyewash facilities that comply with American National Standards Institute (ANSI) Z358.1.

CHAPTER 16
HEARING CONSERVATION PROGRAM

I. Purpose

This chapter initiates and establishes a hearing conservation program that complies with 29 CFR 1910.95 to protect OSHA personnel covered by PER 04-00-005 from the effects of occupational noise exposure. The Hearing Conservation Amendment to the OSHA Occupational noise exposure standard, 29 CFR 1910.95, requires that employers establish a hearing conservation program for employees whose noise exposures equal or exceed an 8-hour time-weighted average (TWA) of 85 dBA.

II. Scope

This chapter establishes HCP for OSHA personnel covered by PER 04-00-005 who are assigned to field duties where noise exposures are anticipated to be at or above 85 decibels (dBA) as an 8-hour time-weighted average (TWA).

See OSHA Instruction, PER 04-00-005 for information on scope of coverage of OSHA personnel for the Agency's Medical Examination Program.

III. References

A. 29 CFR 1910.95, Occupational noise exposure.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9735

B. 29 CFR 1904.10, Recording criteria for cases involving occupational hearing loss.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9641

C. 29 CFR 1910.1020, Access to employee exposure and medical records.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027

D. OSHA Instruction, PER 04-00-005, OSHA Medical Examination Program.
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=4071

E. OSHA Technical Manual TED 01-00-015 [TED 1-0.15A]. http://www.osha.gov/dts/osta/otm/noise/index.html

F. 29 CFR 1913.10, Rules of agency practice and procedure concerning OSHA access to employee medical records. http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10207

G. OSHA Instruction CPL 02-02-072, Rules of agency practice and procedure concerning OSHA access to employee medical records. http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=3669

H. OSHA Instruction CPL-02-00-135, Recording Policies and Procedures Manual, December 30, 2004, or current update. http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=3205

IV. Cancellations

None.

V. Action Offices

All Federal OSHA offices.

VI. Federal Program Change

This chapter initiates and establishes a HCP. Although this chapter does not apply to State Plan States, State Plans may consider implementing a similar HCP for their field employees.

VII. Significant Changes

The program was established by OSHA Instruction PER 04-00-004. This chapter reiterates the policies established by the Instruction, introducing no changes to the program.

VIII. Background

The Agency's Medical Program established in 1989 included audiometric testing as a determinant of eligibility for duty. At that time, it was not anticipated that OSHA personnel covered by PER 04-00-005 would experience noise exposures that warranted the implementation of an HCP. However, noise survey

measurements have since demonstrated that OSHA personnel covered by PER 04-00-005 periodically work in environments that warrant enrollment in a HCP in accordance with the hearing conservation amendment to 29 CFR 1910.95, Occupational noise exposure.

A HCP includes noise monitoring, audiometric testing, employee notification, use of appropriate hearing protection, administration of pertinent training and education, and associated recordkeeping. Specific implementation protocols are delineated below in Section X. Procedures.

IX. Policy

This chapter establishes an OSHA HCP that is consistent with the hearing conservation amendment to 29 CFR 1910.95, Occupational noise exposure.

Whenever feasible, OSHA personnel covered by PER 04-00-005 are encouraged to avoid exposure to hazards, including noise. The personnel covered by PER 04-00-005 are to limit their exposure to noise to the minimum duration necessary, and to wear hearing protection as required for the safe completion of their duties. In addition, while OSHA personnel covered by PER-04-00-005 are at facilities in which employees are required by their employers to wear hearing protection, OSHA personnel are to wear hearing protectors that provide equivalent hearing protection to that which the facility employees are wearing.

X. Procedures

A. Noise Monitoring

Due to the wide variety of worksites encountered and the variability of working conditions in each site, OSHA personnel covered by PER 04-00-005 may encounter periods of noise exposure in excess of 85 dBA, as an 8-hour TWA. Newly hired OSHA personnel receive orientation training that prepares them to evaluate and protect themselves from potentially harmful noise exposures. OSHA personnel covered by PER 04-00-005 are to follow procedures in the OSHA Technical Manual TED 01-00-015, Chapter 5, in order to determine the indications of potentially harmful workplace noise levels and the need to conduct screening noise monitoring using a sound level meter (SLM). The results of screening measurements will be used by OSHA personnel covered by PER 04-00-005 to select appropriate hearing protectors.

Intensity and duration of the noise exposure, in addition to professional judgment, must be used in determining how best to measure the exposure of the affected employee. (OSHA Technical Manual TED 01-00-015: http://www.osha.gov/dts/osta/otm/noise/exposure/index.html). Also, see Section E. Records Program for procedures for recording and reporting

noise exposure measurements.

B. Audiometric Testing Program

Audiometric testing will be conducted in concert with the Agency's Medical Examination Program. All audiometric exams performed as part of the Agency's Medical Examination Program must take place in an appropriate test environment that does not interfere with the accuracy of the audiometric test thresholds. Audiometric test frequencies shall include: 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz, 4,000 Hz, 6,000 Hz, and 8,000 Hz. Requirements for test equipment and calibration must conform, at a minimum, to the calibration and audiometric test requirements set forth in the hearing conservation amendment 29 CFR1910.95(g) to the occupational noise exposure standard.

Prior to receiving audiometric testing, OSHA personnel covered by PER 04-00-005 will complete an audiometric history form in order to document pertinent medical history, noise exposure, and use of hearing protection. (See Appendix A).

1. **Scheduling**. Baseline and annual audiometric exams will be scheduled concurrently with pre-placement and annual medical examinations respectively. Retest audiograms will be conducted within 30 days of the time that a Standard Threshold Shift (STS) is identified.

2. **Baseline Audiogram**. The baseline audiogram must be preceded by a minimum period of 14 hours of quiet without exposure to workplace noise. The use of hearing protection is an acceptable alternative to the 14-hour quiet period before the baseline audiogram is taken. The baseline audiogram for covered OSHA personnel is defined as follows:

    a. OSHA personnel covered by PER 04-00-005 hired prior to the establishment of the 1989 Medical Examination Program will have their 1989 audiogram or their oldest qualifying audiogram on file identified as their baseline audiogram.

    b. OSHA personnel covered by PER 04-00-005 hired after 1989 will have their pre-placement audiogram identified as their baseline audiogram. Valid baseline audiograms are obtained prior to field assignment as required by the pre-employment medical requirements program (See OSHA

Instruction, PER 04-00-005).

3. **Annual audiogram**. Audiometric testing will be conducted annually. Each annual audiogram shall be compared to the baseline audiogram to validate its accuracy, and detect significant changes in hearing. The 14-hour quiet period is not necessary for annual audiograms.

4. **Notification of Audiogram Results**. Immediately following audiometric testing, covered OSHA personnel will receive preliminary verbal feedback on their test results by an individual qualified to administer the audiometric exam. A preliminary determination of an STS will result in covered OSHA personnel automatically receiving an appointment for a retest audiogram. A definitive interpretation of all audiograms will take place following audiogram review by the physician acting as the HCP Director (see Section XI. E.). Formal written notification letters will be sent to each employee in the program from the HCP Director regarding: findings of annual audiograms that do not warrant retesting, findings of retest audiograms including STS, indications of possible otological pathology, and recommendations for audiological or otological follow-up. If covered OSHA personnel receive a retest audiogram, he/she will receive a single notification letter that explains the findings of both the annual and retest audiograms. (See Sample Notification Letter, Appendix B). The OSHA Office of Occupational Medicine (OOM) will contact covered OSHA personnel with specific information in order for them to obtain follow-up testing and treatment as needed (see section B.7.e. below).

5. **Retest audiogram**. OSHA personnel covered by PER 04-00-005 with annual audiograms that meet the STS criteria will be retested within 30 days of the annual audiogram to determine whether the threshold shift is temporary or persistent. Retest audiograms should be conducted after a 14-hour quiet period. However, hearing protection may be used as an alternative to the 14-hour quiet period. A retest audiogram conducted within 30 days of the annual audiogram may be substituted for the annual audiogram. The retest audiogram may confirm a newly identified STS, or it may reveal an improvement in hearing threshold. In both of these cases, the results of the retest audiogram can be substituted for the annual audiogram.

6. **Revised Baseline Audiogram**. An annual audiogram may be substituted for the baseline audiogram when: (a) the STS is

persistent; or (b) the hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram. The audiometric findings from each ear are evaluated independently for improvement or worsening of the auditory threshold of the person on whom the audiogram was performed. If only one ear meets the criteria for an STS, the baseline may be revised for that ear only. Thus, future audiometric tracking will be based on separate left and right ear baseline revisions.

7. **Standard Threshold Shift**. The criterion for STS is a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2,000, 3,000, and 4,000 Hz in either ear. Age corrections will be applied in determining STS. If an STS has occurred, the employee will be informed of this fact in writing, within 21 days of the final determination. When the HCP Director (Section Xl.E.) has determined that an STS has occurred, the following actions will take place:

   a. The HCP Director will send a notification letter to the affected employee. The HCP Director will send a separate notification letter to the OSHA Office of Occupational Medicine (OOM) as the employer representative. The HCP Director will provide both notification letters within 21 days of determining that an STS has occurred. If the STS did not persist on the retest audiogram, or if there is an improvement in hearing thresholds, the notification letter will indicate these findings.

   b. OOM will notify the Regional Administrator, his/her designee, or Directorate Head as appropriate, of the presence of an STS, and of the required follow-up actions, including the need for an OSHA 300 log entry per paragraph X.E.4. Recording Criteria for Cases Involving Occupational Hearing Loss.

   c. The designated Hearing Conservation Coordinator (HCC) (see Section XI. C.) will ensure proper evaluation of the adequacy of hearing protectors. If the affected employee is not using hearing protectors, that employee shall be fitted with hearing protectors, trained in their use and care, and be required to use them. If the affected employee is already wearing hearing protectors, he/she will be refitted and retrained in the use of hearing protectors and be required to use them. Alternative hearing protectors will be provided as

appropriate.

d. The HCP Director will advise OOM of recommendations for additional audiological or otological evaluations (See Appendix C). OOM will make final determinations on appropriate referrals as necessary.

e. OOM will inform the affected employee of the purpose for additional testing, the logistics for obtaining additional testing, and of the implications of test results.

C. Hearing Protection

Hearing protectors shall be provided at no cost to all OSHA personnel covered by PER 04-00-005. They shall be fitted with hearing protectors and trained in their use and care. Covered OSHA personnel shall wear hearing protectors when exposed to 90 dBA or greater as an 8-hour TWA. Covered personnel who have experienced an STS shall wear hearing protectors when exposed to sound levels of 85 dBA or greater as an 8-hour TWA. Dual hearing protection shall be worn if exposures exceed 105 dBA as an 8-hour TWA.

In addition, when OSHA personnel covered by PER 04-00-005 are at facilities in which employees are required by their employers to wear hearing protection, OSHA personnel are required to wear hearing protection equivalent to that worn by employees at the facility. See OSHA Field Inspection Reference Manual CPL 2.103, Section 5-Chapter I. Pre-Inspection Procedures, E. 2. a. which states: "29 CFR 1903.7(c) requires that the CSHO comply with all safety and health rules and practices at the establishment and wear or use the safety clothing or protective equipment required by OSHA standards or by the employer for the protection of employees."

1. OSHA personnel covered by PER 04-00-005 will be provided the opportunity to choose their hearing protectors from a variety of types, with suitable attenuation characteristics. Factors to consider include comfort, communication, hearing ability, compatibility with other personal protective equipment, and the environment in which they will be worn.

2. Training in the use and care of hearing protectors is required. Hearing protectors must be properly fitted and their correct use must be demonstrated.

3. Hearing protectors must provide appropriate attenuation. (See 29 CFR 1910.95 Appendix B.)

   a. Hearing protectors must attenuate noise exposure to at least 90 dBA as an 8-hour TWA.

   b. For OSHA personnel covered by PER 04-00-005 who have experienced an STS, hearing protectors must attenuate noise exposure to at least 85 dBA as an 8-hour TWA.

   c. 29 CFR 1910.95 Appendix B, should be referred to for assistance on how to determine appropriate hearing protector attenuation. Additional information is available in the OSHA Technical Manual, Section III, Chapter 5. Also refer to NIOSH for additional methods to evaluate hearing protector performance and for updated and emerging information on individual fit testing at 1-800-CDC-INFO (1-800-232-4636). See http://www.cdc.gov/niosh/topics/noise/

D. Training Program

OSHA personnel covered by PER 04-00-005 shall be trained prior to beginning work in noisy environments and annually thereafter with updated information. Training must be conducted by a qualified individual, designated by the Regional Administrator, or Directorate Head, who is capable of answering questions on the Hearing Conservation Program. (Refer to section XI.Roles and Responsibilities.) Training shall include, at a minimum, the following:

1. The effects of noise on hearing;

2. The purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instructions on selection, fitting, use, and care of hearing protectors. (The NIOSH website has demonstrations for the correct fitting of different types of hearing protectors. This is available at 1-800-CDC-INFO (1-800-232-4636); See http://www.cdc.gov/niosh/topics/noise/

3. The purpose of audiometric testing and an explanation of the test procedures; and

4. A description of the HCP including a description of roles and responsibilities under the HCP.

E. Records Program

1. **Noise Exposure Measurements**. Noise exposure measurements including self monitoring data shall be recorded on the OSHA-92 Noise Survey Report. The form is to be completed in the same way as for any sample taken during the inspection. The name of person being sampled is to be entered on line item 7 "Person Performing Sampling". The form should be entered into the Integrated Management Information System (IMIS) for tracking. The Area Director, or Directorate Head as appropriate shall create and keep a hard copy file that contains the covered employees' noise exposure records.

   Additionally, all covered OSHA personnel shall store and maintain their own exposure monitoring records in an individual exposure file. Noise exposure measurement records shall be retained for 2 years in accordance with 1910.95(m)(3)(i).

   (See standard interpretation letter dated 8/17/2000- which states: "The two year retention time for employee noise exposure measurements takes precedence over the general record retention requirement for employee exposure records in 1910.1020.")

2. **Audiograms**. Audiometric test results and medical records related to this program will be maintained by OSHA's Medical Program Administrator in the Directorate of Science, Technology and Medicine in accordance with: The Privacy Act of 1974, 29 CFR Part 71; Occupational noise exposure, 29 CFR 1910.95(m); and Recording criteria for cases involving occupational hearing loss, 29 CFR 1904.10. Audiometric test results shall be maintained in OOM for the duration of the employee's employment, along with the employee's Medical Program records, in accordance with 29 CFR 1910.1020, Access to employee exposure and medical records. Audiometric test results of former employees will be archived in the Federal Records Center and are available through Human Resources.

3. **Access to Records**. OSHA personnel covered by PER 04-00-005 or former OSHA personnel covered by PER 04-00-005 may request a copy of his/her own exposure, audiological, and medical records required by this HCP or may request that a copy be sent to his/her designated representative. All activities involved in

complying with the access to medical records provisions can be carried out on behalf of OSHA by the physician or other health care professional in charge of employee records (29 CFR 1910.1020, Access to employee exposure and medical records).

4. Recording Criteria for Cases Involving Occupational Hearing Loss. (Refer to section XI. for Roles and Responsibilities.) An STS must be recorded on the OSHA 300 log and the hearing loss column must be checked on the log when the following conditions are met: an audiogram for a covered OSHA employee reveals a work-related STS in hearing in one or both ears and the person's total hearing level is 25 dB or more, averaged at 2000, 3000 and 4000 Hz in the same ear(s) as the STS. The audiometric results will be age-adjusted (Appendix F, 29 CFR 1910.95). Age adjustment will not be used when determining whether the person's total hearing level is 25 dB or more above audiometric zero. The OSHA Intranet provides a hearing loss "decision tree" to assist in determining whether the results of an audiometric exam, given on or after January 1, 2003, reveal a recordable STS. If the retest audiogram, conducted within 30 days of the annual audiogram, does not confirm a recordable STS, the hearing loss case does not need to be recorded on the OSHA 300 log. If the retest audiogram confirms a recordable STS, the hearing loss case must be recorded on the OSHA 300 log within 7 calendar days of the retest. OOM will notify the Regional Administrator, his/her designee, or Directorate Head, as appropriate, of the need to record an STS within sufficient time to satisfy this recording requirement. If the STS does not persist, the recorded entry on the log may be erased or lined-out. See Recording criteria for cases involving occupational hearing loss, 29 CFR 1904.10.

XI. Roles and Responsibilities

A. Directorate of Science, Technology and Medicine

The Office of Occupational Medicine, in the Directorate of Science, Technology and Medicine (DSTM) shall maintain oversight of the audiometric testing portion of the HCP. These responsibilities shall include:

1. Ensuring that vendors' audiometric testing protocols are in compliance with 29 CFR 1910.95, the Statement of Work, and the Inter-Agency Agreement when applicable. These protocols shall include: proper calibration and functioning of audiometric hardware and software; proper certification and training of staff

who conduct audiometric examinations; proper supervision of audiometric testing staff; maintaining and updating a skills competency checklist for audiometry; completion of requisite documentation including audiometric history/report, baseline, annual, and retest audiograms, audiogram summaries and test results, all generated reports, STS notification letters, and other criteria in accordance with the HCP Statement of Work.

2. Appointing a competent physician as the HCP Director. OOM shall maintain oversight of all activities of the HCP Director, including the following: ensure that HCP Director reviews audiograms in a timely manner and ensure that HCP Director participates in quality assurance activities. (See Section E for a full list of HCP responsibilities.) Quality assurance includes a periodic performance review of: audiometric testing equipment; audiometric testing personnel; audiometric policies and procedures.

3. Ensuring that OSHA personnel covered by PER 04-00-003 are scheduled for examinations in a timely fashion.

4. Ensuring that all notification letters and reports generated by vendors, as applicable, conform to this Instruction and to criteria delineated in the Statement of Work.

5. Performance of an annual evaluation of the overall effectiveness of the HCP. The results of this review will be provided to the Regional Administrator, Directorate Head or other designated OSHA personnel. DSTM will take the lead in developing and standardizing criteria to be used by the Regional Administrators to evaluate regional program effectiveness.

6. Ensuring that any problems or discrepancies in the administration of the hearing conservation program are resolved.

B. Regional Administrators, and Directorate Heads

The Regional Administrators and Directorate Heads (as appropriate) shall ensure the overall administration of the HCP on regional, local and office levels. Their duties include:

1. Ensuring that effective hearing protection devices are provided to and used by OSHA personnel covered by PER 04-00-005 when

required.

2. Upon receipt of notification from OOM that a covered OSHA employee was identified with an STS, the Regional Administrator or Directorate Head as appropriate, will ensure that the designated Hearing Conservation Coordinator (HCC) is informed of the STS and initiates required follow-up actions.

3. Ensuring that all designated Hearing Conservation Coordinators perform their required responsibilities, including training as necessary.

4. Evaluating the effectiveness of the HCP on a regional and local level through a compliance audit and submitting the results to the Directorate of Science, Technology and Medicine.

5. Ensuring proper implementation and maintenance of the records program for noise exposure data and OSHA 300 logs.

6. Upon receipt of the annual review of HCP effectiveness provided by DSTM, the Regional Administrator or appropriate Directorate Head shall ensure that recommended changes are incorporated into procedures for implementing the HCP.

C. Hearing Conservation Coordinator

The Regional Administrator or Directorate Head, as appropriate, shall designate a Hearing Conservation Coordinator (HCC) for each local Office or Directorate to effectively implement elements of this HCP, including:

1. Ensuring that all OSHA personnel covered by PER 04-00-005 are participating in all the required components of the audiometric testing program.

2. Evaluating the quality of audiometric services provided, e.g., timely notification of STS and scheduling of audiograms.

3. Ensuring that the hearing protection requirements of this Instruction are implemented, including providing appropriate hearing protectors and ensuring that covered OSHA personnel are trained in their use and care and required to wear them. For covered OSHA employees already wearing hearing protectors,

ensure that alternative hearing protectors are provided as appropriate and that such employees are appropriately retrained.

4. Ensuring compliance with maintenance of records for noise exposure data and OSHA 300 logs.

5. Establishing a mechanism for covered employees to report problems in the administration of the HCP.

D. OSHA Personnel Covered by PER 04-00-005

OSHA personnel covered by PER 04-00-005 shall:

1. Participate in audiometric testing protocols and required actions when scheduled.

2. Select, use, and care for hearing protectors as required by this Instruction and 29 CFR 1910.95.

3. Report hearing-related problems to the audiometric technician, to the physician conducting OSHA Medical examinations, or to a Medical Officer in the Office of Occupational Medicine.

4. Report problems relating to the HCP to the Hearing Conservation Coordinator, as they arise.

5. Participate in training as required by this Instruction.

E. Hearing Conservation Program Director

The Director is responsible for the definitive review of all audiograms. The Director shall:

1. Closely evaluate all audiograms that indicate an STS and other problem audiograms. Provide timely notifications to the affected person and to OOM when problem audiograms are identified. Participate in quality assurance by reviewing accuracy and appropriate performance of: audiometric testing equipment; audiometric testing personnel; audiometric policies and procedures.

2. Supervise audiometric technicians; establish a mechanism for technicians to report problem audiograms to physicians as well as problems related to the audiometric testing process.

3. Provide recommendations to OOM regarding personnel follow-up with audiology or otolaryngology professionals, as appropriate.

4. Provide annual reports on group data, including trends, as requested.

APPENDIX A

Sample Audiogram History / Report Form

APPENDIX B

Sample Employee Notification Letter

APPENDIX C

Sample Employer Notification Letter

CHAPTER 17
FALL PROTECTION

I. Purpose

This chapter establishes the OSHA Field Safety and Health Management System (SHMS) Fall Prevention and Protection Program. OSHA employees need to recognize fall hazards and know how to avoid them. If tasked to work at heights, OSHA employees should understand safe procedures to work at heights and have the appropriate level of training. The policies and procedures in this Program are intended to set broad expectations for preventing OSHA employee injury or death from falling. OSHA expects Regions, DTSEM, and DTE to develop specific procedures that align with this Program as needed. This Program emphasizes using acceptable alternatives that meet the work requirement without working at heights, establishes roles and responsibilities, and describes training requirements. Chapter 11, Walking Working Surfaces provides additional information applicable to surfaces at heights.

II. Scope

This Program applies to all OSHA employees covered by the OSHA Field Safety and Health Manual. All employees will take necessary precautions while conducting work activities, including collecting information to document fall hazards in workplaces. The majority of policies in this chapter are for activities that require Basic or Advanced Climber Training. OSHA employees that do not need Basic or Advanced Climber Training to conduct work activities will receive awareness training and may use ladders at their discretion when fall protection equipment is not required.

III. References

A. 29 Code of Federal Regulations Part 1926 Subpart M, Fall Protection

B. OSHA Field Safety and Health Manual, Chapter 13, Control of Hazardous Energy Sources

C. OSHA Field Safety and Health Manual, Chapter 11, Walking and Working Surfaces

D. American National Standards Institute (ANSI)/American Society of Safety Engineers (ASSE) Z-359, Fall Protection Code

E. Personal Fall Protection Used in Construction and Demolition Operations, ANSI/ASSE A10.32-2012

IV. Definitions

A. *Responsible OSHA Managers* are trained and competent supervisors appointed by Regional Administrators/Directorate Directors (RAs/Directors) to perform duties specified in this Program for overseeing local implementation.

B. *Authorized OSHA Employees (Authorized Employees)* are designated by the Responsible OSHA Manager based on the need to conduct work activities at heights requiring fall protection (e.g. investigation and inspections). Authorized Employees complete appropriate training and have the knowledge and expertise to safely conduct work activities with fall protection at anticipated heights. *Authorized Employees* will use ladders at their discretion and follow Regional policy for notification to their supervisor when conducting work activities that require Basic or Advanced Climber training. *Authorized Employees* designation may include OSHA trainers who teach fall protection courses and conduct hands-on exercises at heights.

Authorized Employees are grouped into two categories:

1. *Basic Climbers:* This authorization level is for employees who are trained and equipped with the knowledge and expertise to safely work at *limited* locations at heights (see Activities Requiring Basic Fall Prevention and Protection Training, Section VII.A). Basic Climbers are not authorized to use fall arrest systems.

2. *Advanced Climbers:* Employees who volunteer and are selected, receive medical clearance, and are trained and equipped with *advanced* knowledge and expertise to safely work at heights with complexities, including towers (see Activities Requiring Advanced Climber Training Level, Section VII.A).

C. *Personal Fall Protection Systems* include Personal Fall Arrest Systems (PFAS), Personal Fall Restraint Systems (PFRS), positioning devices, and ladder safety devices or systems.

1. *PFAS:* A PFAS protects an Authorized OSHA Employee if a fall occurs by arresting or stopping the fall. It must function to ensure that the worker neither free falls more than *6 feet* nor contacts any lower level (see 29 CFR 1926.502(d)(16)(iii)). The anchor point must support at least 5,000 pounds as per attached Authorized Employee (see 29 CFR 1926.502(d)(15)).

2. *PFRS:* A PFRS will prevent an Authorized OSHA Employee from falling any distance. Restraint systems used by Authorized OSHA Employees must have the capacity to withstand at least twice the

maximum expected force that is needed to restrain a person from exposure to the fall hazard. In determining this force, consideration should be given to site-specific factors such as the force generated by a person walking, leaning, or sliding down a working surface. The OSHA Technical Manual Fall Protection in Construction Chapter provides further information and PFRS examples.

NOTE: Fall restraint is preferred over fall arrest.

3. *Positioning devices*: Body belts serve as positioning devices. They can position a worker so that he or she can safely perform a job in a vertical work position at a height as per requirements in 29 CFR 1926.502(e), 29 CFR 1926 Subpart M, Appendix D.

4. A *ladder safety device or system* is *used* to climb fixed ladders and includes a carabiner, carrier rail, safety sleeve and body harness. It is available as a cable (i.e., vertical lifeline) or fixed rail system per requirements in 29 CFR 1926.1053(a)(18),(22), and (23) and 29 CFR 1910.27(d).

V. Responsibilities

A. RAs/Directors will:

1. Establish fall prevention and protection procedures specific to the Region/SLTC/CTC/DTE and implement them in accordance with this Program. These site specific procedures will include:

   a. Means for ensuring that all employees are appropriately trained.

   b. An established process for employees to notify the Responsible OSHA Manager about fall hazards when work activities require basic and advanced training.

   c. A mechanism for properly inspecting, maintaining, storing, and removing fall protection equipment from service when it is no longer in good condition.

2. Appoint *Responsible OSHA Managers* to implement this Program locally.

3. Provide training in local procedures in addition to the specific requirements in this Program for employees as deemed necessary.

4. Assess hazards in collaboration with *Authorized Employees* (i.e., Basic and Advanced Climbers) before giving permission when a request is made to conduct work activities at heights requiring fall protection systems, or use personnel lifting devices (i.e., aerial lifts, scissor lifts); or assign the *Responsible OSHA Manager* to perform this function.

5. Develop and implement appropriate procedures in accordance with policy specified in this Program for using equipment owned by an employer other than OSHA at an investigation, inspection or fall protection training location. Give permission to *Authorized Employees* to use such equipment if appropriate or assign the *Responsible OSHA Manager* to give permission.

6. Decide if a fall hazard response team is needed to conduct complex inspections or investigations within the Region/SLTC/CTC/DTE. If needed, establish a fall hazard response team including *Authorized Employees* with advanced training, knowledge, expertise, and experience to provide technical support for inspections or investigations involving fall hazards. The team may also provide other support as necessary.

7. Request assistance from SLTC's Health Response Team for investigations and inspections that present fall hazards when the Region/Directorate does not have the resources to safely conduct work activities.

8. Ensure that resources are made available to implement this Program.

B. *Responsible OSHA Managers* will:

1. Complete the Annual SHMS Fall Prevention Awareness training.

2. Complete the Basic Fall Prevention and Protection training if any employees are *Authorized Employees*.

3. Select proficient training sources. Training sources must have knowledge, expertise, and experience to provide proper training to employees who meet the objectives described in this Program.

4. Ensure that OSHA employees covered by the OSHA Field Safety and Health Manual receive appropriate training (e.g., awareness, Basic Climber, or Advanced Climber) as described in this Program.

5. Maintain training records per 29 CFR 1926.503(b) or designate an employee to perform this function.

6. Designate *Authorized Employees* and the appropriate authorization level their job requires (i.e. Basic or Advanced Climbers), in writing.

7. Assess hazards in collaboration with *Authorized Employees* before giving permission when a request is made to conduct work activities at heights requiring fall protection systems, or personnel lifting devices (e.g., aerial lifts and scissor lifts), or if assigned by the RA/Director to perform this function.

8. Ensure that only Authorized Employees use personal fall protection and that they are fully authorized by the Area Office before they climb. If the hazard warrants more than one authorized employee, that employee should be present on site before the authorized employee is allowed to climb.

9. Follow established procedures for the Region/SLTC/CTC/DTE to give permission to *Authorized Employees* to use equipment owned by an employer other than OSHA at an investigation, inspection or fall protection training location if appropriate and assigned by the RA/Director to do so. Submit the request to the RA/Director if not assigned to perform this function.

10. Develop and implement appropriate inspection, maintenance, storage, and disposal system for fall protection equipment in accordance with applicable guidance, manufacturer's instructions, and procedures established for the Region/SLTC/CTC/DTE.

C. *Authorized Employees* will:

1. Complete training required for the authorization level (e.g., Basic Fall Prevention and Protection Training or Advanced Climber Training) as specified in this Program and always use proper safety measures.

2. Follow specific Region/SLTC/CTC/DTE fall prevention and protection procedures.

3. Select the right equipment for the task as specified by the manufacturer and inspect and verify that it is in good working condition before using it. *Authorized Employees* will not use

defective equipment, incompatible components or personal fall protection equipment provided by an employer other than OSHA.

4. Follow this Program's policy for using another employer's equipment, with the exception that *Authorized Employees* will only use personal fall protection equipment provided by OSHA.

D. OSHA Employees that are not *Authorized Employees*, those not trained as Basic or Advanced Climbers, will complete annual SHMS fall protection awareness training and are allowed to use ladders at their discretion.

VI. Training

This Program's effectiveness relies on OSHA's commitment to training including initial training and continued education that is, at a minimum, in compliance with 29 CFR 1926.503, Fall Protection Training Requirements and 29 CFR 1926.1060 Stairways and Ladders. Training requirements for OSHA employees are based on approved work activities. RAs/Directors can provide training in local procedures, in addition to training specified in this Program for employees.

Training sources must have the knowledge, expertise and experience to provide proper training to employees that meet the objectives described in this Program. Training sources may include the OSHA Training Institute, equipment manufacturers, unions, OSHA cooperative programs (e.g., Wind and Communication Tower Training), third-party and in-house sources such as trained, experienced and competent managers, or Compliance Safety and Health Officers that is, at a minimum, in compliance with 29 CFR 1926.503(a)(2).

Responsible OSHA Managers/designees will maintain Annual SHMS Fall Prevention Awareness Training records and prepare a training certification record for *Authorized Employees* (i.e., *Basic Climbers* and *Advanced Climbers*) upon successfully completing initial training, annual refresher, and biennial recertification as applicable, including any additional fall prevention and protection training mandated by RAs/Directors per 29 CFR 1926.503(b). The training documentation will include the means used to verify that the employee understood the training.

A. Annual SHMS Fall Prevention Awareness Training

All OSHA employees covered by the OSHA Field Safety and Health Manual must complete Annual SHMS Fall Prevention Awareness Training. This includes employees who may encounter worksites at heights but are <u>not</u> authorized to gain access to work at heights to the extent that authorized employees are permitted to do and/or OSHA employees who may encounter fall hazards in their workplaces.

Authorized Employees will also complete Annual SHMS Fall Prevention Awareness Training in addition to required advanced training.

Minimum training requirements include how to identify fall hazards in the workplace, fall hazard avoidance and fall prevention measures, the requirements specified in this Program and any specific fall prevention and protection procedures implemented by the Region/SLTC/CTC/DTE. Current OSHA employees are approved to give training if they have completed Basic Fall Prevention and Protection Training or Advanced Climber Training, have experience with fall prevention and protection mechanisms, and have knowledge about this Program.

B. Authorized Employee Training

Authorized Employees (i.e., Basic Climbers and Advanced Climbers) will receive fall prevention and protection training that includes classroom and hands-on activities. Fall prevention and protection training will emphasize the importance of considering alternatives to working at heights, fall prevention and protection options, and self-rescue methods that minimize risk. Training on fall protection and self-rescue mechanisms will involve various field applications and exercises designed to introduce and reinforce how to safely use equipment and system components for fall protection and self-rescue. All *Authorized Employees* will demonstrate via practical examination to subject matter experts during training proper selection, usage, storage, maintenance, inspection, assembly, and dismantling procedures for fall protection and self-rescue equipment and systems currently in use.

Additional training is necessary if conditions change, such as, the work type or practice, workplace, or fall protection methods. Retraining will occur when the *Responsible OSHA Manager* determines that an *Authorized Employee* does not have an adequate understanding and skill to work safely at heights.

1. Basic Fall Prevention and Protection Training

Initial Training: Before working at heights, Basic Climber *Authorized Employees* will complete Basic Fall Prevention and Protection Training from a proficient training source that meets objectives described below. This may require combining the OSHA Training Institute's fall protection course with training from other sources as necessary.

Refresher Training: Basic Climber *Authorized Employees* will complete Annual SHMS Fall Prevention Awareness Training.

Basic Fall Prevention and Protection Training objectives must include at least the following:

d. OSHA's Fall Protection standards and other applicable guidance, this Program, local fall prevention and protection procedures, as well as manufacturer's instructions, warnings, cautions, and equipment limitations for the specific equipment that Authorized Employees will use, with emphasis on the importance of following equipment manufacturers' instructions.

e. Safe alternatives to working at heights when feasible.

f. Worksite assessment, recognizing fall hazards and other site specific hazards such as electricity, radio frequency, noise, hazardous chemicals, water and environmental hazards.

g. Fall hazards elimination, avoidance, and control.

h. Fall prevention measures and evaluation.

i. Fall arrest system components: anchorage, body support or harness, and connection mechanisms such as lanyards (e.g., shock absorbing, retractable and Y lanyards).

j. How to properly assess anchorages and engineering consultation that may be required to satisfy dynamic loading capability, especially where multiple individuals may be involved in simultaneously using the same anchor point.

k. Personnel lifting devices.

l. Fixed ladder (e.g., above 10 feet) climbing safety.

m. Fall protection and self-rescue equipment inspection, maintenance, and storage. Equipment identification (i.e., markings/labels).

n. Proper equipment selection and use for specific work environments. Avoiding incompatible connections/components that could cause equipment failure. For example, how to prevent snap hook roll-out and/or burst-out.

NOTE: The locking type snap hook with a self-closing, self-locking latch which remains closed until pressed open for connection or disconnection is required. Opening the snaphook requires a double action to prevent unintended disengagement. The non-locking type is not permitted.

o. Equipment limitations and requirements for proper functioning. Equipment withdrawal from service.

p. Free-fall distance calculation and reduction. Maximum arresting force reduction .

q. Practical exercises essential for *Authorized Employees* to understand fall protection and self-rescue equipment capabilities and limitations. Training will incorporate live hands-on activities for *Authorized Employees* to demonstrate proficiency in fall protection and self-rescue techniques, proper anchor point evaluation, anchorage selection, and anchoring procedures demonstration

r. Pre-determined task-specific fall protection and rescue plan, including appropriate rescue options and demonstrated self-rescue techniques

s. Procedures to locate first aid supplies and contact Emergency Medical Services

t. Other applicable procedures specific to the worksite such as lockout/tagout procedures (see Chapter 13, Control of Hazardous Energy Sources)

u. Proper documentation of fall hazards and abatement methods

v. Use of alternative technology to document hazards

w. Contact methods for OSHA fall protection subject matter experts.

2. Advanced Climber Training

Advanced Climber *Authorized Employee*s undergo highly specialized and rigorous fall protection training such as the Wind and Communication Tower Training. Advanced Climbers will obtain medical clearance with a biennial expiration date through the OSHA Medical Examination Program (OMEP) before

completing initial training and performing associated duties, and biennially thereafter. The medical clearance is labeled as Wind Tower Clearance in the Compliance Safety and Health Officer Health Information System (CHIS). OSHA employees **not** in the OMEP may obtain assistance from the Office of Occupational Medicine and Nursing to make arrangements with Federal Occupational Health (FOH) for medical clearance. However, employees' RAs/Directors are responsible for securing funding for FOH's services. Advanced Climbers will not participate in training or perform associated duties if the medical clearance has expired.

The OSHA Training Institute will provide guidance upon request on how to register for and complete specialized training for Advanced Climbers and the biennial recertification (e.g., Wind and Communication Tower Training).

Initial Training Requirements: Advanced Climbers will complete the Basic Fall Prevention and Protection Training. This will be followed by specialized training such as the Wind and Communication Tower Training that meet the objectives listed in this Program for Advanced Climber Training. Advanced climbers must receive training from a proficient training source before working at heights.

Recertification Training: Advanced Climbers will complete specialized training recertification biennially from a proficient training source such as Wind and Communication Tower Training recertification.

Refresher Training: Advanced Climbers will complete Annual SHMS Fall Prevention Awareness training.

Advanced Climber Training objectives include:

a. Fall hazard recognition, assessment, and avoidance

b. Tower climbing and self-rescue equipment selection, inspection, use, and storage, application limitations, proper anchoring, tie-off techniques, proper rigging practices, elongation, deceleration distance determination, free-fall distance, and total fall distance determination

c. Climbing proficiency demonstration. Explanation and demonstration for equipment used for climbing and

positioning. Personal preparedness, climbing, resting, and proper positioning

d. Equipment installation/assembly, stresses and resultant effects, and safety margins

e. Methods to recognize energized power lines, auxiliary equipment, and other apparatus

f. Emergency procedures, proper self-rescue technique for the situation, and suspension trauma management

g. Basic first aid and methods to contact Emergency Medical Services

h. Personnel lifting devices

VII. Procedures for Working at Heights

A. Hazard Assessment

When OSHA employees need to conduct inspection and investigation work activities at heights as in described section IV.B., the RA/Director or Responsible OSHA Manager will conduct a hazard assessment in collaboration with *Authorized Employee*s (i.e., Basic Climbers and Advanced Climbers). A sample hazard assessment form can be found here. Some safety considerations for completing a Hazard Assessment are described below:

1. Recognize activities and areas where *Authorized Employees* (i.e., Basic and Advanced Climbers) may require fall protection, including:

Activities Requiring Basic Fall Prevention and Protection Training Level at a minimum:

a. Commercial/Residential construction sites with fall hazards

b. Excavations, wells and pits, holes

c. Floor openings (e.g., in walking surfaces)

d. Grain silos –equipped with guardrails

e. Maritime cranes –equipped with guardrails

f. Personnel lifting devices (i.e., aerial lifts, scissor lifts)

g. Ramps, runways and other walkways

h. Tanks and containments (e.g., water tanks) –equipped with caged ladders and work platforms with guardrails

i. Tower cranes – equipped with guardrails

j. Unprotected edges in hoist areas

k. Walking and working surfaces unprotected sides and edges

l. Wall openings

Activities Requiring Advanced Climber Training Level:

a. Grain Silos –not equipped with guardrails

b. Maritime Cranes –not equipped with guardrails

c. Tanks and containments (e.g., water tanks) - without caged ladders or work platforms with guardrails

d. Towers (e.g., water towers, communication towers)

e. Wind Turbines

2. Determine if there is a safe alternative to working at a height to perform duties (e.g., using a camera connected to a trench rod). Implement safe alternatives if feasible.

3. Determine if it is necessary to work at heights, for example, to conduct safety evaluations or training exercises.

4. If it is deemed necessary to work at a height requiring fall protection, ensure that an effective task-specific fall protection and rescue plan is developed, reviewed, approved, and implemented before giving permission to *Authorized Employees*. This includes the following:

   a. Ensure that only *Authorized Employees* with appropriate training, knowledge, expertise and experience with the specific fall hazard(s) are permitted to gain access to work at heights.

b. Complete a site-specific hazard assessment.

c. Evaluate each situation, planning in advance how to protect the Authorized Employee from falling, appropriate mitigation, avoidance, and control measures, as well as rescue procedures.

d. Identify other site-specific hazards and how to protect *Authorized Employees* (e.g., noise, electricity). Determine if employees with specialized expertise to mitigate specific hazards are needed, for example, to verify proper lockout/tagout of hazardous energy sources and proper Radio Frequency (RF) monitoring.

e. Evaluate if there is a safe means to reach the worksite and if the worksite is safe to access. The assessment will include any ladders or personnel lifting devices *Authorized Employees* will use.

f. Determine if fall prevention measures are adequate. For example, carefully inspect guardrails to check if they are properly installed, in good condition and in compliance with specifications in applicable OSHA standards. Implement necessary measures to protect *Authorized Employees* if existing fall protection measures are inadequate.

g. Identify, select, and provide *Authorized Employees* with the appropriate equipment in optimal working condition for the specific task, including fall protection and self-rescue equipment, and personnel lifting devices if necessary.

h. Determine whether a Personal Fall Restraint System (PFRS) or a Personal Fall Arrest System (PFAS) is needed.

NOTE: Fall restraint is preferred over fall arrest.

i. Determine the appropriate emergency response personnel and rescue procedures needed to ensure that, if necessary, a rescue proceeds quickly and efficiently.

j. Notify the necessary emergency response team or trained Fire Department with the capability and equipment to support the planned rescue in the area (e.g., ladder truck high enough to gain access to rescue an employee).

k. Brief all personnel on methods to contact Emergency Medical Services.

5. Review the fall protection and rescue plan with *Authorized Employees* and make any necessary adjustments before starting work.

B. Equipment Selection

Selected components will be compatible with the fall protection systems in use in accordance with the manufacturer's recommendations (e.g., components for PFAS/PFRS, ladder safety devices/systems).

1. Personal fall protection equipment includes:

   a. Personal Fall Arrest Systems:

      i. Anchorage

      ii. Connectors

      iii. Full-body harness

      iv. May include a shock absorbing lanyard, a retractable lanyard, Y lanyard, deceleration device, or suitable combinations

   b. Personal Fall Restraint Systems:

      i. Anchorage

      ii. Connectors

      iii. Full-body harness

      iv. Other necessary equipment, e.g., lanyard, other devices

2. Tower (e.g., wind turbine, tower crane, communication tower) climbing equipment includes:

   a. Personal fall protection equipment for tower climbing:

i. Full body harness (specific tower climbing harnesses have additional features for comfort and safety)

ii. Anchorage devices

iii. Connecting devices: carabiners, carrier rail, hooks (attachment points), safety sleeve

iv. Lanyards (Y-lanyards, self-retracting lanyards, shock absorbing lanyards, positioning lanyards, etc.)

v. Cable/Rope grabs

vi. Ropes and lifelines

vii. Gloves

viii. Safety shoes/boots (appropriate for tower climbing)

b. Appropriate self-rescue equipment.

c. Additional personal protective equipment based on specific worksite hazards include:

i. Head protection (chinstrap required)

ii. Eye protection (safety glasses)

iii. Face protection (face shield)

iv. Hearing protection (ear plugs and/or muffs)

v. Burn protection (flame-retardant clothing if applicable, e.g., wind towers)

d. Personal radio frequency monitors, properly selected, and calibrated for towers with active transmitters or unknown status.

e. Communication equipment such as properly functioning portable two-way radios that are hands free (e.g., headsets) or cellular phones to dial the direct access number for Emergency Medical Services for the local area.

f. Properly fitting weather appropriate clothing (i.e., loose but not baggy, free from snag hazards such as loops, and suitable for the hot or cold weather condition).

C. Equipment Inspection, Maintenance, Storage, and Disposal

Procedures for proper equipment inspection, maintenance, storage, and disposal will comply with applicable OSHA standards and manufacturers' instructions.

These procedures will include:

1. A regular inspection schedule with documentation for fall protection and self-rescue equipment in accordance with applicable OSHA standards and manufacturers' recommendations.

2. Equipment inspection before and after each use to identify indicators for when to remove equipment from service such as:

   a. Alteration, damage, or defects to hardware elements, for example, straps, ropes, buckles, or stitching.

   b. Absent or improperly functioning mechanical devices, connectors, or other components.

   c. Chemical damage, sharp edges, cracks, corrosion, or deformation.

3. Proper maintenance and storage in accordance with manufacturer's instructions, for example, hanging-up cleaned harnesses in a designated storage location after use.

4. Equipment disposal, removal and return to service procedures that are in accordance with OSHA standards and manufacturer's recommendations (see 29 CFR 1926.502(d)(19)). For example, equipment removal from service if activated in a fall, or involved in any incident that could cause damage or when defects or damages are identified during inspection.

D. Policy on Using Other Employers' Equipment

1. OSHA employees will avoid using equipment provided by an employer other than OSHA, such as personnel lifting devices, at an inspection, investigation, or training location.

2. In rare instances when there are no alternatives and it is essential to use equipment, except ladders, owned by an employer other than OSHA, *Authorized Employees* must follow specific procedures for the Region/SLTC/CTC/DTE and verify that the equipment is safe to use before using it.

   Specific procedures for the Region/SLTC/CTC/DTE will include how to obtain permission from the RA/Director or the Responsible OSHA Manager before using equipment, except ladders, provided by an employer other than OSHA.

   An OSHA employee with training, knowledge, expertise, and experience about the specific piece of equipment will verify that it is in optimal working condition; ensure that the proposed use is in accordance with manufacturer's specifications; components are compatible; and a qualified operator is available to run the equipment, if applicable.

3. OSHA employees may use ladders at their discretion. Safety evaluation and determination before using a ladder will include inspecting the ladder to ensure that it is in good condition, properly installed or positioned, and the load rating is sufficient to withstand equipment/tools and the OSHA Employee's weight.

4. *Authorized Employees* may attach to an existing anchor point upon inspection and verification that it is adequate for the specific task (see 29 CFR 1926 Subpart M, Appendix C (II(h)), Tie-off considerations, 29 CFR 1926.502(d)(15) to (d)(15)(ii), (e)(2)). *Authorized Employees* may seek assistance from their supervisors or other knowledgeable persons, such as engineers, to properly assess anchor points.

CHAPTER 18
RESPIRATORY PROTECTION

I. Purpose

During their regular course of duty OSHA employees may be required to enter environments where airborne contaminants are present. As such, a comprehensive respiratory program is mandatory. This Program sets forth accepted practices for respirator users and provides information and guidance on the proper selection, use, and care of respirators in accordance with CPL 2-2.54A.

II. Scope

This chapter applies to all OSHA employees who need to wear a respirator to perform his or her job duties.

III. Definitions

A. *Air Purifying Respirator*. A respirator with an air purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air purifying element.

B. *Atmosphere-supplying Respirator*. A respirator that supplies the user with breathing air from a source independent of the ambient atmosphere, including supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

C. *Demand Respirator*. An atmosphere supplying respirator that admits breathing air to the face piece only when negative pressure is created inside the face piece by inhalation.

D. *Emergency Situation*. Any occurrence, including but not limited to equipment failure, rupture of containers, or failure of control equipment, that may or does result in uncontrolled significant release of an airborne contaminant.

E. *End-of-Service-Life-Indicator (ESLI)*. A system that warns the respirator user of the approach of the end of adequate respiratory protection; for example, the sorbent is approaching saturation or is no longer adequate.

F. *Escape-only Respirator*. A respirator intended to be used only for emergency exit.

G. *Filtering Face Piece (dust mask)*. A negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium.

H. *Fit Factor*. A quantitative estimate of the fit of a particular respirator to a specific individual; typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

I. *Fit Test*. The use of protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See *Qualitative Fit Test (QLFT)* and *Quantitative Fit Test (ANFT)*.)

J. *High Efficiency Particulate Air (HEPA) Filter*. A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R1000, and P100 filters.

K. *Immediately Dangerous to Life or Health (IDLH)*. An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

L. *Loose-fitting Facepiece*. A respiratory inlet covering that is designed to form a partial seal with the face.

M. *Negative Pressure Respirator (tight fitting)*. A respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

N. *Oxygen Deficient Atmosphere*. An atmosphere with an oxygen content below 19.5% by volume.

O. *Physician or Other Licensed Health Care Professional (PLHCP)*. An individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the health care services required under section (e) of the OSHA Respirator Standard.

P. *Positive Pressure Respirator*. A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Q. *Powered Air-purifying Respirator (PAPR)*. An air-purifying respirator that uses a blower to force the ambient air through the air-purifying elements to the inlet covering.

R. *Pressure Demand Respirator*. A positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

S. *Qualitative Fit Test (QLFT).* A pass/fail test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

T. *Quantitative Fit Test (QNFT).* An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

U. *Service Life*. The period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

V. *Supplied –Air Respirator (SAR) or Airline Respirator*. An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

W. *Tight-fitting Facepiece*. A respiratory inlet covering that forms a complete seal with the face.

X. *User Seal Check*. An action conducted by the respirator user to determine if the respirator is properly sealed to the face.

IV. Responsibilities

A. The responsible OSHA Manager(s), acting as the representative of the Regional Administrator, is the coordinator of the Respiratory Protection Program in the Area Office. The responsible OSHA Manager(s) may delegate the day-to-day responsibility for the respiratory protection program to one of the AAD/Team Leaders, or a senior industrial hygienist; however, the ultimate responsibility for the program within the Area Office remains with the responsible OSHA Manager(s).

B. The Regional Administrator will appoint a Regional Program Administrator, the Regional Respiratory Protection Program Coordinator (RRPPC), who as a representative of the Regional Administrator will have responsibility for the program in the Regional Office, as well as act as overall regional coordinator for the program. As administrator for the program, the RRPPC has the authority to make decisions and implement changes to the respiratory protection program as necessary.

C. The respirator wearer will:

1. Use respirator in accordance with instruction and training received;

2. Store, clean, maintain, and guard against damage to respirator equipment;

3. Inspect the respirator before each use and after cleaning and disinfecting. If the respirator is found to be defective, report any deficiencies or malfunctions of a respirator to the AAD/Team Leader;

4. Notify the responsible OSHA Manager(s) or the Program Administrator when:

   a. The assigned respirator no longer fits well or is defective;

   b. Respiratory hazards not properly addressed by the respirators in use are encountered; and

   c. Where there are any concerns about the program.

V. Procedure

A. Respirator Selection

The following standard operating procedures have been developed to assist employees in the proper selection of respiratory protection.

1. Proper selection of respirators will be made in accordance with the OSHA Respiratory protection Standard (29 CFR 1910.134), CPL 02-02-054A, guidance from other pertinent OSHA standards, as well as proper design logic, such as that developed jointly by the National Institute of Occupational Safety and Health (NIOSH) and OSHA.

2. All respirators and cartridges will be selected based on the nature and extent of the hazard, the work requirements and conditions, and the characteristics and limitations of the respirators available. Specific guidance can be found in the Exposure Guide (Appendix A).

3. All respiratory protection must have NIOSH approval for their intended use.

4. Use of disposable respirators will be permitted only where users have been successfully fit tested and other criteria, including training and medical, have been met.

5. Properly approved respirators must contain the following:

a. A NIOSH approval number on each unit, such as TC-21C-101.

b. A label identifying the Manufacturer and Model number of the respirator.

c. Any information related to the limitations of the respirator.

d. In addition to the manufacturer's name, model number, NIOSH approval number, and use limitations, respirator cartridges must contain the identity of the contaminant(s) that will be filtered by the cartridge.

e. Where practicable, the Program Administrator will assign respirators to individual employees for their exclusive use.

f. Modifications will not be made to respiratory protective equipment unless required by NIOSH or the equipment manufacturer to maintain governmental approval.

B. Medical Evaluations of Employees Required to Wear Respirators

1. Prior to being fit tested or being required to wear a respirator, all employees who will wear a respirator will be required to be evaluated by the Office of Occupational Medicine (OOM) designated physicians to determine the employee's ability to safely wear a respirator.

2. The medical protocol for determining employee fitness for wearing respiratory protection is to be administered by the OOM with contracted support from Federal Occupational Health in accordance with OSHA Instruction PER 04-00-005.

3. A local clinic will be used to implement OOM procedures, which include means of documenting and recording information pertaining to the employee evaluation. The clinic will comply with the requirements of OSHA's standard 29 CFR 1910.134, including the medical evaluation questionnaire.

4. A physician must review the medical evaluation findings. Based on the findings, follow-up medical evaluations may be required. At this time, additional information may be requested by the reviewing physician e.g. details of actual or expected respirator use in the workplace.

5. The examining or reviewing physician must forward the results of the medical examination to the OOM for agency evaluation and final determination of fitness for respirator use. Documentation of

each employee evaluation must be provided by the physician in the form of a written recommendation regarding the employee's ability to wear a respirator, and will also including all restrictions limiting use.

6. Limitations on respirator use documented by the physician must be communicated to the Regional Administrator or designee, the responsible OSHA Manager(s), and the employee. Permanent limitations on respirator use must be addressed by an Accommodation Plan, approved by the Accommodations Committee and implemented by DAP.

7. When medical conditions prohibit an employee from wearing a negative pressure respirator, but the employee is medically cleared to wear a PAPR or SAR, the Agency must provide a PAPR or SAR for employee use.

8. Employees will be re-evaluated by the physician whenever:

   a. An employee reports to the responsible OSHA Manager(s) any signs or symptoms that may impact safe use of the respirator;

   b. It is recommended by a physician or the responsible OSHA Manager(s) that an employee be re-evaluated;

   c. An employee is due for periodic evaluation in accordance with PER 04-00-005.

   d. Changes in workplace conditions place an added physical burden on the employee, e.g. the need to wear SCBA.

9. The responsible OSHA Manager will coordinate the administration of the applicable sections of the Respiratory Protection Program with the Director, OOM.

C. Fit Testing Procedures

Refer to fit test procedures listed in Appendix A of 29 CFR 1910.134 and additional information listed in CPL 02-02-054, Respiratory Protection Program Guidelines.

D. Respirator Use/Limitations

Respirator usage will be in accordance with manufacturer's recommendations for use, recognizing the limitations of use and training give the user. The respirators available, their application and limitations

will be listed as part of the unit's respirator program. An example of this listing appears in Appendix A.

1. No facial hair that can potentially interfere with the face-to facepiece seal will be permitted. Other conditions that may interfere with the seal must be recognized and evaluated on a case-by-case basis to assure that the seal is not compromised.

2. All other work wear and/or PPE must be worn in a manner that does not affect the face-to-face piece seal.

3. Each user of tight-fitting respirators will perform both the positive and negative pressure seal checks described in Appendix B prior to each use.

4. Canisters and cartridges will be changed out in accordance with a NIOSH approved end of service life indicator (ESLI). If there is no ESLI appropriate for the conditions encountered at a worksite, the employee will follow a sorbent change schedule for canisters and cartridges based on reliable information or data ensuring that canisters and cartridges are changed before the end of their service life.

5. No respirator will be used if it has been impaired in any way, including broken strap, deformation of shape, or damaged valve.

6. SCBA usage is limited to those medically certified to wear them. The Health Response Team should be contacted for assistance. Compressed breathing air must meet, at a minimum, the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989. Any use of a SCBA must be coordinated with the Regional Administrator.

7. OSHA employees are **not permitted** to enter known Immediately Dangerous to Life and Health (IDLH) atmosphere for inspection purposes. No OSHA employees with the exception of the HRT/SRT will be permitted to enter any environment requiring level A protection. Escape-only respirators must be carried where there is a *potential* for exposure to IDLH atmospheres.

E. Procedures and Schedules for Care and Maintenance of Respirators

1. A maintenance program will be established in accordance with manufacturer's instructions for inspection, cleaning, and maintenance of respirators. Appendix B is an example of such procedures for respirator inspection, care, and maintenance.

2. OSHA employees must clean and inspect respirators to which they are assigned or use. Cleaning and inspection procedures recommended in Appendix B-2 of 29 CFR 1910.134 or those recommended by the manufacturer (if equivalent to OSHA's procedures) must be followed. The Program Administrator will ensure adequate supple of the appropriate cleaning agents to be used.

3. Respirators will be stored so that they are protected against damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Filtering cartridges will be stored separately from the facepieces.

4. SCBAs must be inspected monthly, maintained fully charged, and recharged when the tank pressure falls below 90% of the manufacturer's recommended fully charged pressure level. Repairs to regulators or warning devices must only be done by the manufacturer of the SCBA or an authorized representative.

5. Any respirator maintained for emergency use must be inspected monthly and records maintained of the inspection by the Program Administrator. The record must contain the information specified in CPL 02-02-054, IX.M.

F. Breathing Air Supply, Quality, and Use

1. A certificate of analysis for any compressed air used must be available in the Area Office and must reflect as a minimum the requirements of Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, as specified in Appendix D.

2. Compressed breathing air is used for Self-Contained Breathing Apparatus and Emergency Escape packs.

G. Employee Training

1. Training of employees on respiratory protection use must be done prior to the initial use of the respirator. The Program Administrator must have attended the OSHA Training Institute course on respiratory protection and will be responsible for providing the necessary training to all OSHA employees who use respirators unless another qualified individual is assigned the responsibility. Employees will receive training prior to being fit tested on a respirator.

2. The Employee training must cover (at a minimum):

a. General requirements of the OSHA Respiratory Protection Standard:

i. Why the respirator is necessary;

ii. Proper selection of respirators;

iii. Respirator donning, removal, fit and seal checks, and wear;

iv. Consequences of improper fit, usage or maintenance;

v. Limitations and capabilities of the respirator selected, ESLI and cartridge change schedules;

vi. Respirator use in emergencies (e.g., malfunction situations);

vii. Medical signs/symptoms limiting or preventing effective usage;

viii. Proper maintenance and storage procedures.

b. Re-training of respirator users will be conducted:

i. Annually; or

ii. Whenever conditions requiring respirators change; or

iii. When deficiencies are noted via program audits; or

iv. When completing the annual program evaluation.

H. Program Evaluation

The Program Administrator must conduct a review of the effectiveness of the program as necessary, but no less than annually to ensure the continued effectiveness of the program.

I. Recordkeeping

1. A summary of all fit test results must be maintained in the Area Office for seven years (see OSHA Instruction ADM 03-01-002). These records must be considered as employee exposure records. OSHA employees will be provided a Wallet Respirator Fit Test

Card (OSHA Form 187) or equivalent document. A copy of the summary must include:

a. Name of test subject.

b. Date and type of fit testing (QNFT/QLFT).

c. Name of the test conductor.

d. Fit factors obtained from every respirator tested (indicate manufacturer, model, size and approval number).

e. Name and type of facepieces) which has failed during the qualitative test or has yielded a fit factor less than those prescribed.

2. All medical records related to this program must be maintained by the OOM.

3. All records of required monthly inspections must be maintained by the responsible OSHA Manager(s).

4. A copy of the written medical opinion received from the OOM must be maintained by the responsible OSHA Manager(s) for each respirator user.

APPENDIX A
Example Selection/Exposure Guide

Cartridge Types

The following respirator cartridges are standard issue for use with the COMFO II/COMFO Classic half mask and ULTR-TWIN full-face cartridge respirators. Cartridge color-coding and banding are not to be changed, removed or painted over. Only MSA cartridges can be used with the MSA respirator issued. Cartridge selection as listed below is based on airborne chemical and particulate hazards. Note cartridge change out protocol at the end of this chapter.

Hazard	Cartridge Type	Color
Organic Vapors, Dust, and Mists: NOTE: Protection extended to include dusts and mists by adding Type F filters and filter covers.	GMA Cartridge Type F Filters	Black Cover and Side Band
Organic Vapors and Acid Gases: Organic Vapors, Chlorine, Chlorine Dioxide, Hydrogen Chloride, Sulfur Dioxide	GMC Cartridge	Yellow Cover and Side Band
Mists and Dusts: Protection extended to include dusts and mists by adding Type F filters and filter covers	Type F Filter	
Organic Vapors: Pesticides, Chlorine, Chlorine Dioxide, Hydrogen Chloride, Sulfur Dioxide, dusts, fumes, mists, Radionuclides and Asbestos	GMC-H Combination Filter/Cartridge	Pink and Gold Band

User will not rely on break-through properties of site chemical as an indication as to when to change out chemical cartridges. Since the cartridges provided did not have an End of Service Life Indicator (ESLI), users will follow the protocol below for replacing cartridges.

APPENDIX B

Example, Maintenance and Care Procedures

Fit Testing Procedures A. General Requirements	

1. Respirator Selection
 	
For purposes of fit testing, employees will select a respirator from the following types offered.
	• MSA Comfo Classic Half Mask APR
	  o Small
	  o Medium
	  o Large
	• MSA Ultra-Twin Full Face APR
	  o Small
	  o Medium
	  o Large

2. Selection Alternative If a proper fit cannot be achieved using the selection offered, another make will be obtained.	• 3M Particulate Mask • Air-supplying respiratory equipment
3. Practical Demonstration For the benefit of the employee(s) to be tested the following will be demonstrated prior to the selection and fit test. If needed, mirrors can be used to assist the employee in visually observing the various steps.	• How to put on a respirator • Positioning the respirator one one's face • How to set/adjust strap tension • How to determine an acceptable fit • Selecting the proper size is key to proper protection
4. Determining Adequacy of Respirator Fit If the employee finds the fit unacceptable, the individual will select a different respirator and be re-tested. Additional testing will be performed when changes in an employee's physical condition occur that could affect respirator fit.	• Chin properly placed in chin cup • Adequate strap placement/tension, not overly tight • Fit across nose bridge • Properly sized respirator spans distance from nose to chin • Tendency of respirators to slip • Self-observation in mirror to evaluate fit and position
5. User Seal Checks For purposes of donning a respirator for fit testing, each user must conduct the respirator use procedures, consisting of both the positive and negative pressure seal checks. A. Positive pressure check	• Seal the mask on the face by moving the head from side to side and up and down slowly while taking in a few slow deep breaths. • Close off the exhalation valve with your

B. Negative Pressure Check	hand while exhaling gently into the facepiece. • A good fit will result in a slight positive pressure building up without leakage • A poor fit results in outward leakage at one or more points along the face-to-facepiece seal. • Close off both cartridge inlets with the palm of the hands. • Inhale gently so the facepiece collapses slightly. • Hold breath for 10 seconds. If the respirator remains in the slightly collapsed position and no inward leakage of air is detected, the tightness of the respirator is satisfactory.
6. Interference with Facepiece Seal Facial hair must not interfere with the face-to-face seal. Beards and beard stubble are not permitted. Sideburns and mustaches that interfere with face-to-facepiece seal must be shaved or trimmed.	
7. Fit Test Exercise Regimen For Qualitative and Quantitative Fit Test: A. Prior to entering the test chamber, the test subject shall be given complete instruction as to his/her part in the test procedures. The regimen will be performed in its entirety for each test conducted. The respirator must be worn for a least 5 minutes prior to testing/ B. Each test exercise will be performed for one minute with the exception of the grimace, which is 15 seconds. C. If the fit or comfort becomes unacceptable during the test, the test is voided if respirator adjustments are done during the test.	• Normal breathing in a standing position without talking. • Deep breathing, slowly and deeply while standing. • Turning head slowly side to side, hesitating at each extreme position for at least 5 seconds to inhale. Stand in place • Standing in place, the subject will slowly move his or her head up and down. The head will be held at each extreme position for at least 5 seconds. • Read a select passage slowly and loud enough to be heard. • Grimace by smiling or frowning. (Perform only for Quantitative Test.) • Bend over at the waist. If a hood is used, jogging in place can be substituted. • Normal breathing.

Fit Testing Procedures B. Qualitative Fit Test Protocol	
1. General The Program Administrator will assign a qualified individual to perform fit tests and maintain the fit test equipment.	Individuals performing fit tests will be knowledgeable in: • Maintaining and preparing fit test equipment and solutions. • Proper administration of the test protocols. • Be able to recognize an invalid test.
2. Saccharine Solution Aerosol Protocol A. Taste Threshold Screening The taste threshold screening is performed without a respirator for purposes of determining the individual's ability to detect the taste of saccharine. Note: Eating or drinking something sweet before the screening may affect the ability to detect saccharine.	• Individuals must wear a #M or equivalent hood during screening. • The individual will breathe through their slightly open mouth exposing the tongue to the air during inhalation. • A 3M nebulizer or equivalent will be used to produce the aerosol. • Threshold check Solution A **must** be used for this screening. Do not use Solution B. • Firmly squeezes the nebulizer bulb 10 times with the nozzle inserted into the hold in the front of the hood. • If the individual indicates that they have detected the sweet saccharine taste, the screening test is completed. • If the individual does not detect the sweet taste, introduce an additional 10 squeezes of aerosol into the hood. • Repeat this in increments of 10 squeezes until the individual can detect the saccharine. • Document on the fit test report the number of squeezes introduced into the hood. If after 30 squeezes the individual has not detected the saccharine taste, the individual is considered unable to detect saccharine and cannot be fit tested using this method.
2. Saccharin Solution Aerosol Protocol B. Saccharine Solution Aerosol Fit Test Procedures	Individuals to be tested may not eat, drink (except water), smoke, or chew gum for 15 minutes before the test. The 3M hood enclosure is used for this test.

For use in fit testing the 3M Dust/Particulate Mask	• The individual to be tested will properly don the respirator. • Place the hood over the individual's head. • A separate nebulizer identified for fit testing, other that the one used for the screening test, will be used. • The nebulizer is filled with fit test Solution B. • Instruct the individual to breath through the slightly opened mouth and report if the sweet taste of saccharine is detected. • With the individual fitted in their respirator, in the hood, introduce aerosol by squeezing the nebulizer bulb 10 times. • Perform the fit test exercise regimen (Section A-8) above. • Replenish the aerosol concentration every 30 seconds during the exercise by squeezing the nebulizer 5 times. • The individual being tested must report any time during the test if saccharine is detected. • If the taste of saccharine is detected, the test is voided and must be repeated using a different respirator. The entire protocol must be repeated.
3. Irritant Smoke (Stannic Chloride) Protocol Use for fit testing the following respirators: Half-mask respirators Full-face cartridge respirators	
A. General Requirement and Precautions	• During the test, the respirator will be equipped with high efficiency particulate (HEPA) or P100 series filters. • Only stannic chloride smoke tubes will be used. • Exercise caution when using an irritant. • Perform tests in a well ventilated area.
B. Irritant Smoke Sensitivity Screening	• The person being tested must

Check	demonstrate their ability to detect a weak concentration of irritant smoke. • The individual performing the test will advise the individual being tested that the smoke can be mildly irritating to eyes and respiratory tract. • Using an aspirator bulb attached to a smoke tube, introduce a weak concentration of smoke in the direction of the individual being tested. • Document on the Fit Test Report the individual's ability to detect the smoke.
C. Irritant Smoke Fit Test Procedure	• The individual to be tested will don the respirator without assistance. • Each individual will perform the required user seal tests (Reference A-6). • As a precaution, individuals are to keep eyes closed. • Beginning at 12 inches and then at 6 inches, the test will make 3 passes around the entire seal area, directing the smoke toward the face-seal area. • At a distance of 6 inches, direct smoke around the face-seal and initiate the fit test exercise regiment (reference A-8_. • During the fit test, any detection of smoke by the individual being tested constitutes a failed test. • Re-tests require that the entire protocol be repeated. • Passing the fit tests without evidence of a response to the irritant smoke will require the individual to complete a second sensitivity screening check.
Fit Testing Procedures C. Quantitative Fit Test Protocol	
See Appendix A of 29 CFR 1910.134	

APPENDIX C
Respirator Maintenance and Care

A. Cleaning and Disinfecting	
The objective of this section is to establish procedures for effectively cleaning and disinfecting respirators in a manner that prevents damage to the respirator while protecting the user from harm. 1. Personal respirators should be cleaned with a disinfecting moist towlette after each use. 2. Routine use where heavy contamination occurs requires the respirator be cleaned according to the procedures in the right column after each use. 3. Respirators used for emergency response must be cleaned after each use, and consider use of chemical decontamination procedures if needed. 4. Sharing of half mask and full face chemical cartridges is prohibited. 5. During respirator breakdown and reassembly, any damaged equipment must be exchanged for an entirely new device.	• Remove filters and cartridges. • Disassemble the facepiece by disconnecting speaking diaphragms, valve assemblies and breathing hose. • Make a cleaning solution by mixing water with any detergent that contains effective disinfectants (such as quaternary ammonium compounds). • Head the solution to 140-160° F**.** Immerse the facepiece in the cleaning solution. • Use a non-metal still bristle brush on surfaces if heaving soiled. • Rinse surfaces in clean warm water and air or hand dry. Use of a towel to dry the facepiece is not recommended unless a clean, lint-free towel is used. • If only minor cleaning is required, or no water is present, use a non-alcohol based disinfecting towlette, wiping all surfaces. • Reassemble the respirator, replacing all components and installing new cartridges. Perform a quick check of operations of the inhalation and exhalation valves.
b. Respirator Storage	
Respirators will be stored following the manufactures' recommended guidelines, and in such a manner to protect them from the factors to the right. 1. Employees will use the drawstring storage bags issued for proper respirator storage. 2. Respirators will be stored in a such a manner to prevent deformation of the facepiece and exhalation valve. 3. Respirators must be accessible in the	Conditions resulting in damage to the respirator: • Contamination • Dust • Effects of sunlight (U/V rays) • Temperature extremes • Excessive moisture • Damaging chemicals

work area. 4. Emergency respirators must be stored in cases or cabinets and be clearly marked as to the contents and purpose.	
C. Respirator Inspections	
Regular Inspections of respiratory equipment will be conducted according to the following procedures to ensure continued reliability. 1. Routine Respirator Use ► MSA Half-Mask Air Purifying Respirator ► MSA Full Face Air Purifying Respirator NOTE: Respirators found with defective parts must not be used. Employees must immediately obtain a replacement for their defective respirator with a new device of the same make and size.	• Routine respirators will be inspected by the owner of the respirator prior to each use and during the cleaning process. • During each inspection, the following items will be checked and component conditions evaluated. o Function o Tightness of connections o Head straps o Exhalation/inhalation valves o Cartridge and gaskets o All elastomeric parts for pliability and deterioration o Facepiece o Breathing tube o Regulator o Air supply
2. Emergency Respirator Protection ► MSA Self-Contained Breathing Apparatus	• Emergency respirators must be inspected on a monthly basis and be checked for proper function prior to and after each use. • During each inspection, the following items will be checked and component condition evaluated: o Function o Tightness of connections o Head straps o Exhalation valve o Gaskets o All elastomeric parts for pliability and deterioration o Facepiece o Breathing tube o Regulator o Harness/straps o Audio-Alarm

3. Dust/Particulate Respirator Protection ► Moldex 2300 Dust/Particulate Mask ► 3M 8511 Dust/Particulate Mask	o Air supply/cylinder and valve o (Air cylinders must have at least 1900 psig) • The record of inspection must include the following documentation: o Date of inspection o Full name or signature of inspector o Identifier to distinguish each respirator inspected o Corrective actions o (Records retained for 5 years) • This equipment is a single use device • Inspect all elastic straps
D. Respirator Repairs	
Repairs/replacement of parts will be allowed by holders of respirators for the items to the right. Authorized personnel and manufacturer's service representatives will make all repairs on emergency respirator equipment. When defects are encountered during inspection or use, tag out the equipment ("Do Not Use") and report the situation to the Area Director/Unit Manager.	• Replacement of head strap suspension at snapping point on half-masks • Replacement of O-ring gaskets on half-masks and full-face air purifying respirators • Replacement of outer cap on exhalation valve. • Replacement of cartridges on air purifying respirators

APPENDIX D

Breathing Air Quality and Use

Breathing air will meet the requirements and specifications for Grade D breathing air as specified in the Compressed Gas Association Standard G7.1-1989.	
Percent O2	• 19.5% - 23.5%
Water	• Variable from very dry to saturated; no liquid water
Oil	• 5mg/m^2
Carbon monoxide	• 10 ppm
Odor	• No pronounced odor
Carbon dioxide	• 1000 ppm
Cylinders	The respirator wearer will use breathing air contained in cylinders. • No air will be provided from site compressors. • The supplier of cylinder-contained air will provide certificate of analysis and/or MSDS for the breathing air obtained and the air will meet, at a minimum, Grade D quality air. The MSDS can be located in the Area Office. • Cylinders with out-of-date frequencies or failed test results will not be reused or refilled. • All breathing air cylinders will be legally and permanently marked with the contents of the cylinder.

CHAPTER 19
BLOODBORNE PATHOGENS

I. Purpose

This program establishes a uniform policy and guidance for protecting OSHA employees from bloodborne pathogens and other potentially infectious materials (OPIM).

II. Scope

This program applies to all staff of the OSHA's Field offices. OSHA does not anticipate its employees will have occupational exposure to blood or OPIM.

III. References

A. CPL 02-02-077, Bloodborne Pathogens Exposure Control Plan and Guidance on Post-Exposure Evaluations for Federal OSHA Personnel, dated 09/27/2010.

B. Memorandum of Understanding Between The U.S. DOL and NCFLL, dated 10/21/2010

IV. Exposure Control Plan

A. Exposure Determination. OSHA does not anticipate that its employees will have occupational exposure to blood or other potential infectious materials (OPIM). OPIM is defined as: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. The standard defines occupational exposure as "reasonably anticipated skin, eye, mucous, membrane or parental contact with blood or other potentially infectious materials that may result from performance of the employee's duties."

CSHOs and other field personnel conduct investigations at sites where blood and OPIM are present. However, OSHA does not reasonably anticipate that these employees' routine tasks will result in contact with blood or OPIM.

B. Hazard Assessment

CSHOs and other personnel with field duties (hereafter referred to collectively as "field personnel") shall take necessary precautions to avoid contact with blood and OPIM and shall not participate in activities, nor enter areas that will require them to come into contact with blood or OPIM or with needles, instruments or surfaces that are contaminated with blood or OPIM. If field personnel believe that the investigation may result in a potential exposure to blood or OPIM, they must contact their supervisor immediately upon making this determination. The supervisor will contact the Area Director who, in turn, will contact the Regional Administrator (or designee) to discuss the situation. Field personnel will not enter an area where potential exposure to blood or OPIM could occur without prior approval from the Regional Administrator (or designee). In those exceptional circumstances where an exposure incident does occur as part of an investigation (e.g., a CSHO inadvertently handles items that have become contaminated with blood or OPIM), the employee shall immediately decontaminate the affected area following the procedures in section V.A.1., and then contact a supervisor to discuss the situation and how to obtain the post-exposure evaluation.

C. Methods of Implementation and Control

1. **Universal Precautions and Work Practices**. Field personnel should consider all blood and OPIM to be infectious for HIV, HBV, and other bloodborne pathogens. Under circumstances where differentiation of body fluid types is difficult or impossible, all body fluids should be considered to be potentially infectious materials.

   Field personnel are not to handle or touch objects that are contaminated, as defined by 29 CFR 1910.1030(b). They shall not reach into or otherwise place any parts of their bodies into the trash can or laundry bag where regulated waste or contaminated laundry as defined by 29 CFR 1910.1030(b) may be present.

2. **Bloodborne Pathogen Training**. OSHA field personnel will be given bloodborne pathogen training at the time of initial assignment to field duties and annually on the elements included on 29 CFR 1910.1030(g)(2) except for 1910.1030(g)(2)(vii)(I). The training required by 1910.1030(g)(2)(vii)(I) on the hepatitis B vaccine need only include information on its efficacy, safety, method of administration and the benefits of being vaccinated. The trainer must be familiar with the Bloodborne pathogens standard. The Regional Administrator and Area Directors who supervise

employees with field duties are responsible for ensuring that this training is provided.

3. **Voluntary Hepatitis B Vaccination**. Firm management commitment to avoid contact with blood and other potentially infectious materials is the primary control method to prevent exposing field personnel to Hepatitis B and other bloodborne pathogens. In addition, Hepatitis B immunization is a safe and effective way to prevent Hepatitis B infection and its serious consequences. OSHA will provide interested field personnel with Hepatitis B immunization, on a voluntary basis, for health promotion and preventive care in accordance with the Memorandum of Understanding between OSHA and NCFLL dated October 21, 2010.

   Hepatitis B vaccination is available to Department of Labor (DOL) employees through the DOL national health services agreement with Federal Occupational Health (FOH). Employees are encouraged to seek their physician or other qualified health care provider's advice for any questions regarding their medical condition(s) and also review the Center for Disease Control (CDC) Hepatitis B Vaccination Information Statement before requesting the vaccination.

   Employees interested in receiving Hepatitis B vaccination should contact their local FOH unit. It is important to make arrangements before arriving for an appointment since most FOH units do not keep Hepatitis B vaccine in stock. To get the Hepatitis B vaccination, employees must present their valid DOL Identification Badge at the FOH unit. After the first Hepatitis B vaccination is given, the FOH unit will inform employees when to schedule appointments for the second and third injections to complete the vaccine series.

   Alternatively, interested OSHA personnel that are covered by OSHA's Field SHMS (i.e. in the NCFLL bargaining unit) but do not have an FOH unit in their local area may contact their Regional Office of Administrative Programs to learn how to obtain the vaccine from a local private healthcare provider. Not all healthcare providers offer Hepatitis B vaccinations and accept credit card payments. The Regional Office of Administrative Programs can arrange with the private healthcare provider's office to pay for the three injections necessary to complete the Hepatitis B vaccination using the Regional Office's credit card.

   For additional information about the Hepatitis B Vaccination please see the Center for Disease Control Guidance at: http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

4. **Post-exposure Evaluation and Follow-up**. OSHA shall provide post-exposure evaluation and follow-up, and post-exposure prophylaxis when medically indicated to any employee who suffers an exposure incident as defined by 29 CFR 1910.1030(b), while performing work assignments. All medical evaluations and procedures are to be made available at no cost to OSHA personnel at a reasonable time and place, and under the other conditions set forth in 29 CFR 1910.1030(f). Post-exposure evaluation and follow-up will be offered by OSHA to employees who experience an exposure to blood or OPIM (as defined in 29 CFR 1910.1030) while on duty when acting as a Good Samaritan to others who have sustained a laceration, a nosebleed, or similar incidents.

5. **Recordkeeping: Training Records**. Training records are to contain all information specified on 29 CFR 1910.1030(h)(2) and will be maintained for 3 years from the date on which the training occurred. Training records will be held by the office at which training took place.

V. Procedures for Unforeseen Contact with Blood or Other Potentially Infectious Material (OPIM)

A. Work Practice Controls

1. **Intact skin contact with blood or OPIM**

Employees are to wash their hands and any other affected skin with soap and water immediately or as soon as feasible if there has been skin contact with blood or OPIM. As soon as possible, the employee must notify his/her supervisor regarding the exposure. If the OSHA employee and supervisor are not able to determine the exposure was definitely not an exposure incident (e.g., the employee has an open wound, chapped hands, etc), the supervisor should immediately contact the Regional Administrator or their designee. The Regional Administrator or their designee will then contact the Director of the Office of Occupational Medicine (OOM) within 30 minutes to determine if post-exposure evaluation is warranted. Each Region and Office will develop procedures for notification and payment during and after business hours.

Antiseptic towelettes will be provided by the Regional Offices to field personnel. These towelettes are to be carried on all inspections, in the event soap and running water may not be immediately available, and used in the unlikely event that contact of any skin surface with blood or other potentially infectious

material occurs. Whenever antiseptic towelettes are used, hands or other skin surfaces are to be washed as soon as feasible with soap and running water.

Used antiseptic towelettes should be disposed of as non-regulated trash except in a very rare circumstance where they become contaminated to the extent (see 1910.1030(b)) that they would be considered regulated waste.

2. **Contaminated Equipment**. In the event that equipment becomes contaminated with blood or OPIM, the employee shall immediately contact a supervisor to review how to proceed in this situation. Gloves and/or other appropriate barriers shall be used if contaminated equipment must be handled or transported to the nearest Regional/Area Office or other OSHA facility. Prior to transport, a biohazard label is to be attached to any contaminated equipment and is to state which parts are or remain contaminated. If the biohazard label on the equipment is not visible through the bag (e.g., bag is not transparent), another biohazard label should be attached to the bag's exterior.

   The equipment shall be examined at the nearest Regional/Area Office or other OSHA facility (e.g., Salt Lake Technical Center) prior to servicing or shipping and decontaminated (e.g., wiped with a bleach solution or other disinfectant, as determined by the Office Director) as necessary. The ARA for Enforcement Programs or the on site Area Director will determine how and if the equipment can be decontaminated at the Office level. Contaminated items are not to be placed or stored in areas where food is kept, and decontamination should be accomplished as soon as possible following the inspection or incident where contamination occurred. Decontamination is not to take place in any area where food or drink is consumed. Cloths used to wipe contaminated equipment can be discarded as non-regulated refuse unless they somehow become contaminated to the extent that they would be considered regulated waste as defined in 29 CFR 1910.1030(b).

   The employee who is shipping equipment that remains contaminated shall notify the receiving servicing center or manufacturer that contaminated equipment is being sent so that the receiving facility can take proper precautions. In addition, this employee should contact the package delivery company regarding appropriate packaging of the item(s).

B. **Personal Protective Equipment**. Field personnel are expected to avoid contact with blood and OPIM as well as contact with surfaces and items contaminated with such materials. In the unlikely event that equipment becomes contaminated, OSHA will provide appropriate gloves of proper size (see Appendix B). Field personnel will carry these gloves on inspections. Gloves are to be replaced as soon as practical if they become contaminated or as soon as feasible if they are torn, punctured or whenever their ability to function as a barrier appears to be compromised. These gloves are not to be washed or decontaminated for reuse.

Field personnel are to determine the extent of contamination of gloves prior to their removal. It is unlikely that gloves worn by field personnel would be contaminated to the extent that they would be considered regulated waste, but if this should occur, the gloves are to be discarded in a regulated waste container at the inspection site. In a facility not in compliance with 29 CFR 1910.1030 regarding regulated waste, see section 4.0.C.

It is anticipated that field personnel will not need personal protective equipment (PPE) other than gloves. It is expected that field personnel will avoid situations in which any other PPE would be needed.

C. **Regulated Waste**. OSHA does not anticipate that the duties of OSHA employees will generate regulated waste.

D. **Post-exposure Evaluation and Follow-up**. OSHA shall provide post-exposure evaluation**,** follow-up and post-exposure prophylaxis, when medically indicated, to any employee who suffers an exposure incident while performing their work assignments. All medical evaluations and procedures are to be made available at no cost to OSHA personnel, at a reasonable time and place, and under the other conditions set forth in 29 CFR 1910.1030(f).

1. **Handling an Exposure Incident**. In the unlikely event of an exposure incident (as defined in 29 CFR 1910.1030(b)), the OSHA employee is to immediately, or as soon as feasible, wash the affected skin with soap and water and flush any affected mucous membranes with water. The employee should then seek medical attention. A bloodborne pathogens exposure incident is an event for which immediate attention must be sought because the effectiveness of post-exposure prophylaxis is dependent on prompt administration (i.e., within hours of the exposure incident). An employee who has had an exposure incident is to report the incident to his or her supervisor as soon as possible.

The Area Director/Office Director or designee shall instruct the employee to seek medical attention from a healthcare provider capable of performing a post-exposure evaluation, and, if indicated, able to provide the hepatitis B vaccination series, baseline testing for hepatitis B and C and HIV, prophylaxis for hepatitis and HIV, and any future testing or prophylaxis as recommended by the U.S. Public Health Service. Ideally, this evaluation will be performed by a healthcare provider with whom an arrangement has been pre-established. If the employee is in the field and far from a pre-established healthcare provider, the supervisor shall instruct the employee to go to the nearest emergency room in the area. Another healthcare provider, such as an occupational medicine clinic, may be used if it can be determined that the provider is capable of giving the necessary evaluation, treatment and prophylaxis without undue delay. Not all healthcare providers are familiar with the U.S. Public Health Service Guidelines or keep hepatitis B vaccine, hepatitis B immune globulin (HBIG) or medications for HIV post-exposure prophylaxis onsite. Hospital emergency rooms are more likely than other healthcare providers to be capable of providing a post-exposure evaluation and are more likely to have Hepatitis B vaccine, Hepatitis B Immune globulin and HIV post-exposure prophylaxis medications readily available. Please note that the Federal Occupational Health centers do not offer post-exposure evaluation.

The supervisor will inform the Area Director/Office Director or designee who will contact the facility where the exposure incident occurred. The area Director/Office Director or designee is to work together with the facility, with the assistance of the director of OOM if needed, to ascertain the source individual, and communicate that information to the healthcare facility evaluating the OSHA employee. The Area Director must also contact the ARA-AP and the Regional Administrator to inform them of the incident.

Following an exposure incident, an Exposure Incident Report (see Appendix A) will be completed by the OSHA employee in consultation with the supervisor without delay. The report is to be given by the employee to the evaluating healthcare provider. Report information will include (a) a description of the exposed employee’s duties as related to the exposure incident; and (b) documentation of route(s) of exposure and circumstances under which exposure occurred. (The supervisor may need to complete and send this form by facsimile to the evaluating healthcare facility if the employee does not have the form with him or her in the field.

This will help to assure timely sharing of information and allows the employee to travel directly from the field to the healthcare facility, avoiding a delay in obtaining the post-exposure evaluation.

2. **Information Provided to the Evaluating Healthcare Provider**.

In accordance with 29 CFR 1910.1030, the supervisor will see that the health care facility that is performing the employee's post-exposure evaluation is provided with a copy of 29 CFR 1910.1030 and the other materials for the Evaluating Healthcare Provider included in Appendix A of this program. These materials may be hand-carried by the employee and/or supervisor or sent by facsimile. Alternately, supervisors may require employees to carry these materials with them when they are in the field.

The instructions for the healthcare provider describe the applicable requirements of 29 CFR 1910.1030(f) and instruct the healthcare provider to give a written opinion to the employee. The supervisor must obtain the written opinion from the employee when the employee returns to the duty station. The written opinion will be maintained at the employee's assigned duty station.

While at the evaluating healthcare facility, the employee should ask to sign a medical records release form requesting that the healthcare provider send a copy of the medical record of the evaluation to the OSHA's Office of Occupational Medicine. This medical documentation will become a part of the employee's confidential employee medical record maintained in the Office of Occupational Medicine.

E. Communication of Hazard to Employees

Labels and Bags. OSHA will provide biohazard labels to be affixed to bags containing any contaminated equipment until they can be returned to an OSHA office or shipped to another facility. Biohazard labels are to be carried by all field personnel. OSHA will provide appropriate bags for containment of any regulated waste or contaminated equipment. Bags are to be carried by all field personnel. In addition, a bag and biohazard labels will be provided in any First-Aid kit. Bags will be disposed of as ordinary refuse except in the rare instance in which they are contaminated to the extent that they are considered regulated waste as defined by the standard. In such case, see Section 4.0.C. of this program.

F. Recordkeeping: Post-Exposure Records

1. **Employee Medical Records**. Employee medical records are to be maintained by the Office of Occupational Medicine as part of the

medical files of the CSHO Medical Examination Program. Such records are maintained in accordance with 29 CFR 1910.1020.

2. **Transfer of Records**. OSHA will comply with the requirements of 29 CFR 1910.1020(h) involving any transfer of records. Exposure incident records will remain at the office where the employee was assigned when the incident occurred, with a copy sent to the Office of Occupational Medicine. The employee may request and receive a copy of such records when transferring to another assignment.

VI. Procedures for Evaluating an Exposure Incident

The Area Director, or a designee from the Area Office or the Office Director to whom the affected employee is assigned, will evaluate the circumstances surrounding any exposure incident. The evaluation should consist of at least:

A. A review of the Exposure Incident Report completed by the OSHA employee;

B. Documentation regarding a plan to reduce the likelihood of a future similar exposure incident; and

C. Notification of the Office of Occupational Medicine and discussion of any similar incidents and planned precautions.

Management will ensure that employee medical records and all other personally identifiable information is afforded all safeguards in accordance with the applicable provisions of DLMS-5 Chapter 200 “The Privacy Act of 1974 and Invasion of Privacy” and DLMS-9 Chapter 1200 Safeguarding Sensitive Data Including Personally identifiable Information.

Such reports will be maintained at the employee’s assigned duty station, and copies are to be sent to the Office of Occupational Medicine (OOM) and to the Regional Administrator. OOM will review these reports on a periodic basis so that this information can be considered when reviewing and updating this Plan.

VII. Responsibilities

A. Offices

Office directors will:

1. Ensure that employees are trained and that training records are maintained in accordance with section III, paragraph A.4.5.

2. Determine how and if contaminated equipment can be decontaminated at the office level.

3. Provide gloves and other supplies (e.g., bags, etc.) to field personnel.

4. Arrange for appropriate disposal of regulated waste if an employee is unable to properly dispose of it on-site and is therefore obligated to bring it back to the office for disposal.

5. Instruct employees to obtain post-exposure evaluation and locate an appropriate healthcare facility for the evaluation in the event that an exposure incident occurs.

6. Work with the employee to complete an exposure incident report in the event of an exposure incident.

7. Ensure that the healthcare provider for any exposure incident is provided with a copy of 29 CFR 1910.1030 and the other materials in Appendix A of this Instruction.

8. Obtain a written report completed by the healthcare provider who performs a post-exposure evaluation on an employee.

9. Evaluate the Exposure Incident Report and other reports and send copies of these reports to OOM and the Regional Administrator.

10. Immediately notify the Regional Administrator, or designee, and the ARA-AP of any exposure incident that occurs to an employee.

11. Immediately notify the Regional Administrator when an employee reports that an on-site investigation could result in a potential exposure to blood or OPIM.

B. Employees

Employees will:

1. Notify their supervisor immediately if they believe that an investigation could result in potential exposure to blood or OPIM, and wait for approval prior to entering any area where an exposure could occur.

2. Not handle or touch contaminated objects.

3. Take appropriate action if an occupational exposure occurs or if equipment becomes contaminated.

4. Contact the supervisor immediately if an exposure incident occurs.

5. Work with the supervisor as soon as possible, if an exposure incident occurs, to complete an Exposure Incident Report.

4. Bring a copy of the healthcare provider's written report back to the supervisor after any post-exposure evaluation for an exposure incident.

APPENDIX A
Materials For the Evaluating Healthcare Provider

This OSHA employee may have suffered an exposure incident as defined in the OSHA Bloodborne Pathogens standard and has presented to your facility for a post-exposure evaluation in accordance with the standard. To assist you in this evaluation, the employee and/or his/her supervisor should provide:

(A) A copy of OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the routes of exposure and circumstances under which it occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to this employee's appropriate treatment, including vaccination status.

After completing this evaluation, please:

(A) Inform the employee regarding the results of the evaluation and any follow-up evaluations or treatments needed;

(B) Complete the attached written opinion form and give it to the employee. (This form will be maintained in the office to which the employee is assigned); and

(C) Send a copy of all results and medical records from this evaluation to:

U.S. Department of Labor – OSHA
Office of Occupational Medicine, Room N3653
200 Constitution Avenue, NW, Washington, DC 20210

These copies will be maintained as part of the employee's confidential medical record in OSHA's Office of Occupational Medicine.

Should you have any questions regarding the evaluations or medical records, please contact the Director of OSHA's Office of Occupational Medicine at (202) 693-2323.

A copy of 29 CFR 1910.1030 can be found at 56 Fed. Reg. 64175-64182 (Dec.6, 1991), or online at http://www.osha.gov/, and copied or printed out by OSHA to provide to the evaluating healthcare provider.

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)
Please Print

Employee's Name_____Date_____

Date of Birth_____

Telephone (Business)_____(Home)_____

Job Title_____

Date of Exposure_____Time of Exposure_____AM_____PM

Hepatitis B Vaccination Status_____

Location of Incident_____

Describe the job duties you were performing when the exposure incident occurred

_____

_____

_____

To what body fluid(s) were you exposed?_____

_____

What was the route of exposure (e.g., mucosal contact, contact with non-intact skin, percutaneous)?_____

_____

Describe any personal protective equipment (PPE) in use at the time of the exposure incident_____

_____

Did PPE fail?_____If yes, how?_____

_____

Identification of source individuals(s) (names) [Unless infeasible or prohibited by state or local laws]

_____

_____

Other pertinent information_____

_____

HEALTHCARE PROVIDER'S WRITTEN OPINION
FOR POST-EXPOSURE EVALUATION

To the Evaluating Healthcare Provider:

After your evaluation of this OSHA employee, please assure that the following information has been furnished to the employee. Please initial beside the statements.

_____The employee has been informed of the results of this evaluation.
_____The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

No other findings are to be included in this report.

Please return this sheet to this employee _____
(Name of Employee)

Thank you for evaluating this employee.

_____
(Healthcare Provider's Signature)

_____ _____
(Printed Name of Healthcare Provider) (Date)

APPENDIX B
Supplies For OSHA Field Personnel

Field Personnel should have the following materials to carry on inspections:

1. At least 2 bags (appropriate for containment of any regulated waste that cannot be disposed of on site or for contaminated equipment)

2. Non-sterile medical examination gloves, cleared by the Food and Drug Administration- of appropriate size (at least 2 pairs). (Non-latex gloves will be supplied to employees with latex allergies).

3. Antiseptic towelettes.

4. Disposable Shoe Covers

CHAPTER 20
ERGONOMICS

I. Purpose

Ensure ergonomic risk factors are managed to prevent work-related injuries or illnesses. The program will provide a framework for the activities that are necessary to identify, manage, control and eliminate ergonomic hazards in the workplace.

II. Scope

This program applies to all employees while performing official government business. The program is intended to address activities that require significant forces, awkward and static postures, repetitive motion, vibration and other work-related risk factors.

III. Definitions

A. *Administrative Controls.* Changes in the way that work in a job is assigned or scheduled that reduce the magnitude, frequency or duration of exposure to ergonomic risk factors.

B. *Ergonomics*. The science of fitting jobs to people encompassing the body of knowledge about physical abilities and limitations as well as other human characteristics that are relevant to job design.

C. *Engineering Controls.* Physical changes to a job that eliminate or reduce the presence of ergonomic hazards. Examples of engineering controls may include changing, modifying, or redesigning workstations, tools, facilities, equipment, materials or processes.

D. *Ergonomic Risk Factors.* Aspects of a job that post a biomechanical stress to the employee, such as forceful exertion, repetition, awkward or static postures, contact stress and vibration.

E. *Ergonomic Injuries and Illnesses.* Injuries and illnesses of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. It does not include injuries caused by slips, trips, falls or other similar accidents. Examples of ergonomic injuries and illnesses include: Carpal Tunnel Syndrome, De Quervain's disease, Sciatica, Epicondylitis, Tendonitis, herniated spinal disc and low back pain.

F. *Signs and Symptoms.* Objective physical findings or physical indications that an employee may be developing an ergonomic injury or illness.

IV. Responsibilities

A. The responsible OSHA Manager(s) is designated to manage this Ergonomic Program and will ensure the following activities are completed.

1. Ensure all employees are provided the opportunity to participate in the program.

2. Conduct worksite analysis for ergonomic risk factors.

3. Develop and implement feasible controls to reduce ergonomic hazards.

4. Ensure implementation of the medical management program (Chapter 25) for diagnosis and treatment of injuries and illnesses.

5. Ensure training is provided on this program.

6. Maintain worksite surveillance of the effectiveness of the program and develop action items as necessary.

B. Employee Responsibilities

1. Notify management of signs and symptoms of ergonomic injuries and illnesses and work-related ergonomic risk factors.

2. Participate in all aspects of the program, such as submitting concerns related to risk factors, discussing work methods, offering suggestions in problem solving exercises, and participating in all related education and training.

C. Office of Occupational Medicine (OOM)

1. Oversee and coordinate the medical management of ergonomic injury/illness cases.

2. Provide final disposition of ergonomic injury/illness cases.

D. Assistant Regional Administrator of Administrative Programs or equivalent unit

1. Provide assistance to the Unit in the management of ergonomic injury or illness cases.

2. Coordinate any work restrictions.

E. Assistant Regional Administrator of Enforcement Programs or equivalent unit

1. Provide assistance to the Unit in the management of the Ergonomic Program.

2. Provide technical assistance in the evaluation and improvement of the work environment

V. Procedure

A. Reporting Procedures

1. Reported signs or symptoms of ergonomic injuries/illnesses must be recorded on the Incident Investigation and Hazard Reporting Worksheet by management and investigated for potential "quick fixes." Ergonomic injuries or illnesses that meet the criteria for recordability under the Recordkeeping Standard must also be recorded on the OSHA 300 log.

Note: A quick fix is an abatement method, which can be readily accomplished using Unit employees and budget.

2. If the condition cannot be addressed via "quick fix," the responsible OSHA Manager(s) will then decide on a course of action in consultation with expertise in the Regional Office.

3. In the event long-term corrective actions are needed, the affected employee will be kept apprised regarding the status of the reported issue(s).

B. Worksite Analysis

1. Computer Workstation analyses will be documented initially and whenever significant changes in the worksite, employees, equipment, or job task are made. The analyses should include risk factors associated with force, repetition, awkward and static postures, contact stress, vibration, and other work-related risk factors. A useful tool is the OSHA Ergonomic Computer Workstation e-Tool. http://www.osha.gov/SLTC/etools/computerworkstations/index.html

2. Recognized and generally accepted worksite/task analysis methods could be used to evaluate the work-related risk factors. Examples include: the American Conference of Government Industrial

Hygienists (ACGIH) Threshold Limit Values for Physical Agents for Hand Activity Level, Hand-Arm Vibration, and Whole-Body Vibration; The National Institute of Occupational Safety and Health (NIOSH) Lifting Guideline; and Library Mutual Push/Pull tables, etc.

3. Management will monitor the workplace to detect new or additional risk factors and ensure the adequacy of the completed analyses.

C. Hazard Prevention and Control

1. The standard hierarchy of controls to be followed is:

   a. Elimination;

   b. Engineering controls;

   c. Work practice or administrative controls;

   d. Personal protective equipment;

   e. Controls should be identified and implemented for work-related ergonomic hazards. Lifts during the loading of equipment into a motor vehicle is limited to 25 pounds per lift. All other lifts are limited to a maximum of 50 pounds.

D. Medical Management

1. Employees must report work-related ergonomic injuries and illnesses promptly via the Incident Investigation and Hazard Reporting Worksheet.

2. Access to health care professionals will be in accordance with existing Office of Workers Compensation Programs (OWCP) policies.

3. Information will be provided to the health care professionals about the job tasks and/or existing OWCP policies when directed by Assistant Regional Administrator of Administrative Programs/equivalent unit or OWCP.

4. Management will provide restricted employees work that is consistent with the employee's capabilities per existing policies.

E. Education and Training

1. Annual training on this Chapter will be provided and include:

    a. Ergonomic risk factors relative to the work.

    b. Controls used to minimize or eliminate ergonomic hazards.

    c. Signs and symptoms of ergonomic related injuries and illnesses.

    d. Reporting and recording procedures.

    e. The employee's role in evaluating the effectiveness of the ergonomic program.

F. Program Evaluation

1. The Unit will complete a review of all elements of this program annually.

2. Develop action items for any changes or improvements.

CHAPTER 21
RADIATION

I. Purpose

The purpose of this chapter is to provide guidance on the protection of OSHA employees from the effect of occupational exposure to ionizing and non-ionizing radiation.

II. Scope

To the extent feasible, OSHA employees must avoid exposure to radiation hazards. In situations where exposure cannot be avoided, the guidelines described herein must be followed. Potential exposures will be evaluated by actual monitoring or through the use of other data such as employer-provided measurements.

III. Definitions

A. *Ionizing Radiation*. Electromagnetic radiation and/or electrically charged or neutral particles which will interact with gases, liquids, or solids to produce ions. Examples include x-rays, gamma rays, protons, neutrons, and alpha particles.

B. *Non-ionizing Radiation.* Electromagnetic radiation with insufficient energy to produce ionization of atoms. Non-ionizing radiation energy usually is transformed into heat. Examples include microwaves, television and radio waves, visible light, infrared and ultraviolet radiation, and laser radiation.

IV. Responsibilities

A. The responsible OSHA Manager(s) is responsible for:

1. Ensuring that OSHA employees under their supervision follow the radiation safety guidelines included in this chapter in their respective offices.

2. Ensuring that appropriate protective devices, practices and personal protective equipment are provided and used.

3. Ensuring that the appropriate measuring devices (such as badges) are provided and used.

4. Ensuring that their employees are trained per paragraph V.B. of this chapter.

B. All OSHA employees are responsible for:

1. Using appropriate protective methods and equipment while working in areas where potential exposure to harmful ionizing and non-ionizing radiation may occur.

2. Using prudent investigative practices to identify and determine levels of radiation at the work site in conjunction with following the site's safety procedures for minimizing exposure to radiation.

3. Identifying site-specific safety and health procedures for protection against, or minimizing exposure to radiation, and follow those procedures.

4. Participating in required training.

V. Procedures

A. **Radiation safety guidelines**. The following radiation safety guidelines will be adhered to by OSHA employees when the potential for exposure to ionizing and/or non-ionizing radiation exists.

1. **On site procedures**

a. Review the work site radiation safety program, if available, and Emergency Action or Preparedness Plan, where applicable.

b. Identify all known potential sources of radiation and assess the hazards using site-supplied data as well as measurements obtained by OSHA employees.

c. If it has been determined that there are potentially harmful radiation sources, contact the Salt Lake City Laboratory or the Cincinnati Technical Center for sampling procedures and appropriate self-monitoring equipment (TLD badges, neutron badges, other surveying instrumentation, etc.) for determining the personal exposure levels of OSHA employees.

d. Evaluate work site hazard controls for effectiveness.

e. Determine the best means of minimizing exposure to the radiation hazard using source shielding and distance as the primary methods of protection. Limiting the duration of exposure will only be employed as a last resort for controlling a radiation hazard to which OSHA employees

may be exposed, and even then, only with the consent of the responsible OSHA Manager(s). OSHA employees will avoid direct exposure to the "beam" of radiation emitted by a source.

f. As Class 3b and 4 lasers can pose a serious hazard to the eyes, determine the type of eye protection to use wherever engineering controls are not feasible or where there is a likelihood of exposure to the beam.

g. Consult the Health Response Team, through the responsible OSHA Manager(s), for additional technical assistance.

2. **Appropriate personal protective equipment (PPE) use determination**

a. Review the employer's radiation safety program and PPE requirements, including the PPE hazard assessment.

b. Determine appropriate PPE and personal monitoring needed, based on the source and type of radiation.

c. Select and use appropriate PPE (shielding, equipment, work clothing) to minimize radiation exposure. If such equipment is not available at the work site or at the OSHA office, then the responsible OSHA Manager(s) will be immediately consulted before taking any action that may present further exposure to radiation.

B. **Training program**. OSHA employees will be trained annually in the following.

1. The effects of radiation exposure.

2. Types of ionizing and non-ionizing radiation.

3. Types of workers occupationally exposed to radiation.

4. Appropriate monitoring devices, control measures and PPE for radiation exposure.

5. Methods of minimizing exposure to ionizing and non-ionizing radiation.

6. Recommended safety procedures to be implemented during walkaround.

C. Recordkeeping

1. All results of testing related to radiation exposure will be maintained by the Office of Occupational Medicine and will be available to employees upon request.

2. All training records will be maintained at the field office.

CHAPTER 22
ELECTRICAL SAFETY

I. Purpose

This chapter establishes the OSHA Field Safety and Health Management System (SHMS) Electrical Safety Program. The policies and procedures in this Program are intended to set broad expectations for preventing employee injury or death from electrical hazards. OSHA expects Regions, DTSEM, and DTE to develop specific procedures that align with this Program as needed.

OSHA employees may encounter equipment and circuits that are energized or have the potential for energization while performing expected work activities. Safe work practice guidance in this Program is based on OSHA employees work activities and the potential for exposure to electrical hazards.

This Program provides specific guidance to OSHA employees who may perform work on or near energized and deenergized electrical equipment operating at 50 or more volts. It is supplemented by Chapter 13, Control of Hazardous Energy Sources (Lockout/Tagout) and pertinent electrical safety work practices required by 29 CFR 1910.333(b). It also describes electrical safety training requirements for all OSHA employees covered by the OSHA Field Safety and Health Manual.

II. Scope

This Electrical Safety Program applies to all OSHA employees covered by the OSHA Field Safety and Health Manual.

III. References

A. 29 Code of Federal Regulations 1910 Subpart S, Electrical

B. 29 Code of Federal Regulations 1926 Subpart K, Electrical

C. 29 Code of Federal Regulations 1926 Subpart V, Electric Power Transmission and Distribution

D. 29 Code of Federal Regulations Section 1910.147, The Control of Hazardous Energy (Lockout/Tagout)

E. 29 Code of Federal Regulations Section 1910.269, Electric Power Generation, Transmission, and Distribution

F. OSHA Field Safety and Health Manual, Chapter 13, Control of Hazardous Energy Sources

G. CPL 2-1.38, Enforcement of the Electric Power Generation, Transmission, and Distribution Standard, dated June 18, 2003

H. CPL 02-00-100, Application of the Permit-Required Confined Spaces (PRCS) Standards, 29 CFR 1910.146, dated May 5, 1995

I. STD 01-16-007, Electrical Safety-Related Work Practices – Inspection Procedures and Interpretation Guidelines

J. Institute of Electrical and Electronics Engineer (IEEE) C2, National Electrical Safety Code

K. National Fire Protection Association (NFPA) 70, National Electric Code

L. NFPA 70E, Standard for Electrical Safety in the Workplace

IV. Definitions

A. *Arc Flash Risk Assessment (i.e. Arc Flash Hazard Analysis):* An assessment that investigates a worker's potential exposure to arc flash energy. This information is used to determine appropriate safe work practices, boundaries, and personal protective equipment (PPE).

B. *Boundaries:*

1. *Arc Flash Boundary:* When the potential for an arc flash hazard exists, an arc flash boundary is an approach limit at a distance from a prospective arc source within which a person could receive a second degree burn if an electrical arc flash were to occur. A second degree burn is possible if unprotected skin is exposed to an electric arc flash above 5 J/cm^2 (1.2 cal/cm^2), the incident energy level.

2. *Limited Approach Boundary***:** An approach limit at a distance from an exposed energized electrical conductor or circuit part within which a shock hazard exists.

3. *Restricted Approach Boundary*: An approach limit at a distance from an exposed energized electrical conductor or circuit part within which there is an increased likelihood for electric shock, due to electrical arc-over combined with inadvertent movement.

C. *Electrical Hazard:* Contact or equipment failure that could result in electric shock, flash burn, thermal burn, or blast.

D. *OSHA Qualified Person:* An OSHA employee who has received the electrical safety training specified in this Program to identify and control electrical hazards. An OSHA Qualified Person is also familiar with electrical equipment hazards and configurations.

E. *Unqualified Person:* An OSHA employee who is not an OSHA Qualified Person, but who may perform work near energized and deenergized electrical equipment operating or typically operated at 50 or more volts. At a minimum, an Unqualified Person must receive training that prepares him/her to work safely, this includes being able to identify electrical hazards and maintain appropriate safe distances.

F. *Responsible OSHA Manager*: This is the Regional Administrator (RA)/Directorate Director (Director) or appointed designee (e.g., Area Director or an employee's direct supervisor) responsible for performing duties specified in this Program.

V. Responsibilities

A. Responsible OSHA Managers will:

1. Designate OSHA Qualified Person(s) that voluntarily accept and are comfortable performing assigned electrical inspection duties. The OSHA Qualified Person may withdraw from performing a specific electrical inspection task at any time.

2. Ensure that all employees receive appropriate training and OSHA Qualified Persons remain proficient in recognizing and avoiding electrical hazards, proper inspection methodology for electrical issues, safe field testing equipment practices, and PPE use, care and cleaning.

3. Review qualifying electrical work experience documentation that is submitted in lieu of meeting minimum training requirements for OSHA Qualified Persons and ensure that they complete courses required by applicable compliance directives.

4. Maintain training records, as well as electrical field testing equipment and PPE records.

5. Provide appropriate PPE and make it available to employees (see Appendix A).

6. Provide appropriate and approved electrical testing equipment for employees use (see Appendix B).

7. Ensure that PPE and electrical testing equipment are properly tested, calibrated, and maintained per manufacturer specifications.

8. Immediately remove defective or damaged equipment from service.

9. Provide appropriate assistance to employees and answer any questions regarding assigned task conditions, qualifications, or proper equipment needed.

10. Ensure employee safety by requiring adherence to this Program and by performing periodic reviews.

11. Ensure that an adequate number of appropriately trained and/or experienced OSHA Qualified Persons are available for tasks at electric power generation, transmission, and distribution installations, as well as at other installations covered by 29 CFR 1910.269.

12. Request assistance from SLTC's Health Response Team through the RA/Director for tasks that present electrical hazards, when the Region/Directorate does not have the resources to safely conduct work activities.

B. OSHA employees will:

1. Follow this Program's requirements, procedures, and restrictions.

2. Attend task-appropriate electrical safe work practices training.

3. Recognize and avoid electrical hazards.

4. Understand and perform assigned tasks or operations and recognize the associated limitations and hazards.

5. Use task-appropriate PPE when necessary (see Appendix A).

6. Immediately communicate safety concerns and request appropriate assistance from the Responsible OSHA Manager(s) regarding inspection conditions, qualifications, or proper equipment required for an inspection.
Note: Qualified OSHA employees who have voluntarily accepted performing tasks may voluntarily withdraw from performing a specific task at any time by notifying their manager. If necessary, the manager will arrange for a safe transfer of duties.

VI. Procedures

A. Electrical Safety Procedures for All OSHA Employees

1. Assess areas for electrical hazards when conducting work activities at another employer's worksite.

2. Inspect locations where a disaster has occurred for fallen or damaged energized lines and circuits (e.g., due to fires, explosions, natural causes). Lines and circuits are considered energized until lockout/tagout is applied in accordance with 29 CFR 1910.147, 29 CFR 1910. 333(b), 29 CFR 1910.269 and 29 CFR 1926 Subpart K (as applicable).

3. Stop work and immediately contact the Responsible OSHA Manager for direction when electrical hazards are identified and proper controls are not in place.

4. Unqualified Persons will not approach uninsulated and/or unguarded sources or open electrical panels, covers, doors, etc., until lockout/tagout is applied in accordance with 29 CFR 1910.147, 29 CFR 1910. 333(b), 29 CFR 1910.269, 29 CFR 1926.960 (as applicable), and OSHA SHMS Manual Chapter 13, Control of Hazardous Energy Sources.

B. Approach Determination Procedures for OSHA Qualified Persons at Inspection/Investigation Worksites

1. Where the employer has made a determination and established an arc flash boundary based on an arc flash hazard analysis, the OSHA Qualified Person will discuss the employer's determinations with the Responsible OSHA Manager prior to proceeding with an exposed energized parts inspection.

2. If the employer has not performed arc flash hazard analyses or established arc flash boundaries, prior to proceeding, the OSHA Qualified Person and Responsible OSHA Manager will together:

   i. Consult a qualified engineer to help determine the appropriate protection level against arc flash hazards.

   OR

   ii. Consult the most current NFPA 70E tables to help determine the appropriate protection level against arc flash hazards.

   OR

iii. Consult 29 CFR 1910.269, Appendix E or 29 CFR 1926 Subpart V, Appendix E tables (as applicable) to help determine the appropriate protection level against arc flash hazards.

3. When an OSHA Qualified Person agrees to work within the arc flash boundary, he/she will wear protective clothing and other PPE as described in Appendix A to protect all body parts inside the arc flash boundary.

Note: The prohibited approach boundary was deleted from NFPA 70E because the requirement for using shock protective equipment typically begins at the restricted approach boundary. See Figure C.1.2.3. in NFPA 70E for a helpful diagram on Limits of Approach.

As the distance between a person and exposed energized conductors or circuit parts decreases, the potential for an electrical incident increases.

C. Appropriate Testing Equipment Determination

1. Unqualified Persons may not take direct contact measurements from uninsulated energized parts (i.e., multi-meter).

2. Only OSHA Qualified Persons may use electrical testing equipment listed in Appendix B.

D. Procedures for Common Electrical Tasks, Table 1.

Table 1: Procedures for Common Electrical Tasks

Task	Qualified	Hazard	Gen Ind Std.	Constr Std.	Safe Work Procedures*	PPE**
Documenting energized condition in insulated parts	No	Shock	1910.303-306	1926.403-406	Distance from energized parts Photo/Video Documents/Interviews Non-contact AC Sensors at insulated points only	N/A
Documenting energized condition in uninsulated parts	Yes	Shock Arc Flash Arc Blast	1910.303-306	1926.403-406	Photo/Video Documents/Interviews Use appropriate testing equipment (see appendix B)	See Appendix A
Documenting energized condition in conductive work locations (ie wet and outdoor)	No	Shock	1910.334(b)	1926.416	Distance from energized parts Photo/Video Documents/Interviews Non-contact AC Sensors at insulated points only	Water-resistant footwear (not for electrical

						protection)
Documenting energized condition in a panel with exposed energized parts	Yes	Shock Arc Flash Arc Blast	1910.331-335, 1910.305(d)	1926.416, 1926.405(d)	Documents/Interviews Photo/Video Use appropriate testing equipment (see appendix B)	See Appendix A
Verify/document de-energized condition	No	Shock Arc Flash Arc Blast	1910.331-335	1926.416, 1926.95	Distance from exposed electrical parts Direct observation Photo/Video Documents/Interviews	N/A
Documenting electrical hazards in classified locations	No	Fire Explosion Deflagration Detonation	1910.307	1926.407	Sketching the condition Documents/Interviews Photo/Video from safe location Intrinsically safe or safe for location equipment	Per Safety Data Sheets (SDS)
Documenting elevated electrical hazards	No	Shock Fall	1910 Subpart D	1926 Subparts M, X, L	Sketching the condition Documents/Interviews Photo/Video from safe location (no fall exposure) Nonconductive measuring tool, i.e. laser measuring device	N/A
Testing receptacles (outlets)	No	Shock Fire	1910.331-335	1926.416	Use NRTL approved three light tester or circuit analyzer	N/A
***Safe Work Procedures are listed as a hierarchy. If the OSHA employee may accomplish the task at hand by the first procedure (i.e. photo only) then the other procedures may not be necessary.**						
****PPE is required to approach exposed energized electrical parts (480 volts or less- 4 feet) and (over 480 volts- 10 feet) per NFPA 70E shock hazard boundary and OSHA table S5 (1910.333) - approach distances for qualified person. Only OSHA Qualified Persons are permitted to perform such tasks as authorized by the OSHA responsible manager.**						
NOTE: Per CPL 2-1.38, the RA must ensure that an adequate number of appropriately trained and/or experienced OSHA Qualified Persons, and other resources, as required, are available for inspections at electric power generation, transmission, and distribution installations and other installations covered by §1910.269.						
NOTE 2: Per CPL 2-1.38, OSHA Qualified Persons may approach equipment that is properly locked or tagged out in accordance with §1910.147, §1910.269(d), §1910.269(m) and (n), or §1910.333(b). OSHA Qualified Persons must evaluate the safe work practices adequacy, which include the energy control procedures, and must not approach any machines or equipment that the employer considers de-energized if any practices are not in compliance with the referenced OSHA standards.						

VII. PPE for OSHA Qualified Persons

A. When an OSHA Qualified Person agrees to work within the arc flash boundary, he/she will wear protective clothing and other PPE in accordance with Appendix A. All body parts inside the arc flash boundary will be protected.

B. The Responsible OSHA Manager will provide PPE for use by employees working in areas where they could be exposed to electrical hazards.

C. OSHA Qualified Persons are required to observe the following procedures for PPE use:

1. PPE use is mandatory when contact with exposed electrical sources is possible.

2. Only use PPE that is designed for the specific task.

3. Inspect and test all PPE prior to use.

4. Use a protective outer cover (leather, for example) if the work performed might damage the PPE's insulation (Voltage-Rated gloves).

5. Wear non-conductive headgear if there is electrical burn or shock hazards from contact with exposed, energized equipment.

6. Wear eye and/or face protection any time there are flying objects, flashes or electrical arc hazards produced by an electrical explosion.

Note: Unqualified persons will not be involved in tasks that require electrical PPE.

VIII. Restrictions

A. OSHA Qualified Persons and Unqualified Persons:

1. Will <u>not</u> install personal protective grounds on electrical equipment; and

2. Will <u>not</u> wear conductive clothing, other apparel such as hard hat liners and hair nets made from conductive materials, and conductive articles such as jewelry while documenting electrical hazards. If clothing does not meet these conditions, OSHA employees will not approach an electrical hazard.

B. OSHA Qualified Persons:

1. Will <u>not</u> wear conductive jewelry and clothing within a restricted approach boundary or where they present a contact hazard with exposed energized electrical conductors or circuit parts. These include: watchbands, bracelets, rings, key chains, necklaces, metalized aprons, cloth with conductive thread, metal headgear, or metal frame glasses.

2. Will not wear clothing and other apparel such as hard hat liners and hair nets made from materials that do not meet NFPA 70E, section 130.7(C) requirements regarding melting or flammability requirements, while documenting electrical hazards.

C. The following electrical safety rules apply to **all OSHA employees**:

1. Report any potential for exposure to an electrical hazard to your supervisor immediately.

2. Do not conduct any electrical repairs.

3. Do not operate equipment if you believe there is an electrical hazard.

4. Do not allow electrical equipment or components to contact water.

5. Do not use cords or plugs that are missing the 'ground' prong.

6. Do not overload electrical receptacles (i.e., daisy chaining).

7. Do not use any electrical equipment that is not free from recognized hazards.

8. Remember that even low-voltage electricity can be physically harmful.

IX. Training

A. Minimum Training for OSHA Qualified Persons

1. Complete OSHA Training Institute (OTI) course #3090, Electrical Standards, or its equivalent; and documented electrical safety training received through utility or other private sector electrical experience. Electrical education and/or work experience may be used to meet the minimum training requirements. The Responsible OSHA Manager will review previous qualifying experience documentation.

AND

2. The Responsible OSHA Manager will ensure that the OSHA Qualified Person has completed courses required per applicable compliance directives to safely perform assigned tasks and address associated electrical hazards.

Example: In the course of inspecting electrical hazards, OSHA Qualified Persons may encounter enclosed or confined spaces during an inspection. Enclosed spaces such as vaults or substations are by definition permit-required confined spaces, and OSHA Qualified Persons must treat them as such. OSHA Qualified Persons may not enter such spaces on a routine basis. When it is essential, they must adhere to OSHA CPL 02-00-100, Application of the Permit Required Confined Spaces Standards, 29 CFR 1910.146.

3. Retraining will occur when tasks are performed less than once per year, the Responsible OSHA Manager determines the OSHA Qualified Person does not possess adequate understanding and skill to perform work safely, or identifies other need for retraining prior to performing a task.

B. Minimum Training for Unqualified Persons: Unqualified Persons will receive Annual SHMS Electrical Safety Awareness training and training on how to identify hazards and perform work near energized and deenergized electrical equipment operating or typically operated at 50 or more volts, for example, take photographs from a distance (see Table 1: Procedures for Common Electrical Tasks).

C. Annual SHMS Electrical Safety Awareness Training: This training will include how to recognize and avoid electrical hazards; the requirements, restrictions, and permissions in this Program; and any specific electrical safety procedures implemented by the Region/SLTC/CTC/DTE. All employees covered by the OSHA Field Safety and Health Manual will receive Annual SHMS Electrical Safety Awareness Training. OSHA Qualified Persons and Unqualified Persons will complete the Annual SHMS Electrical Safety Awareness Training as a refresher.

D. Retraining for Unqualified Persons and other OSHA employees covered by the OSHA Field Safety and Health Manual who are *not* OSHA Qualified Persons will occur whenever the Responsible OSHA Manager determines that an employee does not possess adequate understanding and skill to work safely or identifies other need for retraining.

E. Training Documentation: Written records will include the training source, training description, trained OSHA employee names, and the training dates. All training records will be maintained in the applicable OSHA Office.

APPENDIX A

Protective Clothing and Personal Protective Equipment (PPE)

Please see the following NFPA 70E tables to indentify appropriate PPE for the specific task:

- 130.7(C)(15)(A)(b): Arc-Flash Hazard PPE Categories for Alternating Current (AC) Systems
- 130.7(C)(15)(B): Arc-Flash Hazard PPE Categories for Direct Current (DC) Systems
- 130.7(C)(16): PPE

Access to the Standard is available on our shared drive: *O:\DTSEM\TDC\Standards\N\NFPA - Natl Fire Protection Assn.* If you have any questions please email *FieldSHMS@dol.gov*.

APPENDIX B

Sample Electrical Testing Equipment Available from the Cincinnati Technical Center for OSHA Employees

Category: AC Voltage Non-Contact (Proximity) Detector	
• HV Proximity Voltage Detector, 4744	• Tic Tracer, TT-300HV
• AC Voltage Proximity Detector, 3115	• AC Voltage Proximity Detector, GT-12
• Hotstick, TIF410	• AC Voltage Proximity Detector, GT-12A
• Tic Tracer, 300CC-1-1T184	• GT-11
• Tic Tracer, TIF100	• Voltage Detector, VT-10
• Tic Tracer, TT-100	• 1200
• Tic Tracer, TT-300C	
Category: Electrical Tester (SureTest, etc.)	
• 3730	• Suretest, ST-1D
• 1020	• Suretest, ST-1D, 61-152
• 1020L	• Suretest, 61-164
• 7106	• Suretest, 61-165
• C403-3220	
Category: Electrical Tester, GFCI	
• CT101	• EZ Check, 61-035
• CT102	• GFCI Tester, 440
• Circuit Tester, GRT-500	• Tester, GFI Receptable, GFI-201A
• GFI-3501	• GFCI Tester, C440
• GFI-501	• 50345230
• GFI-501A	• 1750
• 3T844	• 1751
• EZ Check Plus, 61-051	
Category: Multimeter/Ammeter	
• Meter, True RMS 30 Amp, 380942	• Multimeter, 75
• Multimeter, Pocketsize Digital LCD, 380933	• Multimeter, 8000A
• 179	• Multimeter, 8506A
• Multimeter, DMM, Bench, 3457A	• Multimeter, 87 III
• Pocket DMM	• Multimeter, 8840A
• SM-2300	• Multimeter, 8845A
• 177	• Multimeter, T5-1000
• 21	• Multimeter, T5-600
• 21III	• Multumeter, Digital, 22-128

• 77	• DMM333UL
• 1410	• MG-251
• Multimeter, 23	• 260-6
• Multimeter, 25	• 265
• Multimeter, 45	• 379
• Multimeter, 73	• HE-94, 95, 96
Equipment Available in Expendable Supply Program (AESP)	
• Tester, Digital Battery	• Tester, Electrical, GFCI
• Tester, Electrical, AC Sensors, Visual	• Tester, Electrical, Non-Contact Voltage Detector
Equipment Available in Agency Loan Program (ALEP)	
• Ground resistance Tester, 3730	

CHAPTER 23
PROTECTION DURING INCIDENT INVESTIGATION

I. Purpose

OSHA personnel are not first responders. Normally, OSHA provides only technical assistance and information during the active stages of response and mitigation. Chemical releases, fire, explosions, collapses, and other events have an immediate and potentially long-term affect not only to the workers involved, but also to those entities responding to or investigating the incident. This includes OSHA employees. No evidence or investigation is of such importance that OSHA employees should endanger themselves or others in the course of OSHA's work.

II. Scope

This procedure serves as a guideline for protecting OSHA employees during incident/accident investigations.

III. Definitions

A. *Hot zone*. The incident area at a site where there is or may be the presence of hazardous materials that can or could pose a serious hazard to an employee if it is entered without appropriate personal protective devices.

B. *Mitigation*. Using any device, method, or system to lessen the hazard to an employee at an incident.

C. *Special Hazard Investigation*. Investigations that include the need to utilize SCBAs or other uniquely personal protective equipment.

IV. Responsibilities

A. Responsible OSHA Manager(s) will ensure that:

1. Employees responding to incidents are trained and qualified in the necessary procedures and directives.

2. Employees are familiar with this procedure.

3. There is coordination with the Region, the Health Response Team, and the National Office.

B. The investigating employee will make sure that appropriate personal protective equipment and monitoring equipment are brought to the scene and are in proper working order.

V. Procedures

A. When investigating an incident or accident:

1. Report to the On Scene Incident Commander, when one exists, **before** entering the site;

2. Determine what site assessments, if any, have been made and if any mitigation has taken place;

3. In conjunction with the Incident Command System, identify "hot" zones that may be present;

4. **DO NOT** enter any "hot" zone without appropriate personal protective equipment and monitors;

5. Establish evidence protocols and security with appropriate parties;

6. **DO NOT** under any circumstances enter or access any structure or equipment whose structural integrity or safety may have been compromised or is in question. A structural engineer must be consulted, and the area and/or equipment secured before entry or access is made;

7. Keep open communication with the Responsible OSHA Manager(s) and provide sufficient detail in keeping them appraised of developing situations;

8. Direct media inquiries to the Responsible OSHA Manager(s); and

9. Maintain sufficient safe distance until the "All Clear" is given.

B. Assistance or Expertise

1. If assistance or expertise is needed, contact the Responsible OSHA Manager(s) and identify the necessity.

2. The Responsible OSHA Manager(s) will coordinate with the Assistant Regional Administrator for Enforcement Programs or equivalent unit for specific equipment and expertise, such as the Health Response Team, structural engineers, and chemical engineers.

C. Training

All employees who could be involved in incident investigations will receive training on this chapter annually.

CHAPTER 24
EMPLOYEE ASSISTANCE

I. Purpose

Through the Department of Labor, OSHA employees have access to the Employee Assistance Program (EAP). The EAP provides confidential counseling assessment and referral services. The EAP is designed to help employees deal with any personal or family problems that could interfere with an employee's performance and/or conduct at work, including marriage, stress, finances, or job-related problems and concerns.

The EAP is free, voluntary, and confidential. No penalty is imposed upon an employee for accepting or declining to participate in the program. The fundamental purpose of the EAP is to enable employees to achieve their full individual potential, even when stress and problems present difficult challenges in their work environment or personal life.

II. Scope

This chapter applies to all federal OSHA employees.

III. Definition

The *Employee Assistance Program* (EAP) provides counseling services to employees who may be experiencing personal problems that affect their job performance and well-being. The main goal of the EAP is to link a troubled employee with people in the community who can help that individual.

The services provided by EAP are listed in the brochure describing the program and are available in each office.

The EAP is **confidential**. If an employee refers him or herself, no one knows but the employee and the EAP counselor.

The EAP also offers consultation to supervisors to assist them in dealing with employees who may be experiencing problems.

IV. Responsibilities

A. Responsible OSHA Manager(s)

1. Maintain current knowledge and awareness of the EAP and the process used for accessing EAP services. Seek consultation from the EAP, as appropriate, for assistance in identifying and

approaching troubled employees, providing effective employee feedback, and/or referring employees to the program.

2. Encourage and support employee participation in the EAP when an employee may be experiencing personal problems and impacting the work environment.

3. Respect and safeguard the confidentiality of any information provided by the employee or counselor.

4. Recognize the potential need for EAP services where employees are involved with investigations wherein traumatic events or injuries are involved. As soon as possible after such an event, advise the affected employee(s) of the availability of EAP services.

B. Administrative Programs or equivalent unit

1. Coordinate and provide EAP services for OSHA employees.

2. Promote awareness of EAP services among OSHA employees.

3. Disseminate information on the procedures to access EAP services to OSHA employees.

C. Employee

Voluntarily seek counseling, referral, and information from the EAP, regardless of current level of job performance, if he or she is experiencing a personal, emotional, drug abuse, or alcohol abuse problem. *All information is confidential.*

V. Procedures

A. For counseling assistance, any OSHA employee can contact the Employee Assistance Program at 1-800-222-0364.

B. An OSHA managers' concern for an employee's personal problem is relevant only if the problem causes difficulties in the work setting.

1. Individuals making referrals under the EAP must not attempt to delve into or diagnose an employee's problem.

2. Employees must not be coerced or forced to use the program.

3. Discussions should focus solely on job performance issues.

C. Employees who coordinate visits to the EAP with Responsible OSHA Manager(s) will be considered to be on official duty while meeting with the EAP.

1. While employees must inform their supervisor and obtain permission to be away from their job assignment for an appointment, they do not have to disclose the nature of the problem for which they wish to see the counselor.

2. The Department allows an employee up to one hour (or more as necessitated by travel time) of excused absence for each counseling session during the assessment/referral phase of rehabilitation.

3. If the EAP makes a referral to an outside source, absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category.

D. Employees participating in the EAP through self-referral without the supervisor's knowledge must use sick leave or annual leave for visits to the EAP during work hours.

E. Any information or reports from the EAP counselor may only be released with written consent by the employee to individuals specifically identified by the employee, or released under a court order.

F. In a case involving a traumatic incident, the EAP should be contacted as a resource because post-traumatic stress can be a serious problem. EAP can send a Critical Incident Stress Management (CISM) Team to the office within 3-5 days after a traumatic event occurs.

G. The union representative can also refer an employee to the EAP.

CHAPTER 25
MEDICAL MANAGEMENT

I. Purpose

This chapter cancels the Compliance Safety and Health Officer (CSHO) Medical Examination Program (OSHA Instructions PER 04-00-002 and PER 04-00-003) and establishes the OSHA Medical Examination Program. It revises the inclusion criteria and the periodicity requirements for the mandatory Periodic Physical Examination and establishes a mandatory Interim Medical Evaluation in years in which no Periodic Physical Examination is scheduled.

II. Scope

This instruction applies OSHA-wide.

III. References

A. Memorandum of Understanding between U.S. DOL and NCFLL, dated 08/21/2009.

B. Office of Personnel Management (OPM). Single Agency Qualification Standard: Compliance Safety and Health Officer. 12/24/85.

C. OSHA Instruction PER 04-00-004. Hearing Conservation Program, 6/23/08.

D. Occupational Safety and Health Administration. Directive CPL 02-02-054. Respiratory Protection Program Guidelines. 7/14/2000.

E. OSHA Instruction HSO 01-00-001, National Emergency Management Plan (NEMP), 12/18/2003.

IV. Cancellations

A. OSHA Instruction PER 04-00-003 [PER 8-2.5] CSHO Medical Examinations, 3/31/89.

B. OSHA Instruction PER 04-00-002 [PER 8-2.4], CSHO Pre-Employment Medical Examination, 3/31/1989.

V. Action Offices

A. Responsible Office. Directorate of Technical Support and Emergency Management.

B. Action Offices. National, Regional and Area Offices.

VI. Federal Program Change

This chapter describes the OSHA Medical Examination Program. Although this chapter does not apply to State Plan States, State Plans are encouraged to implement a similar program for their covered employees.

VII. Significant Changes

A. All personnel assigned to field duties in which there is reasonable anticipation of encountering physical, chemical and/or biological hazards are covered in the mandatory OSHA Medical Examination Program.

B. Members of Regional Response Teams and Specialized Response Teams must meet the medical qualifications of the OSHA Medical Examination Program prior to Response Team assignment and throughout the duration of that assignment.

C. Based on the specific characteristics of the affected positions, and to be consistent with the practices of other federal agencies and accepted public health practices, medical history and physical examination will be performed during the Pre-placement Examination, then every three years until age 50, then every two years until age 65, at which time the Periodic Physical Examination will be completed every year.

D. Medical evaluations of covered employees will take place in the years in which the Periodic Physical Examination is not scheduled. The Interim Medical Evaluation will include audiometric testing, a respirator questionnaire and a blood pressure determination. Additional testing, such as pulmonary function testing, may be conducted if indicated.

E. Under this Program, chest X-rays are voluntary after the initial Pre-placement Examination unless the employee has experienced an occupational exposure that triggered the medical surveillance requirements of an OSHA standard. If an exposure does trigger the requirements of a standard, the schedule for chest X-rays established by that standard will be followed.

F. The responsibilities of the Regional Office and the covered employees are more clearly defined (see paragraph XVIII).

VIII. Application

A. Covered Positions

1. **General Application**. This instruction applies OSHA-wide to positions in which there is reasonable anticipation of encountering physical, chemical and/or biological hazards. This includes employees whose duties require on-site inspections, on-site evaluations and/or on-scene emergency response functions. The OSHA Medical Examination Program application includes, but is not limited to, the following positions:

   Student Trainee
   Safety Specialist
   Lead Safety & Occupational Health Specialist
   Safety & Occupational Health Manager
   Industrial Hygienist
   Lead Industrial Hygienist
   Safety Engineer
   Lead Safety Engineer
   Supervisory Safety Engineer
   Compliance Assistance Specialists

   Employees in these or similar job categories whose duties do NOT require on-site inspections, on-site consultations and evaluations, and/or on-scene emergency response functions are NOT covered by this Medical Examination Program.

2. **Response Team Members**. Members of Regional Response Teams and the Specialized Response Teams must meet the minimum medical/physical requirements of this program prior to Response Team assignment and for the duration of that assignment. They are required to complete the Periodic Physical Examinations and Interim Medical Evaluations specified under this instruction.

3. **Trainees**. Student trainees are covered under this instruction if their tenure with the Agency is expected to exceed a one-year period from their Pre-placement Examination.

B. Medical Evaluation

1. **Mandatory Examinations**. All covered employees are required to complete the Periodic Physical Examinations and Interim Medical Evaluations as specified under this instruction.

2. **Voluntary Examinations**. Employees whose past work assignments with the Agency required them to make regular or occasional visits to industrial establishments where they may have been exposed to potentially toxic chemicals and/or biologic or physical hazards and whose job descriptions do not now require

them to go into the field are eligible for a Voluntary Physical Examination every three years.

C. Purpose of Medical Evaluation

1. **Fitness for Duty**. Medical evaluations under this Program are required in order for the Agency to determine if covered employees are physically and medically capable of performing the essential duties of the position efficiently and without posing a hazard to themselves or others.

2. **Complying with OSHA Standards**. Multiple OSHA standards require routine medical tests in order to monitor the health of employees who are reasonably anticipated to experience exposures to potentially hazardous substances or physical hazards and who must be physically capable of safely utilizing personal protective equipment. Under this program, OSHA will comply with medical requirements of existing OSHA standards as they pertain to OSHA employees.

IX. Background

A. CSHO Medical Examination Program

Prior to April 1987, OSHA did not have a standardized medical examination program for employees. Each Region developed and implemented a medical program for its respective employees and maintained authority over its operation. The contents and administration of these programs were subject to variation from one Region to another.

In order to establish a standardized agency-wide medical examination program and to comply with Office of Personnel Management (OPM) regulations and requirements, OSHA applied to OPM for a Single Agency Physical Examination Standard. This standard specified and justified the physical requirements that covered employees must meet as a condition of employment. The OSHA Single Agency Physical Examination Standard, approved by OPM in December 1985, was applicable to OSHA employees in certain job series and grades as well as to new employees hired for these positions.

The CSHO Medical Examination Program began in April 1987. The program required that all employees hired to specific positions meet the physical qualification standards as determined by a Pre-placement Examination. On March 31, 1989, OSHA Instructions PER 8-2.4 and PER 8-2.5 were implemented for all covered employees. PER 8-2.5 required that covered employees demonstrate requisite physical

capabilities by participating annually in the CSHO Medical Examination Program.

Since implementation of the CSHO Medical Examination Program in April 1987, OSHA has maintained an interagency agreement with the Federal Occupational Health (FOH) component of the U.S. Public Health Service (PHS) to provide the Pre-placement, Annual and Voluntary medical examinations. This arrangement has provided OSHA with a single, nationwide provider of the medical services necessary to implement this Program.

B. Medical Evaluation Requirements of OSHA Standards

Multiple OSHA standards require periodic medical evaluations to monitor the health of employees who have reasonably anticipated exposures to physical, chemical or biological hazards. These standards apply to employees who experience an action level of exposure to the hazard addressed by the standard. The OSHA standards that require medical evaluations are summarized in Appendix B.

C. Determination of Medical Evaluation Requirements

This instruction establishes medical history and physical examination requirements based on specific characteristics of the affected positions. These requirements are consistent with the practices of other federal agencies and accepted public health practices. The medical evaluation requirements mandated by OSHA standards will continue to be applied to covered employees (Appendix B). This directive allows for flexibility and clinical judgment in determining the appropriate medical evaluation periodicity for each covered employee. Each employee will receive an annual examination and will receive a notification regarding the type of exam that will be performed the following year.

D. Protecting Employee Health & Safety

Though the OSHA Medical Examination Program does change the frequency of the extensive medical questionnaire and physical examination, it provides a timely, annual occupational medicine evaluation for all covered employees. It is also aligned with current standards of occupational medicine and preventive medicine practices that are updated from the CSHO Medical Program. Appendix C summarizes the supporting logic for changes in the program.

X. Scheduling FOH Appointments

Mandatory Periodic Physical Examinations are provided to all employees in covered positions (see section VIII).

A. Physical examinations and medical evaluations will be scheduled with FOH after OOM authorization.

B. Examinations will be conducted during the employee's normal duty hours and will be provided free of charge to the employee.

C. Whenever possible, appointments should be scheduled within 30 calendar days of OOM authorization and completed within 60 calendar days.

D. Employees shall notify their supervisors and applicable clinic personnel at least 24 hours in advance if they are unable to attend the examination at the scheduled time.

XI. Definitions of Periodicity

A. Pre-placement Examination

A medical history and physical examination is required once for all applicants prior to assignment to a covered position and for all employees prior to transfer from a position not covered by this instruction into a covered position. Appendix D, Table 1 provides a list of the components of the Pre-placement Examination. Appendix E provides additional policy and procedural information related uniquely to Pre-placement Examinations.

B. Periodic Physical Examination

A mandatory medical history and physical examination for all covered employees (Appendix A).

1. **Components**. Appendix D, Table 1 provides a list of the components of the Periodic Physical Examination.

2. **Frequency**. The Periodic Physical Examination is required every three years until age 50, then every two years until age 65. After age 65 it is required annually.

3. **Exceptions**. The frequency of the Periodic Physical Examination, or parts of the examination, may be adjusted by the Office of Occupational Medicine based on the following factors:

    a. When the employee is determined to have medical conditions that warrant annual or biannual evaluations.

    b. When an employee exposure reaches an action level required in OSHA standards or another occupational exposure of concern.

c. When a covered employee experiences a hospitalization, significant surgery, or period of medical restrictions exceeding one month since these situations may signal a need for more frequent or additional medical evaluations.

d. When an employee's work assignments may require the use of a Self-Contained Breathing Apparatus (SCBA). In such cases, additional tests and more frequent medical evaluations may be required.

e. When an employee has incomplete past medical evaluations. All incomplete evaluations must be completed prior to eligibility for a subsequent Periodic Physical Examination.

C. Interim Medical Evaluation

A mandatory medical evaluation for covered employees.

1. **Components Included**. Appendix D, Table 1 provides a list of the components of the Interim Medical Evaluation.

2. **Frequency**. An Interim Medical Evaluation will be conducted for all covered employees in the years in which a Periodic Physical Examination is not performed.

3. **Exceptions**. Incomplete past medical evaluations must be completed prior to eligibility for a subsequent Interim Medical Evaluation.

D. Voluntary Physical Examination

An optional medical examination offered to employees whose past work assignments with the Agency would have required them to make visits to industrial sites where they may have been exposed to chemical, physical or biological hazards and whose current job descriptions no longer require them to perform field duties. These examinations provide continued medical surveillance for conditions with a long latency period.

1. **Components Included**. Appendix D, Table 1 provides a list of the components of the Voluntary Physical Examination.

2. **Frequency**. A Voluntary Physical Examination can be obtained every 3-years.

3. **Scheduling**. Voluntary Physical Examinations must be scheduled and completed during the fiscal year in which the exam was approved.

E. Self-Contained Breathing Apparatus (SCBA) *Medical Clearance*.

A mandatory medical evaluation, performed in addition to the periodic and interim evaluations, that determines an employee's ability to safely wear Self-Contained Breathing Apparatus (SCBA).

1. **Components Included**. Appendix D, Table 1 provides a list of the additional medical services associated with SCBA clearance. Most significantly, SCBA clearance requires a cardiac stress test for employees age 40 or older. A cardiac stress test may be required for employees age 35 or older based on cardiac risk factors.

2. **Frequency**. The appropriate frequency for SCBA medical clearance renewal is individualized for each employee and is determined by a reviewing physician each time the medical evaluation is performed. The frequency is determined by the opinion of the reviewing physician, based on the individual's health risks and the Elements of Physical Examination and Medical Evaluations listed in Table 1 for SCBA Clearance (Appendix D). Individuals over 40 years of age must have a physical examination at least every two years. The SCBA clearance can be performed as part of the Periodic Physical Examination or the Interim Medical Evaluation.

XII. Additional Medical Information

In response to a physician's report resulting from either a Periodic Physical Examination or an Interim Medical Evaluation, OOM may require additional medical information to assess an employee's medical condition(s) before determining medical fitness to perform required duties. In these situations, OOM will notify, in writing, both the employee and the Regional Office that additional services are required. These additional tests and evaluations are considered a continuation of the scheduled examination/evaluation.

A. Additional FOH Services

Either while still at the FOH clinic or subsequently, additional tests that are part of the regular services provided by FOH may be authorized by OOM. For example, a review of a respiratory protection questionnaire may reveal an issue that requires spirometry. Costs associated with these FOH services will be covered by the National Office through the FOH agreement.

B. Medical Specialist Opinions

When a covered employee does not meet the established criteria for fitness for duty, but OOM is unable to render a medical opinion as to detailed aspects of the employee's fitness to perform his or her job functions, the employee and the Regional Office will be informed, in writing, that a specialist's medical evaluation, limited to the area(s) of concern, is required. The employee must comply with the written notification from OOM in a timely manner, usually within thirty (30) calendar days of employee receipt of the notification.

1. **Selection of Consulting Physician**

When the need for additional medical information requires the use of a medical specialist, after consultation with OOM regarding the appropriate specialty of the physician, the employee selects a qualified physician. The consulting physician should be board certified in the area of the potentially disqualifying condition (e.g., a cardiologist for cardiovascular conditions). The employee shall notify the Regional Office when an appointment has been scheduled.

2. **Payment for Consulting Physician and/or Additional Tests**

Regional Offices are responsible for payment of the cost of medical specialist opinions and associated medical tests specified by OOM. Additional testing requested by a consulting physician must be approved by OOM prior to authorization for payment by the Agency. OOM will approve payment only for testing that is necessary for determining fitness for duty. If additional tests are completed, but are NOT approved by OOM, employees are responsible for payment. Employees should consult their administrative officers for guidance on how to arrange payment.

3. **Medical Specialist Opinion**

The medical specialist's opinion will be used in reassessing the individual's medical qualifications for duty and in determining if specific tasks can be safely performed (e.g., using a negative pressure respirator, carrying 40 lbs. of equipment, driving, etc.). This medical information may be shared with FOH Reviewing Medical Officers (RMOs) or other contracted medical professionals, if needed,for future medical clearances. OOM will notify the employee and Regional Administrator (RA) or designee if there is any failure to meet medical requirements and will advise the RA regarding job restrictions as appropriate.

C. Timeliness

When additional services are required, the employee must comply with the written notification from OOM in a timely manner, usually within thirty (30) calendar days of employee receipt of the notification. Communication with OOM is required to obtain an extension. If OOM has not received pertinent additional medical information within the agreed upon time, notice will be sent to the RA or his/her designee so that appropriate administrative action may be taken.

XIII. Incomplete Medical Examinations

When components of a mandatory medical examination or any additional examination are not completed as requested, OOM will notify the RA or designee that it is unable to render a medical opinion as to the fitness of the employee to perform his or her job functions. The RA or his/her designee will take appropriate administrative action to ensure that OSHA medical evaluations are completed.

XIV. Accommodations

NOTE: The use of the term "accommodation" in this directive does not refer to "reasonable accommodation" under the law. See DLMS-4 Chapter 306 Reasonable Accommodation for Employees and Applicants with Disabilities.

A. Overview

Upon notification that an employee does not meet one or more medical/physical requirements of his/her position, the Regional Administrator will consider an appropriate accommodation plan. The process of accommodating an employee involves job reassignment, job modification or job restriction. An employee's job accommodation is designed to avoid the aggravation of an existing medical condition and to avoid placing an employee in an occupational situation that is unsafe due to the presence of one or more medical conditions. Only management may seek accommodation of employees under this program. Accommodation plans are proposed by RAs and are reviewed and concurred on by the National Office. Duty restrictions may be temporary, as in the case of a correctable condition, or they may be permanent. Accommodations for permanently restrictive conditions will be made on a case-by-case basis.

B. Interim Work Restrictions

In order to ensure that employees are not put at risk between the time they are found not to meet one or more medical/physical requirements of their positions and final accommodation, Regional Administrators shall consult with OOM and put in place, within 10 working days of notification by OOM, temporary working restriction(s) limiting work assignments and/or working conditions until accommodations are finalized.

C. Regional/OOM Consultation

The affected employee's supervisor, Area Director, and/or RA shall confer with the OOM physicians to determine what restrictions or limitations should be placed on an individual employee. This will ensure that restrictions and limitations are pertinent to currently assigned duties and potential future duties.

D. Request for Accommodation

The accommodation plan shall include the specific details describing how the employee will be accommodated (i.e., job restriction or job reassignment). The final terms of the accommodation plan proposals will be made by the RA. The RA shall forward the proposed accommodation plan to OOM.

E. Medical Review

A physician in OOM shall review the request to ensure that the terms of the accommodation plan are medically appropriate.

F. Coordination of Accommodation Plan

OOM will coordinate review and concurrence of the accommodation plan with OSHA's Human Resource Office, the Office of the Assistant Secretary, and the Director of Technical Support and Emergency Management. The purpose of the National Office review is to ensure national consistency of application. Accommodation requests will generally be reviewed on a monthly or bimonthly basis. OOM will notify Regional Administrators when their accommodation plans are scheduled for review. In order to expedite resolution of issues, Regional Administrators or their designees will be invited to join the meeting.

G. Limited Duty

This program does not change procedures that Area Offices are presently using to provide limited duty for an employee with a temporary condition such as a broken leg or pregnancy. If an adverse medical condition is correctable (i.e., hernia or high blood pressure), OSHA may require medical attention for that condition and establish a reasonable deadline by which time the condition must be corrected or controlled, in order to meet medical requirements.

XV. Worker' Compensation and Other Employee Benefits

None of the policies or procedures in this instruction affects existing employee options or benefits for disability retirement, Workers' Compensation, and/or any other employment benefit programs.

XVI. Medical Recordkeeping

A. Custody of Medical Records

Records of all evaluations provided under this program, whether mandatory or voluntary, are maintained by the OSHA Office of Occupational Medicine and are safeguarded in accordance with OPM, OSHA, and other Federal regulations (See OPM Regulations, 5 CFR 293, Subpart E ("Employee Medical File System Records") and 29 CFR 1910.1020).

B. Medical Records from FOH

Upon completion of the physical examination or medical evaluation, FOH shall forward to the Office of Occupational Medicine each applicable employee's complete medical record. The envelope shall be marked CONFIDENTIAL and the package shall include:

1. Completed medical/occupational history forms including OSHA-179 form.

2. Completed physical examination forms, including the OSHA-178 form.

3. All laboratory, audiometric, visual, EKG, skin test and other medical test results.

4. Chest X-ray (radiograph and interpretation).

5. Pulmonary function test.

C. Results of Periodic Physical Examination

FOH should send each employee a copy of his/her medical examinations within two weeks of each examination or evaluation. If the employee does not receive a timely report, he/she should follow-up with the FOH Health Center where the examination was performed.

D. Request for Medical Records for Current Employees

1. **Records Less than One Year Old**. Medical records that are less than one year old may be obtained from the Federal Occupational Health Center at which the examination was conducted or from the

Director of OOM (see below).

2. **Records One Year Old or Older**. Requests for copies of medical records that are more than one year old must be directed, in writing, to the Director of OOM.

a. Requests should include the following:

- Dates of examinations for which records are being requested;
- Full name and date of birth of the OSHA employee submitting the request;
- Home address and phone number to allow for express mailing;
- Work phone number; and
- An original signature of the OSHA employee whose records are being requested.

b. Requests may be directed to OOM by mail or by fax:

US Department of Labor – OSHA
Office of Occupational Medicine - N3653
200 Constitution Avenue, NW
Washington, DC 20210

Secure Fax: (202) 693-1647

E. Request for Medical Records for Current Employees

Hard copies of an OSHA employee's records and records for former OSHA employees will be located in an Employee Medical Folder (EMF) and stored in the Federal Records Center operated by the National Archives and Records Administration (NARA) for a period of 30 years after employment in accordance with OSHA standard 20 CFR 1910.20.

XVII. Payment for Costs Associated with this Program

A. FOH Services

Payment for all medical services at Federal Occupational Health (FOH) Clinics is made under the provisions of the Interagency Agreement between OSHA and FOH.

B. Medical Specialist Opinions

1. Regional Offices are responsible for payment of the cost of specialist medical opinions and medical tests requested by OOM as necessary for fitness-for-duty decisions.

2. Additional testing requested by a consulting physician must be approved by OOM prior to authorization for payment by the Agency. OOM will approve payment only for additional testing that is necessary for determining fitness for duty. If additional tests are completed, but are NOT approved by OOM, employees are responsible for payment. Employees should consult their administrative officer for guidance on how to arrange payment.

C. Vision Related Expenses

1. **Specialist Examinations**. Costs for specialist vision examinations when requested by OOM will be reimbursed by the Regional Office if no new corrective prescription is needed. If a new corrective prescription is needed, the cost of the examination and corrective eyewear will be the responsibility of the employee.

2. **Prescription Safety Glasses**. Employees may apply to the Region to provide an allowance for prescription safety glasses.

D. Hearing Aids.

Employees must pay for hearing aids.

E. Travel Costs.

Employee transportation costs associated with this program will be paid as allowed in DOL Manual Series, Book 7 (DLMS-7), Travel Management.

XVIII. Responsibilities

A. Regional Office

RAs and Area Directors are responsible for:

1. Implementing the OSHA Medical Examination Program mandated by this instruction.

2. Ensuring that mandatory Periodic Physical Examinations, Interim Medical Evaluations, and requisite follow-up evaluations are completed in a timely manner. Periodic Physical Examinations and Interim Medical Evaluations should be scheduled within 30

calendar days of OOM authorization and completed within 60 calendar days of OOM authorization.

3. Providing OOM with annual updates of employees who receive mandatory medical evaluations, those who receive voluntary examinations, those who receive SCBA examinations, and those who have retired or separated since the last medical evaluation.

4. Providing employees in the OSHA Medical Examination Program with appropriate forms to complete prior to their appointments at the FOH Health Centers.

5. Notifying OOM when the RA or his/her designee becomes aware of an employee exposure that reaches an action level of an OSHA standard or another occupational exposure of concern.

6. Regional Administrators or their designees are encouraged to notify OOM of hospitalizations, significant surgeries, or periods of medical restrictions exceeding one month, since these situations may indicate a need for alteration of duties and/or more frequent medical evaluations.

7. Advising employees regarding the type of respirator (disposable filtering face piece, negative pressure, powered air-purifying (PAPR), SCBA, full-face or half-face) for which medical clearance is needed so that the employees can complete the Respirator Medical Evaluation Form accurately.

8. Notifying individuals who have failed to meet medical requirements specified under this instruction and initiating appropriate administrative action, as needed, to safeguard employees, e.g., initiating a request for accommodation or reassignment. This will include putting in place, within 10 working days of notification that an employee does not meet the medical and/or physical requirements of their positions, appropriate temporary working restriction(s) limiting work assignments and/or working conditions until a permanent accommodation plan is approved.

B. Office of Occupational Medicine

The Directorate of Technical Support and Emergency Management (DTSEM) and the Office of Occupational Medicine (OOM) are responsible for:

1. Negotiating and securing the national contract to provide the medical examinations required under this program. DTSEM, as the

Agency's representative, shall resolve any problems that arise regarding the administration of the Federal Occupational Health contract.

2. Providing Regional Office personnel with an annual list of employees who receive mandatory medical evaluations, those who receive voluntary examinations, and those who receive SCBA examinations and requesting that Regional personnel update the list as needed.

3. Notifying Regional Office personnel when covered employees are authorized to complete their physical examinations and when employees must submit additional medical information to OOM.

4. Reviewing all medical opinions and test results for accuracy, consistency and applicability to medical clearance determinations.

5. Advising employees of current medical conditions that may, if untreated, result in future failure to meet medical requirements.

6. Reviewing requests and authorizing payment for additional specialist medical examinations or additional testing when needed for employee medical clearance decisions.

7. Providing fitness-for-duty decisions to RAs in a timely manner.

8. Reviewing RA requests for accommodation and providing medical recommendations to the RA and National Office reviewers regarding appropriate alteration of duties for each applicable employee.

9. Ensuring that all procedures for review and handling of OSHA medical records are in accordance with 29 CFR 1910.1020 and 5 CFR 293, Subpart E. These requirements include the establishment and maintenance of a confidential storage and retrieval system for individual medical records.

10. Maintaining a database that tracks the status of medical clearances for employees who fail to meet medical requirements.

11. Ensuring that FOH abides by the interagency agreement.

12. Participating in an annual evaluation of FOH service quality to improve the quality of FOH services obtained.

13. Processing requests for copies of medical records (See Section XVI.D.)

C. Directorate of Administrative Programs (DAP)

1. DAP and the Human Resource Office is responsible for:

    a. Providing guidance and assistance to the Regions and DTSEM/OOM for the administration of this program.

    b. Reviewing and concurring with accommodation plans under this directive.

2. Providing Funds For Medical Services. DAP will make funds available:

    a. For the OSHA Medical Examination Program through an Interagency Agreement with FOH.

    b. To Regional Administrators for the cost of medical specialist opinions and medical tests approved by OOM as necessary for fitness-for-duty decisions.

D. Office of the Assistant Secretary (OAS)

The OAS or its designee is responsible for reviewing and concurring with accommodation plans under this directive. In the event that the OAS or designee does not initially concur with a proposed accommodation plan, the OAS or designee is responsible for working with Regional Office personnel to develop an accommodation plan that is medically appropriate as well as consistent with other employee accommodations.

E. Covered Employees

Covered employees are responsible for:

1. Completing the requirements of the Medical Examination Program in a timely manner and providing any requested additional medical information to OOM in a timely manner.

2. Providing requested medical specialist opinions within 30 days. When necessary, requesting an extension of time from OOM.

3. Notifying management of any situation in which the employee experiences an exposure that reaches an action level of an OSHA standard or another occupational exposure of concern.

4. Completing all required forms and bringing them to the FOH Health Center on the day of the first appointment. Required forms include:

- Periodic Physical Examinations: OSHA -178 and 179. Covered employees must complete the OSHA Medical Program – Employee History, OSHA-179, in its entirety. The OSHA Medical Program – Physician's Report, OSHA-178, will be completed by the examining physical, but must be brought to the FOH Health Center along with the completed OSHA-179. See Appendix G.

- Interim Medical Evaluations: FOH 22. All covered employees must complete the OSHA Respirator Medical Evaluation Questionnaire (FOH 22) through line 4 on page 7 except questions 10-15 on page 3. Those employees required to use a full-face respirator or SCBA must also complete questions 10-15 on page 3. The completed FOH 22 must be taken to the FOH Health Center on the day of the first appointment. See Appendix H.

5. Notifying their supervisors and applicable clinic personnel at least 24 hours in advance if they are unable to attend the examination at the scheduled time.

6. Notifying the Regional Office when a required appointment for a medical specialist opinion has been scheduled.

7. Reporting concerns about the FOH examination procedure to the OOM nurse coordinator.

8. Payment for prescription eyewear and hearing aids:

   a. Eyewear. If the results of an OOM requested specialist vision examination determine that a new corrective prescription is needed. (Employees may apply to the Region to provide an allowance for prescription safety glasses.)

   b. Hearing Aids. Employees will pay for hearing aids.

9. Directing requests for medical records to the appropriate organization as defined in paragraph XVI of this instruction.

APPENDIX A
OSHA Medical Examination Program: Single Agency Qualification Standard

I. Purpose.
OSHA personnel conduct on-site inspections, on-site evaluations and/or on-scene emergency response functions at industrial establishments to observe and evaluate conditions to which employees are exposed. During these inspections, OSHA employees may be exposed to potentially hazardous situations and substances. The application of a single medical requirements standard to all affected employees ensures that the health of OSHA employees will be at a level that permits them to perform job-related assignments safely, effectively, and without hazard to themselves or others.

II. Rationale for the Necessity of Physical Requirements. The following is a general description of the physical requirements of the positions affected by the OSHA Medical Examination Program.

A. The duties of these positions require employees to perform under conditions that vary from sedentary to maximum exertion. Normal working conditions also require the employee to perform in a reliable manner under adverse conditions. Employees examine and report on potentially hazardous worksite conditions. This may include working at heights, underground, in confined spaces, in poorly lighted facilities, in emergency situations, and work in environments with chemical, physical, and biological hazards which are regulated by the OSH Act.

B. Many of the hazards that OSHA employees may face are regulated by established OSHA standards which require the use of personal protective equipment and/or routine medical monitoring. The proper use of personal protective equipment requires an evaluation of the wearer's ability to utilize the equipment safely and without adverse effect to the wearer's health. Adverse conditions sometimes occur unexpectedly, while others are anticipated and appropriate steps can be taken in an orderly and controlled manner to protect oneself and safely leave the hazard area.

III. Medical Examinations.

A. Before assuming duty and routinely during employment, applicants and employees in affected positions must undergo a medical examination and be physically and medically capable of performing the essential duties of the position efficiently and without hazard to themselves or others.

B. Routine medical evaluations serve to monitor the employee's health status to ensure that he or she maintains physical capabilities to meet the qualifications of his/her position. In addition, routine medical surveillance uncovers conditions which may develop as a result of occupational exposures which have long latency periods for symptom development.

C. Failure to meet the physical and medical requirements of Pre-placement Examinations will be considered to disqualify an employee for a covered position.

D. Failure to meet the physical and medical requirements of Periodic Physical Examinations will be considered disqualifying, except when there is sufficient evidence that individuals can perform the essential functions of the job efficiently and without risk to themselves or others, with or without appropriate accommodation.

IV. Medical Examination Parameters.

A. Vision.

1. Physical Requirement. Distant visual acuity must be at least 20/40 in each eye separately, with or without corrective lenses. Distant binocular acuity must be at least 20/40 with or without corrective lenses. Near visual acuity must be at least 20/40 in each eye separately, with or without corrective lenses. Near binocular acuity must be at least 20/40 with or without corrective lenses. Field of vision must be 85 degrees in the horizontal meridian in each eye. The ability to distinguish the colors red, amber, and green is required for the Pre-placement examination.

2. Work Activity. Routinely assigned to areas where: the reading of comprehensive literature is necessary; both near and far visual acuity are necessary for hazard recognition; potentially life- threatening environments exist (therefore, accurate reading of personal protective equipment labeling is required); color coded warning signs represent hazardous conditions; routine utilization of finely calibrated equipment.

3. Rationale. OSHA employees inspect workplaces where potential safety and health hazards exist or can spontaneously occur. Once these hazards occur, inspection personnel must be capable of determining what actions are appropriate in order to safeguard the safety and health of themselves and others. These actions will always require both near and far visual acuity. For example, employees may need to quickly ascertain the condition of a respirator for use in the case of an emergency egress situation. (This requires reading finely calibrated air gauges.) While making routine inspections, a compliance officer may encounter situations where full field of vision will be necessary in order to avoid a serious accident. For example, while working on high scaffolding, it may be necessary to rapidly descend. Normal field of vision is necessary to perform this activity safely.

B. Hearing.

1. Requirement. Average hearing loss in the better ear cannot be greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz, with or without a hearing aid.

2. Work Activity. Covered employees are routinely assigned to areas where a broad spectrum of physical hazards exists, including environmental noise levels above 90 decibels.

3. Rationale. It is important that a covered employee maintain adequate auditory acuity to communicate and give instructions in a noisy environment. During the course of daily activities, it is important for employees to hear instructions and communications in order to ensure safety. A greater than 40 decibel loss of auditory acuity in the speech frequencies in the better ear may interfere with the employee's ability to communicate under noisy conditions.

C. Musculoskeletal.

1. Requirement. Employees must have: The functional use of both hands, arms, legs, and feet; No impairment of the use of a leg, a foot, an arm, a hand, the fingers, back or neck which would most likely interfere with the functional requirements of this position; No established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to perform the functional requirements of this position.

2. Work Activity. A covered employee is required to perform moderate lifting, carrying, walking and standing. A covered employee will routinely be required to ascend or descend heights in order to safely egress from a potentially hazardous area. During routine activities, a covered employee must carry portable scientific equipment.

3. Rationale. It is imperative that a covered employee have no impairment of the hands, arms, legs, feet, back or neck which would prevent performing the functional requirements of moderate lifting, carrying, reaching above the shoulder, standing, walking and climbing. An established medical history of arthritis or muscular pathology that would interfere with these functional requirements could cause a potentially hazardous situation in the workplace.

D. Cardiopulmonary.

1. Requirement. No current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, atherosclerosis, thrombosis, or any other cardiovascular or cardiopulmonary disease that would likely cause syncope, dyspnea, collapse, or cardiac failure. No established medical history or clinical diagnosis of cardiac or respiratory

dysfunction likely to interfere with the ability to wear a respirator.

2. Work Activity. A covered employee will routinely be required to: perform moderate lifting, carrying, walking and standing; ascend or descend heights in order to safely egress from a potentially hazardous area; wear a negative pressure air-purifying respirator; operate a motor vehicle, including a 4-wheel drive vehicle.

3. Rationale. Since covered employees may need to rapidly egress from heights or depths, it is imperative that no established medical history of significant cardiac or pulmonary disease exists. It is known that carrying heavy equipment while ascending or descending great heights places an excess burden on the cardio-pulmonary system. Therefore, it is imperative that the cardio-vascular system be without significant pathology. Since a covered employee is required to wear a negative pressure respirator, it is imperative and required by OSHA standard 1910.134 that a physician medically qualifies the employee to wear such a respirator. It is known that pre-existing cardiac or respiratory disease can prevent an individual from wearing such a respirator.

E. General Medical.

1. Requirement. No diagnosis of a medical condition that is likely to cause significantly impaired performance or sudden incapacitation, e.g., uncontrolled seizures, use of prescription medication that causes significant sedation, or other significant impairment. When the consensus expert opinion in OOM determines that, for a given individual, the sedative properties of that employee's required medication poses an unacceptable risk, the employee will not receive full medical clearance. Appropriate job restrictions will be considered. This does not apply to use of over-the-counter medications.

2. Work Activity. Covered employees work in locations with known physical, chemical and biological hazards. Covered employees often work alone in isolated locations, may be required to work at heights, and often drive for long periods of time in the course of their duties.

3. Rationale. Covered employees must work in an environment where sudden incapacitation might endanger themselves or others. Therefore, covered employees must be free of known medical conditions that are anticipated to cause significantly impaired performance or sudden incapacitation.

APPENDIX B
Medical Evaluation Requirements of OSHA Standards

Certain OSHA standards have medical surveillance requirements at prescribed intervals. For example, the Occupational Hearing Conservation standard (29 CFR 1010.95) requires an annual audiogram for employees who experience occupational noise exposure at or above the action level of an 8-hour time-weighted average of 85 decibels. For most hazard exposures for which the standard requires periodic medical surveillance, medical surveillance is required on an annual basis and thus will exceed the standard frequency of the Periodic OSHA medical examinations which occurs at three-year intervals.

Following are brief summaries of the medical surveillance/medical monitoring requirements for each standard, as they might pertain to the duties of OSHA covered employees. These summaries do not include specific details from the standards such as on which organ systems the physician or licensed healthcare provider must focus when obtaining the medical histories or performing the physical examinations.

Acrylonitrile 29 CFR 1910.1045: For exposures to acrylonitrile at or above the action level of 1 ppm as an 8-hour time-weighted average, this standard mandates a medical and work history and a complete physical examination, a 14 x 17 inch postero-anterior chest radiograph and a fecal occult blood test for employees 40 years of age or older at the time of the work assignment and at least annually thereafter if the exposure continues. The standard denotes organ systems and non-specific symptoms to which particular attention is to be paid during the taking of the histories and performance of the physical examination.

Asbestos (Construction and Shipyards) 29 CFR 1926.1101(m) and 29 CFR 1915.1101(m): These standards require a medical and work history, physical examination, pulmonary function test at least annually for exposures at or above the Permissible Exposure Limit (PEL) for 30 or more days a year or exposed above the Excursion Limit.

Asbestos (General Industry) 29 CFR 1910.1001: When exposed at or above the PEL or above the Excursion Limit, the employee is required to complete a standardized questionnaire (from Appendix D of the standard) and have a physical examination annually. A postero-anterior view chest radiograph of 14 X 17 inches is to be done based on length of employment and age of the employee. This film is to be read by a B-reader.

Benzene (General Industry, Construction and Shipyards, respectively) 29 CFR 1910.1028, 29 CFR 1926.1129, 29 CFR 1015.1028: For employees exposed at or above the action level for 30 or more days per year or at or above the PEL for 10 or more days per year, these standards require initial and annual medical and work histories and physical examinations and a complete blood count with differential

and quantitative platelet count. Employees who must wear respirators 30 or more days per year are required to have a pulmonary function test at least every 3 years under these standards.

1,3-Butadiene 29 CFR 1910.1051: Employees exposed at or above the action level for 30 or more days per year or at or above the PEL on 10 or more days per year or at or above the Short-term Exposure Limit (STEL) on 10 or more days per year should have an annual health questionnaire (from Appendix C of the standard or its equivalent), an annual complete blood count with differential and platelet count, and a physical examination at least every 3 years. The physical examination should be done more often if advised by the physician or other licensed healthcare professional (PLHC) who reviews the questionnaire and the results from the blood test.

Cadmium (General Industry, Construction, Shipyards and Agriculture, respectively) 29 CFR 1910.1027, 29 CFR 1026.1127, 29 CFR 1915.1027 and 29 CFR 1928.1027: Employees who experience exposure to Cadmium at or above the action level for 30 or more days during any 12 consecutive months should have medical surveillance provided at the intervals required under the standards. Surveillance includes initial and periodic medical and work histories and examinations, chest radiographs, pulmonary function tests, blood tests, urinalysis and biological monitoring tests which include urine test for cadmium and Beta-2 microglobulin and a blood test for cadmium. The first periodic medical surveillance shall be provided within one year after the initial examination and then**,** at a minimum, biennially.

Carcinogens 29 CFR 1910.1003, 29 CFR 1926.1103, 1915.1003: This group of standards for general industry, construction and shipyards, respectively, require an annual medical and work history and physical examination for employees who must enter, as part of their assigned work, regulated areas at worksites where any of the 13 chemicals identified as carcinogens are manufactured, processed, repackaged, released, handled or stored.

Chromium (VI) (General Industry, Construction and Shipyards, respectively): 29 CFR 1910.1026, 29 CFR 1926.1126, 29 CFR 1915.1026: These standards require initial and annual medical history and physical examination for employees with exposure at or above the action level for 30 or more days per year.

Coke Oven Emissions 29 CFR 1910.1029: For employees who are in the regulated area for at least 30 days per year, the employer shall provide initial and annual medical and work histories, a postero-anterior view chest radiograph, a pulmonary function test, weight, physical examination of the skin, a urinalysis and urine cytology test.

Compressed Air 29 CFR 1926.803: Medical surveillance requirements for this standard were not included in this summation because it is unlikely that OSHA covered employees will enter a compressed air environment.

Cotton Dust 29 CFR 1910.1043: This standard requires annual medical surveillance for employees exposed above the action levels set for cotton dust. Biennial surveillance is required for those employees exposed below the action levels. The surveillance consists of a medical history plus a questionnaire from Appendix B of the standard and pulmonary function testing. Surveillance frequency is increased to every six months for employees with specific pulmonary function test findings described in the standard.

1,2-Dibromo-3-chloropropane (DBCP) (General Industry, Construction and Shipyards) 29 CFR 1910.1044, 29 CFR 1926.1144, 29 CFR 1915.1044: initial and annual medical and work histories, physical examination, blood serum test for FSH, LH, total serum estrogen (in female employees) and a sperm count (in male employees) are required for employees who work in regulated areas with occupational exposure to DBCP.

Ethylene Oxide 29 CFR 1910.1047, 29 CFR 1926.1147 (General Industry and Construction): For employees exposed at or above the action level for 30 or more days per year, the standards require initial and annual medical and work histories, physical examinations and a complete blood count with differential.

Formaldehyde (General Industry, Construction and Shipyards): 29 CFR 1910.1048, 29 CFR 1926.1148, 29 CFR 1915.1048 – The standards require medical and work histories initially and annually and physical examinations at the discretion of the physician based on review of the medical history of employees with exposure to formaldehyde at or above the action level or exceeding the STEL. An annual physical examination is mandated for those employees who are required to wear a respirator. This evaluation must include a yearly pulmonary function test.

Hazardous Waste Operations and Emergency Response (General Industry and Construction) 29 CFR 1910.120, 29 CFR 1926.65: The standard requires an annual or biennial medical and work history and physical examination for employees exposed to hazardous substances at or above the PEL, or if there is no PEL, at or above the published exposure levels for 30 or more days a year.

Inorganic Arsenic (General Industry, Construction and Shipyards) 29 CFR 1910.1018, 29 CFR 1926.1118, 1915.1018: For employees with exposure above the action level for 30 or more days per year, an initial and annual medical and work history and physical examination. The examination shall include a postero-anterior view chest radiograph of 14 X 17 inches in size.

Lead (General Industry and Shipyards) 29 CFR 1910.1025, 29 CFR 1915.1025: These standards require medical surveillance for employees exposed above the action level for more than 30 days per year. The minimum requirements, if the blood lead level is less than 40 µg/100 g, include: ZPP and blood lead levels every six months, initial and annual medical and work history, physical examination, the aforementioned blood tests plus a hemoglobin and hematocrit, red blood cell

indices, a peripheral blood smear with analysis of morphology, BUN, creatinine, urinalysis with microscopic examination.

Lead (Construction) 29 CFR 1926.62: This standard requires an initial ZPP and blood lead level for any employee who will be exposed on any day to lead at or above the action level. It also requires medical surveillance for employees exposed at or above the action level for more than 30 days in any consecutive 12 months. The minimum medical surveillance consists of an annual medical and work history; physical examination plus tests including the blood lead level and ZPP; a hemoglobin, hematocrit, red blood cell indices; analysis of a peripheral blood smear for morphology; BUN, creatinine, and urinalysis with microscopic examination. The blood lead level and ZPP are to be repeated every 2 months for the first six months and then every 6 months if the blood lead level remains below 40 µg/dl. For employees whose blood lead levels are at or above 40 µg/dl, the frequency of required tests is stated in the standard.

Methylene Chloride (General Industry and Construction) 29 CFR 1910.1052, 29 CFR 1926.1152: Periodic medical surveillance is required for employees with exposures at or above the action level on 30 or more days per year or above the PEL on 10 or more days per year or above the STEL on 10 or more days per year or through employee request after a physician finds health conditions for which methylene chloride exposure puts the employee at increased risk. The medical surveillance consists of annual updates of medical and work histories and, for employees 45 years of age or older, annual physical examinations; employees less than 45 years of age are to have physical examinations every 36 months.

Methylenedianiline (General Industry and Construction) 29 CFR 1910.1050, 29 CFR 1926.60: These standards require medical surveillance for employees with exposures at or above the action level for 30 or more days per year or dermal exposure for 15 or more days per year. The surveillance includes annual medical and work histories for issues pertinent to methylenedianiline exposures, physical examination, blood tests for liver functions, and a urinalysis. Medical surveillance is required for emergency exposures.

Occupational Noise Exposure 29 CFR 1910.95: This standard requires surveillance for noise-induced hearing loss. The surveillance consists of a baseline and annual audiogram for employees with noise exposure at or above an 8-hour TWA of 85 decibels. If the annual audiogram shows a standard threshold shift, the employer may have the audiogram repeated within 30 days.

Respiratory Protection (General Industry and Construction) 29 CFR 1910.134, 29 CFR 1926.103: These standards require administration and evaluation of a mandatory medical questionnaire prior to fit testing or respirator use. If any of the answers to questions 1 to 8 in Part A, Section 2 of the questionnaire are positive, a medical examination is required. There is no mandated periodicity for use of a respiratory questionnaire or medical examination. The standards state situations that trigger the requirement for repeat medical evaluations for respirator use.

Vinyl Chloride (General Industry and Construction) 29 CFR 1910.1017, 29 CFR 1926.1117: According to these standards, employees exposed in excess of the action level are required to have a medical and work history, a physical examination, blood tests for total bilirubin, alkaline phosphatase, SGOT, SGPT and GGT on an annual basis, and every six months if over 10 years of exposure. Each employee exposed in an emergency shall be afforded appropriate medical surveillance.

APPENDIX C
Protecting Employee Health and Safety

The primary goals of the OSHA Medical Examination Program are to determine fitness-for-duty and to provide medical surveillance for occupational exposures, as indicated. The intent of this Program is to assure that OSHA covered employees are physically able to safely perform assigned duties. In addition, the Program provides limited health promotion services that do not replace the need for personal health care. Employees are encouraged to share examination results with their personal physicians.
Annual Evaluations. All covered employees will receive annual medical evaluations (either in the form of a Periodic Physical Examination or an Interim Medical Evaluation) that include, at a minimum, medical surveillance for noise and medical clearance for respirator use. Employees' occupational exposures that may require additional medical procedures/evaluation, for example, prior silica or asbestos exposure warranting chest x-ray with B-reading, are evaluated as part of the Periodical Physical Examination and whenever management reports to OOM a potential exposure that reaches an action level of an OSHA standard or another occupational exposure of concern. The periodicity of these examinations and evaluations aims to improve the timeliness of medical evaluations and of any accompanying recommendations for alterations in duty, designed to protect employees.

Periodicity. This Program also reduces unnecessary testing for employees who are not likely to benefit from annual, in-depth medical examinations, while maintaining and updating recommended health safeguards. Unnecessarily frequent examinations may lead to false positive results, additional unnecessary testing, anxiety and cost. The age-based frequency for completing comprehensive physical examinations in this Program is consistent with current occupational medicine practices. No other federal agency is known to currently perform annual comprehensive physical examinations for all employees in medical programs. However, when clinically indicated for OSHA covered employees with significant health conditions, the frequency of medical screening will be adjusted, and some employees with continue with comprehensive annual physical examinations. See the Table, below, for frequencies of physical examinations conducted on inspectors in other federal agencies.

Regulatory Requirements: The implementation of an annual interim examination that includes a hearing conservation program in accordance with the Occupational Noise Exposure standard 29 CFR 1910.95, annual medical clearance for respirator usage (29CFR 1910.134), and interim tuberculosis screening according to need ensures that all covered employees receive appropriate occupational medical surveillance. Because OSHA employees are not reasonably anticipated to encounter other occupational hazards that meet action levels for medical surveillance, they are not required or recommended to receive additional annual medical surveillance.

Preventive Medical Services: The schedule of physical examinations in the OSHA Medical Examination Program is also consistent with current public health standards of practice for preventive medical services. Public health guidelines that address periodicity recommendations for the general public no longer recommend an annual comprehensive medical history and physical examination. In 1984, the US Public Health Service

commissioned the United States Preventive Services Task Force (USPSTF) to develop recommendations for clinicians on the appropriate use of preventive services such as examinations, screening tests, counseling, chemoprophylaxis and immunizations (http://www.ahrq.gov/clinic/uspstfix.htm#pocket). The latest USPSTF recommendations and a medical literature search were referenced to ensure that currently recommended preventive medicine services are included in the OSHA Medical Examination Program described in this directive. The updated periodicity recommendations for medical evaluations in this directive address many, but not all, public health recommendations for preventive medical services. Recommended preventive services not covered by the OSHA Medical Examination Program should be obtained through each employee's personal health care provider.

Interval (in years) Between Full Medical Examinations for Federal Field Inspectors by Age and Job Title					
AGE	**OSHA Inspectors[1]**	**MSHA Mine Inspector (not mine rescue)[2]**	**EPA Clean Air Inspector[3]**	**FDA[4] Consumer Safety Officer Investigator[5]**	**DOI Surface Mining Reclamation Specialist[6]**
< 50	3	3	2	Not required	3
50 - 64	2	3	2	Not required	3
=> 65	1	3	2	Not required	3

[1] OSHA. Occupational Safety and Health Administration. OSHA Medical Examination Program, 2009.
[2] MSHA. Mine Safety and Health Administration. Administrative Policy and Procedures Manual, Volume IV, Chapter 1000, 2005.
MSHA. Mine Safety and Health Administration. Personal communication: Physical Examination Team Leader and Occupational Physician. (5/14/08)
[3] EPA. Environmental Protection Agency, Order number 1460.1. Occupational Medical Surveillance Program. 1996.
EPA. Environmental Protection Agency. Personal communication: Dallas Regional Office Health and Safety (6/08), Chief of EPA SHEMD Policy Programs and Oversight Branch. (7/3/08)
[4] FDA Consumer Safety Officer Inspectors who use respirators are required to have federal occupational health medical evaluations for respirator use at 1-3 year intervals. This includes a questionnaire, vital signs, and pulmonary function tests. Using a respirator is not mandatory.
[5] FDA. Food and Drug Administration. Statement of Physical Ability to Perform CSO and CSI Duties: Instructions to Agency. 1998.
FDA. Personal interview with Supervisory Consumer Safety Officer, New England Area, and the FDA Office of Regulatory Affairs Safety and Occupational Health Manager, Rockville, Md. (7/3/08)
[6] DOI. Department of Interior. Individual Occupational Requirements for GS-1801: Surface Mining Reclamation Specialist. *Operating Manual for Qualification Standards for General Schedule Positions.* IV-B. 225, 1998.
DOI. Department of Interior. Personal communication with Assistant Director, Finance and Administration Directorate, Land and Minerals Management, 6/30/08.

APPENDIX D
Components of Medical Examinations

(Based on the Office of Personnel Management
Single Agency Qualification Standard)

I. General. The medical examination required herein will be conducted by a physician experienced in occupational medicine, preferably by a physician who is a member of the American College of Occupational and Environmental Medicine. The examining physician or institution will provide special instructional material (such as necessary fasting periods or special eating instructions) to OSHA management which will in turn provide this information to the examinee prior to the Periodic Physical Examination.

II. Medical History. Review of the employee's history must be conducted in regard to personal and family medical history and a work history including occupational exposures to chemical and physical hazards.

A. Required Forms. Covered employees shall complete either the *OSHA Medical Program – Physician's Report (OSHA-179)* and *OSHA Medical Program – Employee History (OSHA-178)* or the *OSHA Respirator Medical Evaluation Questionnaire (Mandatory) (FOH-22)* and provide them to the physician prior to the examination. Both are multi-page forms for recording the affected OSHA employee's medical and occupational history.

B. Discussion with Physician. There shall be an examining room discussion between the employee and the physician regarding medical history, with special attention given to the questionnaire on hazardous occupational exposures.

III. Specific Examination Tests and Requirements. The physical examination should include, but not be limited to, a review of the following: head and neck, including visual tests, an examination of the eyes, ears, nose and throat, an examination of the respiratory, cardiovascular and central and peripheral nervous systems, an examination of the abdomen, a voluntary examination of the rectum and genito-urinary system, an examination of the spine and other musculoskeletal systems, and an examination of the skin. Specific tests/measurements to be obtained include:

A. Height and weight.

B. Temperature, pulse, respiration rate, blood pressure.

C. Eye examination, including:

1. Visual acuity, near and far.
2. Accommodation.

3. Field of vision.
4. Fundoscopic exam.

D. Cardiopulmonary evaluation, which shall include the following:

1. Resting twelve-lead electrocardiogram with interpretation.

2. Pulmonary Function Evaluation:

   a. FVC, FEVl, FEVl/FVC ratio.
   b. Permanent record of flow curves must be included in the patient's report.

3. Tuberculin skin test (TST) - a 2-step TST for all Pre-placement examinations. A TST is offered yearly to employees who have had on-the-job exposure to active TB.

4. Chest X-ray (PA) 14 x 17 inches

   a. Required for all Pre-placement examinations.
   b. Unless an employee's occupational exposure (see Appendix B) reaches the action level at which medical surveillance is required, follow-up chest x-rays are voluntary. Chest X-rays and B-read examinations will be offered at the 10 year anniversary of employment, then every 6-10 years, depending on exposure history.

E. Comprehensive laboratory profile, including:

1. Urinalysis (including microscopic if indicated).

2. Fecal occult blood test - optional unless employee has had exposure at or above the action level to Acrylonitrile (see Appendix B and 1910.145).

3. CBC (complete blood count).

4. Test groups (done after 12-hour fast):
   a. Chloride
   b. Sodium
   c. Glucose
   d. Blood urea nitrogen
   e. Creatinine
   f. LDH, AST, GGT, ALT
   g. Alkaline phosphatase
   h. Bilirubin
   i. Total protein
   j. Albumin and globulin

k. Lipid Panel, including Triglycerides
l. Potassium
m. Calcium
n. A blood lead when there is a history of lead exposure within the last 12 month

F. Audiometric Testing will be done in accordance with the OSHA Hearing Conservation Program, PER 04-00-004, 06/23/08.

IV. Tests and Requirements for Examinations/Evaluations. See Table 1 for a delineation of the specific tests and requirements of the Pre-placement Examination, the Periodic Physical Examination, the Interim Examination, the Voluntary Physical Examination, and the special requirements associated with SCBA medical clearance.

Table 1

Elements of Physical Examinations and Medical Evaluations				
	Pre-placement Examination	**Periodic Physical Examination (PPExam)**	**Interim Medical Evaluation[7]**	**SCBA Clearance[8]**
Questionnaire				
OSHA Medical Program – Physician's Report (OSHA-178)	Required	Required		
OSHA Medical Program – Employee History (OSHA-179)	Required	Required[9]		
OSHA Respirator Medical Evaluation Questionnaire (FOH-22)			Required	Required if > 6 months since
Test/Evaluation				
Height	Required	Required		
Weight	Required	Required		

[7] Abnormalities discovered during this abbreviated examination may warrant a comprehensive physical examination. Therefore, a full Periodic Physical Examination may be performed as directed by an OOM physician.
[8] These tests are in addition to the requirements of the Periodic Physical Examination or Interim Medical Evaluation that is being performed simultaneously with the SCBA clearance.
[9] Everyone must answer all questions except items 10-15 on page 3. Those seeking SCBA clearance must complete all items.

Elements of Physical Examinations and Medical Evaluations				
	Pre-placement Examination	**Periodic Physical Examination (PPExam)**	**Interim Medical Evaluation[7]**	**SCBA Clearance[8]**
Temperature	Required	Required		
Pulse	Required	Required		
Respiration rate	Required	Required		
Blood pressure	Required	Required	Required	
Eye examination, including:				
Visual acuity, near and far	Required	Required		
Accommodation	Required	Required		
Field of Vision	Required	Required		
Fundoscopic exam	Required	Required		
Color Vision	Required			
Cardiopulmonary evaluation, which shall include the following				
Resting twelve-lead electrocardiogram with interpretation	Required	Required		
Pulmonary Function Evaluation (spirometry)	Required	Required	Required if clinically indicated[10]	Required if clinically indicated[4]
FVC, FEVl, FEVl/FVC ratio	Required	Required		
Permanent record of flow curves must be included in the patient's report	Required	Required		
Exercise Stress Test		May be required[11]		Required[5]
Tuberculin skin test (TST)				
1st step TST	Required			
2nd step TST	Required			
Chest X-ray (PA) 14 x 17	Required	Voluntary[12]		

[10] Spirometry is required for employees 60 years of age or older and for those with asthma. Other clinical indications may also warrant spirometry testing.
[11] Exercise Stress Tests are required for those age 40 or older and for others as clinically indicated.
[12] A periodic chest x-ray and associated B-read are voluntary unless required for surveillance of an

Elements of Physical Examinations and Medical Evaluations				
	Pre-placement Examination	**Periodic Physical Examination (PPExam)**	**Interim Medical Evaluation[7]**	**SCBA Clearance[8]**
inches				
Chest X-ray B-read		Voluntary[6]		
Comprehensive laboratory profile	Required	Required		
Fecal occult blood test				
CBC				
Test Groups including, but not limited to:				
Lead				
Audiometric Testing	Required	Required	Required	

employee's occupational exposure (see Appendix B). If required, see Appendix B for frequency.

APPENDIX E
Pre-placement Examination

I. Pre-placement Examination.

The Pre-placement Examination described in this instruction is mandatory for all individuals seeking employment in positions whose duties entail possible exposures to chemical, physical, or biological hazards (see paragraph VIII of this instruction). All new hires are required to meet the medical requirements specified in this instruction.

Pre-placement Examinations are required for current employees who apply for and are selected for one of the covered positions under this Program.

II. Failure to Meet Requirements. Failing to meet the physical and medical requirements of this Program shall be considered disqualifying, i.e. the individual does not meet the qualification requirements of the position.

III. Scheduling. The Pre-placement Examination will be scheduled at the direction of the Regional Administrator or designee.

A. The Regional Administrator or his/her designee shall contact OOM to initiate a Pre-placement Examination.

B. Each region is to coordinate the Pre-placement physical examinations of applicants who are located within its boundaries whether the candidate is to be hired by that Region or another.

C. These examinations for current OSHA employees should be scheduled during the employee's normal working hours.

IV. Elements of Examination. The Pre-placement Examination will include a medical history, occupational and exposure histories, a physical examination and other medical tests as noted in Appendix D, Table 1.

V. Location of Examination. All Pre-placement Examinations will be done at a U.S. Public Health Service, Federal Occupational Health (FOH) Center.

VI. Cost of Examination. Examinations will be provided free of charge to the applicant. If a medical specialist's opinion is needed in order to determine fitness-for duty, the costs associated with obtaining this medical opinion will be the responsibility of the applicant.

VII. Records Management. In addition to the Records Management policies and procedures established in paragraph XVI of this instruction, the following policies and procedures apply to Pre-placement physicals.

A. The results of all examinations provided under this program are the property of the Office of Personnel Management (OPM) and will be safeguarded in accordance with the OPM regulations that all government agencies must follow to protect access to employee medical records. (See OPM regulation 5 CFR 293, Subpart E.) Additionally, the Director of the OSHA Office of Occupational Medicine is responsible for assuring that all procedures for review and handling of medical records are in accordance with OSHA standard 20 CFR 1910.20, "Access to Employee Exposure and Medical Records."

B. If the applicant is not hired into the position, his or her records will be retained by the Agency for the duration of the time period necessary for National Office review, plus an additional year. If no legal or administrative challenges are made regarding the Agency's handling of the file, the file will be retained in a secured central location within the Office of Occupational Medicine and will be destroyed after the one-year retention period. A log detailing the location and disposition of the records will be maintained by the Office of Occupational Medicine.

APPENDIX F
Comprehensive Reference List

A. American Academy of Audiology Task Force. Position Statement: Preventing Noise-Induced Occupational Hearing Loss. American Academy of Audiology, 2003.

B. American Academy of Ophthalmology Preferred Practice Patterns Committee: Preferred Practice Pattern Guidelines. Comprehensive Adult Medical Eye Evaluation. American Academy of Ophthalmology, 2005.

C. American Academy of Orthopedic Surgeons Research and Scientific Affairs Department: Osteoarthritis of the Knee: A Compendium of Evidence-Based Information and Resources. American Academy of Orthopedic Surgeons. 2004.

D. American College of Rheumatism. Recommendations for the Medical Management of Osteoarthritis of the Hip and Knee. Vol. 43, No. 9, Sept. 2000. 1905-1915.

E. American Medical Association. Medical Evaluations of Healthy Persons. Council on Scientific Affairs. JAMA 1983 Mar 25; 249 (12): 1626-1633.

F. Ashley EA, Raxwal V, FroelicherV. An evidence-based review of the resting electrocardiogram as a screening technique for heart disease. *Progress in Cardiovascular Diseases*, Vol. 44, No. 1, (July/August) 2001: 55-67.

G. Department of the Interior. Individual Occupational Requirements for Surface Mining Reclamation Specialist. *Operating Manual for Qualification Standards for General Schedule Positions.* IVB. 1999, 225.

H. Environmental Protection Agency. Order number 1460.1. Occupational Medical Surveillance Program. 1996.

I. Food and Drug Administration. Statement of Physical Ability to Perform CSO and CSI Duties: Instructions to Agency. 1998.

J. Lesho E, Gey D, Forrester G, Michaud E, Emmons E, Huyche E. The low impact of screening electrocardiograms in healthy individuals: A prospective study and review of the literature. *Military Medicine*; Jan 2003; 168, 15-18.

K. Macfarlane PW, Norrie J. The value of the electrocardiogram in risk assessment in primary prevention: Experience from the west of Scotland Coronary prevention study. *Journal of Electrocardiology.* 40 (2007) 101-109.

L. Mining Safety and Health Administration. *Administrative Policy and Procedures Manual,* Volume IV, Chapter 1000, 2005.

M. The National Eye Institute, National Institute of Health. National Eye institute Statements: Detection of Glaucoma. 2007.

N. National Heart, Lung, and Blood Institute. National Institute of Health. Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, *Hypertension* 2003. 42: 1206-52.

O. National Heart, Lung, and Blood Institute, National Institute of Health, National Cholesterol Education Program. High Blood Cholesterol: What You Need to Know. 2005. (Pub. no. 05-3290).

P. Office of Personnel Management. Single Agency Qualification Standard: Compliance Safety and Health Officer. 12/24/85.

Q. OSHA Instruction PER 04-00-004, Hearing Conservation Program. 6/23/08.

R. OSHA Instruction PER 04-00-005, OSHA Medical Examination Program. 8/22/09.

S. Thompson JS, Gibbs JO, Reda DJ, McCarthy M Jr, Wei Y, Giobbie-Hurder A, Fitzgibbons RJ Jr. Does delaying repair of an asymptomatic hernia have penalty? Am J Surg. 2008 Jan; 195 (1): 89-93.

T. U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd and 3rd eds. International Medical Publishing, 2002.

U. U.S. Preventive Services Task Force. *Screening for Coronary Heart Disease.* Agency for Healthcare Research and Quality. 2004.

APPENDIX G
Pre-placement & Periodic Physical Examination Forms

Each employee shall complete the *OSHA Medical Program – Employee History* (OSHA-178) as part of the Periodic Physical Examination.

Candidates for covered positions shall also complete the *OSHA Medical Program – Employee History* (OSHA-178).

The completed OSHA-179 and a copy of the *OSHA Medical Program – Employee History* (OSHA-178) shall be presented at the FOH Health Center at the time of the first appointment.

For the current version of these forms refer to the OSHA Medical Examination Program webpage at http://intranet.osha.gov/dts/LAP/dts/oom/medicalexam_program.html.

APPENDIX H
OSHA Respirator Medical Evaluation Questionnaire
(FOH-22, April 2009)

Each employee shall complete the *OSHA Respirator Medical Evaluation Questionnaire* (FOH-22) as part of the Interim Medical Evaluation.

- All employees complete the FOH-22 through the first 4 lines of page 7, except questions 10-15 on page 3, and bring it to the FOH Health Center on the day of the first appointment.

- Employees required to use a full-face respirator or SCBA must complete the entire respirator questionnaire (FOH-22) including questions 10-15 on page 3.

For the current version of this form refer to the OSHA Medical Examination Program webpage at http://intranet.osha.gov/dts/LAP/dts/oom/medicalexam_program.html.

CHAPTER 26
DECONTAMINATION

I. Purpose

The effective and safe decontamination of personnel and equipment following entry into contaminated environments is necessary and required to prevent continued exposures to hazardous material.

II. Scope

This program applies to all occupational situations involving contamination of OSHA employees, their equipment and vehicles.

III. Definitions

A. *Contamination.* The presence of a hazardous substance that is capable of causing serious physical harm or death.

B. *Decontamination.* The removal and disposal of a hazardous substance from personnel, equipment and vehicle

C. *Incident.* An incident is defined as exposure occurrence

D. *Occupational Disease or Illness.* Occupational Disease or Illness is defined as acute/chronic serious physical harm produced by exposure related to the work environment.

E. *Recordable Case.* As defined in 29 CFR 1904.7(a)

IV. Responsibilities

A. Responsible OSHA Manager will:

1. Ensure availability of appropriate decontamination equipment through purchase, or rental agreement.

2. Ensure the use of proper decontamination methods for personnel, equipment and vehicles**.**

3. Ensure employees are trained on the recognition of workplace contaminant hazards, decontamination and disposal procedures.

4. Ensure completion of a post-evaluation of the decontamination and disposal procedures. Document all findings and recommendations

using an Incident Investigation and Hazard Reporting Worksheet. (Chapter 2, Appendix B)

B. Employee will:

1. Recognize and identify those workplace hazardous conditions that may result in contamination, decontamination and disposal.

2. Perform decontamination and disposal procedures.

3. Notify the responsible OSHA manager to obtain appropriate medical follow up to determine whether any medical condition or adverse health effect has occurred from a contamination incident.

4. Document all findings and recommendations using an Incident Investigation and Hazard Reporting Worksheet. (Chapter 2, Appendix B)

C. Assistant Regional Administrator for Administrative Programs or equivalent will:

1. Provide assistance to Area and District Offices to facilitate the procuring of necessary decontamination and disposal supplies.

2. Coordinate and communicate logistics with the Regional and National Office.

D. Assistant Regional Administrator for Enforcement Programs or equivalent unit will:

1. Convey appropriate guidance about the rapid availability of soap and water shower decontamination and other decontamination methods as identified in advance of an event by the Regional Response Team.

2. Convey guidance from the Health Response Team or other reliable source regarding appropriate decontamination with disposal procedures for equipment and vehicle.

3. Communicate information to the National Office as necessary.

4. Assist in the SOL review and approval of any legal document.

V. Training

A. Employee will:

1. Employees shall be made aware that certain environments present a risk of contamination. Examples include asbestos, silica, heavy metals, coke oven batteries, smelter operations, hazardous waste sites and disabling illness/injury or fatality worksites.

2. Employees shall be familiar with the decontamination procedures contained within the OSHA Technical Manual, and those listed in specific OSHA regulations (e.g., Bloodborne Pathogens, expanded health standards). Periodic retraining shall be given as needed, but no longer than every two years.

3. When disposal of items is required, employees shall be made aware of disposal procedures following decontamination. The Office will consult with local disposal authorities for any applicable disposal procedures.

VI. Procedures

A. General Procedures

1. To the extent possible, exposure to hazardous substances should be kept at a minimum.

2. Professional judgment must be exercised in all situations, i.e., OSHA employees should refrain from walking through areas of obvious contamination.

3. Use of remote sampling techniques shall be used where feasible.

4. If exposure monitoring equipment cannot be decontaminated on site, it will be bagged. Disposable PPE and equipment will be used where appropriate.

B. Pre-Inspection

1. Employees shall evaluate and identify the necessary personal protective equipment (PPE) and safe work practice.

2. If PPE and safe work practice do not provide adequate protection.

   a. The employee and the responsible OSHA manager will discuss the safe work procedure to be followed to minimize the contamination.

   b. If concerns are unresolved, the Assistant Regional Administrator for Enforcement Programs or equivalent unit shall be consulted.

3. A site specific decontamination plan shall be established and documented.

4. Employees will not enter areas of potential contamination without determining PPE and work practices necessary to prevent exposure.

C. On-Site Inspection

1. Anticipated Exposures

a. Where the employer has established decontamination procedures in compliance with OSHA regulations, the OSHA representative will follow the site procedures.

b. Where the employer has not established site decontamination procedures or procedures are not in compliance with OSHA regulations, the site specific decontamination plan will be followed.

2. Unanticipated Exposures

a. The exposed employee will immediately remove themselves from the contamination area.

b. An evaluation will be performed to identify the contamination hazard.

c. The exposed employee will contact their responsible OSHA manager for assistance to determine methods of decontamination. If decontamination is infeasible or methods are not established, contact the responsible OSHA manager.

d. All exposed employees will contact the responsible OSHA manager for assistance in obtaining appropriate follow-up medical evaluation.

e. Employees exposed to biologic or radiation hazards, or who experience symptoms of any type from any hazardous exposure, will report immediately to the nearest emergency room or call 911 for emergency transportation to the nearest emergency facility. The employee will contact the responsible OSHA manager, who will contact the Office of Occupational Medicine (OOM) with information about the exposure and the location of the employee. The OOM Medical Officer will speak with the employee, if possible, and with the treating physician during the emergency visit,

and will assist in arranging appropriate follow-up, as necessary.

f. If no injury or illness occurred, the incident will be documented on the Incident Investigation and Hazard Reporting Worksheet as a near miss.

D. Post Inspection

1. An evaluation will be completed by the responsible OSHA manager to determine the steps taken to minimize contamination for all exposures. That evaluation will include a review of the following:

   a. Work practices;

   b. PPE;

   c. Decontamination procedures; and

   d. Disposal procedures.

2. The evaluation will be documented and appropriate actions will be taken to ensure continued effectiveness of the program.

VII. Decontamination Procedures

A. Procedures for decontamination will be based on those required by OSHA regulations, including the expanded health standards, 1910.120, and the Regional Emergency Management Plan.

B. Where no decontamination procedures are required, good industrial hygiene principles and safe work practices shall be followed. Examples include the OSHA Technical Manual, AIHA's Chemical Protective Clothing publications, and the Center for Disease Control's website pages on Emergency Preparedness and Response.

C. Decontamination Plan shall include:

1. The number and layout of decontamination stations, if necessary.

2. The decontamination equipment needed.

3. Appropriate decontamination methods.

4. Procedures to prevent contamination of clean areas.

5. Methods and procedures to minimize worker contact with contaminants during removal of personal protective equipment (PPE).

6. Methods for disposing of clothing and equipment that cannot be completely decontaminated.

7. Proper disposal of waste generated from a decontamination procedure.

8. Decontamination procedures shall be monitored by the Area Office to determine their effectiveness. Where determined to be necessary in the decontamination plan, decontaminated articles, clothing or vehicles will be tested to ensure the contaminants have been removed.

VIII. Investigation and Review

All incident investigations will be conducted in accordance with Chapter 2 of the OSHA SHMS Directive.

IX. Recordkeeping

A. Cases of contamination resulting in injuries or illnesses must be recorded on the OSHA 300 per the recordkeeping guidelines.

B. All contaminations defined as incidents must be investigated and documented on an Incident Investigation and Hazard Reporting worksheet. (Chapter 2, Appendix B)

APPENDIX A
Decontamination for Bloodborne Pathogens

1) General

In any situation, personnel should not needlessly place themselves in a situation where they may have exposure, or their equipment/clothing become contaminated. Avoidance of exposure to persons, clothing or equipment is critical for all compliance personnel, regardless of their designation under the exposure control plan. PPE should not be used as a substitute for the avoidance of exposure to blood or OPIM.

In emergencies (providing first aid, Good Samaritan acts, etc.), or other situations where contact cannot be avoided, appropriate work practice controls, PPE, and other equipment must be used to prevent exposure.

In cases where contact does occur, preventing the spread of contamination beyond areas of initial contact is of utmost importance and appropriate steps need to be taken to prevent this spread.

Any known or suspected contact or contamination of persons, clothing, equipment or work areas with blood or another potentially infectious body material (OPIM) must be addressed through decontamination and appropriate follow-up procedures.

2) Procedures

a) **Decontamination of body surfaces**

i) When their hands or any other skin surface may have come in contact with blood or OPIM, employees shall immediately wash with soap and water.

ii) Antiseptic hand cleansers and towels, or antiseptic towellettes may be used to wash with if access to soap or water is not immediately available. Employees must, however, immediately wash skin surfaces with soap and water as soon as it is available.

iii) Employees must immediately flush their eyes or other mucous membrane surfaces with water when they have come in contact with blood or OPIM.

iv) Employees shall wash their hands (or other appropriate skin surfaces) after removing or handling gloves, PPE or other coverings which were used to protect against contact with blood or OPIM.

v) If skin contact is suspected, the employee must examine the affected area to determine if an exposure incident may have occurred.

vi) In accordance with the Office Exposure Control Plan, report all exposures and

exposure incidents to the responsible OSHA manager as soon as possible and enact appropriate follow-up steps as called for in the Office Exposure Control Plan.

b) **Equipment and Clothing**

i) All PPE and clothing which has had blood/OPIM contact will be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. All disposable PPE will be sealed within a red disposable bag and discarded on-site if possible, or removed for disposition elsewhere by the responsible OSHA manager or the office designee. If the PPE can not be disposed of on-site, the employee will double bag it.

ii) Where clothing has been penetrated through by blood/OPIM, the underlying skin should be considered to have had exposure, and be treated appropriately as described above in 2 (a).

iii) Disposable protective equipment, including gloves, will never be washed or decontaminated for reuse.

iv) Gloves or other PPE shall be worn to prevent exposure when handling or disinfecting contaminated equipment, PPE or clothing.

v) Employees shall wash their hands, (or other skin surfaces) after removing or handling PPE, or other coverings which were used to protect against contact with blood or OPIM.

vi) Any equipment, sampling pumps and surfaces over which OSHA has control that may be contaminated will be promptly decontaminated by using a solution of bleach containing from 1:10 -1:100 bleach (prepared daily) and/or an appropriate EPA/FDA registered disinfectant.

vii) Any equipment that may be contaminated with blood will be placed in a leak-proof container. Where the equipment may cause puncturing, it will be placed in a puncture-resistant, leak-proof container. If the equipment is disposable, it may be left on-site, if the site will be disposing of other contaminated equipment.

viii) If regulated waste is generated, it will be placed in red bags and put in the appropriate waste containers for disposal in accordance with applicable regulations. For a definition of regulated waste see the Bloodborne Pathogens standard 29 CFR 1910.1030 (b). If waste is not regulated waste, it may be thrown out in the normal trash

c) **Work Surfaces**

Any work surface which has been contaminated by blood/OPIM will be promptly disinfected using a 1:10 – 1:100 solution of bleach (prepared daily) and/or an EPA/FDA registered sterilant.

i) Gloves or other PPE shall be worn to prevent exposure when handling or disinfecting contaminated areas.

ii) All waste generated during decontamination of work surfaces which is not regulated waste may be thrown out in the normal trash.

iii) Regulated waste will be placed in red bags and put in appropriate waste containers for disposal in accordance with applicable regulations.

iv) Employees shall wash their hands (or other skin surfaces) after removing or handling PPE or other coverings which were used to protect against contact with blood or OPIM.

d) **Laundry**

i) All contaminated articles of clothing that are not disposable will be laundered according to the Office designated laundry service. The responsible OSHA manager will be alerted any time laundering of contaminated clothing needs to be performed. Contaminated clothing will be handled on a case-by-case basis, in accordance with guidelines established by the Office.

ii) The responsible OSHA manager and Bloodborne Pathogens Coordinator are responsible for contacting a laundry facility to ensure that they are able to handle this type of laundry.

iii) Laundering of contaminated clothing/PPE will be performed in accordance with the Office guidelines.

3) Post-Exposure Protocol

a) Following occupational exposure, employees will notify their responsible OSHA manager and will then jointly contact the Office of Occupational Medicine (OOM) immediately. If the OOM Medical Officer, following discussion with the employee, determines that a likely percutaneous, mucous membrane, or non-intact skin exposure has occurred, the employee will report immediately to the nearest emergency medical facility to initiate appropriate post-exposure prophylaxis, which includes assessment of baseline HIV, HBC and HBV status, post-exposure chemoprophylaxis as determined by the physician and employee, hyperimmune globulin and full-series Hepatitis B immunization, as needed, and subsequent medical follow-up with follow-up serologic testing at times and locations

convenient to the employee, None of the cost will be borne by the employee.

b) Hepatitis B vaccinations will be made available at no cost to OSHA employees, at a reasonable time and place.

c) Post-exposure follow-up will be conducted for any employee who suffers an exposure incident while performing duties on the job at OSHA.

   i) Report to the responsible OSHA manager as soon as possible following an exposure incident to enact the Office procedures for post-exposure follow-up.

   ii) If the responsible OSHA manager is unavailable, seek medical treatment following an exposure incident, and enact appropriate provisions of the Office post-exposure follow-up procedures. Make contact with the responsible OSHA manager as soon as possible.

APPENDIX B
Decontamination Procedures for Toxic Metals and Particulate

1) General:

Employees may be required to enter environments containing heavy metals and particulates during their regular course of duty. This document is designed to provide guidance as to the proper decontamination of personnel, clothing and equipment if toxic metals or particulates are encountered or are known to be present.

2) Definitions:

Decontamination	The removal and disposal of a hazardous substance from personnel, equipment and vehicles
Clothing	Shall apply to any street or work attire worn by OSHA employees on the job site including boots, hats, coveralls, and PPE
Equipment	Shall mean any tools or items needed in the performance of the OSHA employees's job duties
Toxic Metals	Toxic metals, including "heavy metals," are individual metals and metal compounds that negatively affect people's health. Examples include, but are not limited to, arsenic, beryllium, cadmium, hexavalent chromium, lead, and mercury.
Particulate	Tiny particles of solid or liquid suspended in a gas - They range in size from less than 10 nanometers to more than 100 micrometers in diameter. Examples include, but are not limited to, asbestos and dust.

3) Procedures:

a) If the site has adequate decontamination facilities, inquire as to the use of those facilities by the OSHA employee.

   i) If the site has adequate decontamination facilities, the OSHA employee should make arrangements with the employer to utilize those facilities.

b) If the site does not have adequate decontamination facilities, the OSHA employee should follow these procedures.

   i) All equipment and outer personal protective equipment should have gross contamination removed by physical means involving dislodging/displacement, rinsing, vacuuming with a HEPA vacuum or wiping off.

   ii) Bag all contaminated equipment and clothing in plastic bags.

   iii) Use disposable cleansing towels to clean hands, face, and all exposed skin surfaces.

c) OSHA employee shall not use compressed air and/or heat shall not be used to remove contamination.

d) OSHA employees routinely conduct lead inspections in general industry and on construction work sites. Often times, there are inadequate facilities available to the OSHA employee at the work site for proper removal of lead and other heavy metals from skin and surfaces (i.e., sampling equipment), resulting in the potential for OSHA employee exposure by the ingestion route and cross-contamination in government vehicles, Area Offices and homes. To address this potential hazard, the Office shall put together a decontamination kit that OSHA employees can take with them in the field. The kit includes the following.

LEAD / METAL D-CON KIT

ITEM	USE	COST
D-WIPE TOWELS®	skin, equip. decontamination	48.00 (12 cans, 48 towels)
FULL DISCLOSURE®	skin, equip. decontamination verification	2 @ 29.95 (kit)
Moisturizing Shower Gel®	skin, hair	13.00/4pk-8oz.
Gloves	hand protection	2 @ 9.27/BX100
Zip lock Bags (8” x 10”)	disposal	2 @ 1.50/PK 25
*Zip lock Bags (XL)	storage (clothing)	12 @ 3.00 ea. (est.)
*Water Spray Bottles	misc. cleaning	2 @ 3.00 ea. (est.)
Paper Towels	misc. cleaning	2 @ 1.00 ea.(est.)
Carry Case	storage / transporting	2 @ 25.00 ea.(est.)

Total cost per kit: $120.00 (est.)

*Items need to be purchased at retail store.

APPENDIX C
Decontamination for Biological Agents

1) General

In the course of work activity, OSHA employees may be subject to contamination by biological agents. Although exposure to many of these biological agents is unlikely and generally unanticipated, care should be taken to identify the wide variety of potential exposures that may be experienced. Unfortunately, a wide spectrum of biological contaminants exists, most of which are outside the hazards normally anticipated with compliance activities, but may be encountered in sites such as health care facilities and research labs. As listed on OSHA's Biological Agents – Safety and Health Topics, these can include such diverse hazards as:

Anthrax
Avian Flu
Botulism
Foodborne Disease
Hantavirus
Legionnaires Disease
Mold and Fungi
Plague
Ricin
SARS
Smallpox
Tuberculosis
Tularemia
Viral Hemorrhagic Fever.
Q Fever

This wide spectrum of biological agents poses several potential problems to OSHA employees, particularly because they represent:

- Significantly different risks and symptoms,

- Inhalation, ingestion and dermal routes of potential contamination, and

- Hazards that may not be anticipated until engaged in on-site activity.

Hazard Assessment: Of primary importance is early identification of the potential for exposure. Any indication that biological agents may be encountered during inspection activities must be taken seriously and research should be conducted on the specific agents, routes of transmission and symptoms of exposure. For example, a hazard bulletin in 1998 highlighted the potential for exposure to Legionnaire's disease in the plastic injection molding industry. Requirement for negative pressure isolation rooms may be the subject of health care facilities with active cases of

Tuberculosis. General infection control procedures may be the subject at a hospital or other health care facilities. Contact with surfaces contaminated with mold may transmit mold spores to equipment and ultimately to other (damp) surfaces that may promote their growth. Contact with contaminated water, sewage or decaying animal remains may expose an OSHA employee to a wide variety of bacteria and viruses.

2) Procedures:

a) **Pre-Inspection**

If a biological agent is referenced in the complaint / referral, or there is any indication the inspection activity may involve biological agents, the responsible OSHA manager should be notified and research on the specific agents(s) conducted before initiating the inspection.

b) **Inspection Activities**

In health care settings, appropriate infection control procedures, such as a negative pressure isolation room for TB control, should be evaluated as soon as possible and without exposure to areas currently holding patients with active cases of contagious disease.

When feasible, contact with surfaces and liquids (waste water) with the potential of contamination with biological agents will be avoided.

When contact with potentially contaminated surfaces is necessary for collection of samples or inspection related activities, appropriate PPE, including rubber gloves, will be worn, decontaminated or discarded.

c) **Post Inspection**

If exposure to a biological agent is suspected, it shall be reported to the responsible OSHA manager who will refer for to a health professional for appropriate medical treatment.

d) **Decontamination**

Unless research has identified specific decontamination procedure guidelines, OSHA "General Decontamination" – Quick Card should be followed for potential skin, clothing, equipment and surface decontamination. These guidelines include a qualitative assessment of the level of contamination and the use of solutions containing from ¼ to 1 ½ cups of bleach per gallon of water (prepared daily) and/or an EPA/FDA registered sterilant.

APPENDIX D
OSHA General Decontamination Quick Card

General Decontamination

Floodwaters may be contaminated with sewage and decaying animal and human remains. Disinfection of hands, clothing, tools/equipment, and surfaces in work areas is critical in disease prevention.

Hand Decontamination

- Wash hands completely with soap and water.
- Rinse completely; dry with a clean towel or air dry.

Clothing, Tool/Equipment Decontamination

- It is preferable to use soap and clean water when available.
- If only contaminated water is available, mix 1/4 cup bleach per gallon of water.
- Immerse objects in solution for 10 minutes; if clothing, gently agitate periodically.
- Transfer objects to hand wash solution for 10 minutes; if clothing, gently agitate periodically.
- Allow clothes and tools/equipment to thoroughly air dry before re-use.

Severe Surface Decontamination

- Use for decontaminating only the most seriously affected surfaces.
- Mix 1 and 1/2 cups bleach per gallon of water.
- Douse surfaces with heavy contamination and allow to sit for 3 minutes.
- Wipe the contamination from the surface with a paper towel and douse the surface again but use the hand wash solution.
- Wipe off residual contamination with a paper towel.

Important Considerations

- Use gloves and eye protection.
- Prepare bleach solutions **daily** and allow to stand for at least 30 minutes before use.
- All containers should be labeled **"Bleach-disinfected water, DO NOT DRINK." CAUTION: Do not mix bleach with products containing ammonia.**
- Do not immerse electrical or battery operated tools/equipment in solutions; clean exterior with a soft cloth dampened with soap and water or disinfectant solution.
- Follow electrical or battery operated equipment manufacturer's instructions for cleaning. It may be necessary to remove equipment from service for decontamination.

CHAPTER 27
EXPOSURE MONITORING

I. Purpose

This chapter establishes the OSHA Field Safety and Health Management System (SHMS) Exposure Monitoring Program. The policies and procedures in this Program are intended to set broad expectations for "self-monitoring" to prevent employee illness, injury or death from exposure to chemical and physical health hazards. OSHA expects Regions, DTSEM, and DTE to develop specific procedures that align with this Program as needed.

This Program is also intended to identify if OSHA employee exposures indicate a need for short or long term medical intervention to prevent or respond to hazardous exposures. These procedures describe when and how to collect exposure data from select participating employees. OSHA may also use this self-monitoring data to make broad determinations about all covered employees' exposure history.

II. Scope

This chapter applies to all OSHA employees covered by the OSHA Field Safety and Health Manual, (i.e., Covered Employees).

III. References

A. 29 Code of Federal Regulations Section 1910.1020, Access to Employee Exposure and Medical Records

B. Federal Register 54:3904-3916 Safety and Health Program Management Guidelines; Issuance of Voluntary Guidelines, January 26, 1989

C. OSHA Instruction TED 01-00-015, OSHA Technical Manual, January 20, 1999

D. OSHA Chemical Sampling Information on-line file

E. OSHA Technical Manual, Section II, Chapter 1, Personal Sampling for Air Contaminants, Appendix M

F. OSHA Field Safety and Health Manual, Chapter 2, Safety and Health Management System

G. OSHA Field Safety and Health Manual, Chapter 12, Hazard Communication

H. OSHA Field Safety and Health Manual, Chapter 16, Hearing Conservation Program

I. OSHA Field Safety and Health Manual, Chapter 25, Medical Management

J. Agency Loan Equipment Program (ALEP) catalog

K. NIOSH Pocket Guide to Chemical Hazards

L. ACGIH: Threshold Limit Values (TLVs®) and Biological Exposure Indices (BEIs®).

IV. Responsibilities

A. Regional Administrators/Directorate Directors (RAs/Directors) are responsible for each employee's work-related safety and health in the Region/Directorate and will:

1. Implement this Exposure Monitoring program in their Region/Directorate and develop specific procedures if necessary.

2. Support self-monitoring when setting performance expectations and developing policies and procedures.

3. Provide managers with the authority and resources necessary to carry out their responsibilities in the OSHA Exposure Monitoring Program.

4. Develop formal procedures to ensure employees are trained and that exposure data is annually reviewed and disseminated to affected employees and the SHMS Executive Steering Committee (ESC).

5. Request assistance from the SLTC's Health Response Team for investigations and inspections with the potential for exposure to chemical or physical hazards when the Region/Directorate does not have the resources to safely assess or conduct work activities.

B. Safety and Health Committees (SHCs) and equivalent for SLTC, CTC, and DTE are responsible for tracking and evaluating field personnel exposures and will:

1. Evaluate over-exposure incidents to determine if appropriate protections were used and what follow-up may be needed. This evaluation is not for disciplinary purposes.

2. Consult DTSEM's Office of Occupational Medicine and Nursing (OOMN) when medical expertise is needed.

3. Review at least annually Region/SLTC/CTC/DTE exposure data for trends and lessons learned.

4. Conduct an annual program review and make appropriate recommendations.

C. OOMN will provide consultation for OSHA field personnel in accordance with Chapter 25, Medical Management.

D. Area Directors (AD) and equivalent for SLTC, CTC, and DTE are responsible for implementing this Program in each Area Office/SLTC/CTC/DTE and will:

1. Ensure exposure-monitoring data is collected and recorded by field staff and reviewed by supervisors.

2. Ensure sampling media and direct reading equipment is readily available.

3. Train employees on hazardous chemicals, as directed by the Regional Hazard Communication Program and Chapter 12, Hazard Communication.

4. Ensure training is provided for all sampling equipment used.

5. Ensure the Regional SHC/equivalent for SLTC/CTC/DTE is notified of all overexposures.

E. Employees covered by the OSHA Field Safety and Health Manual (Covered Employees) will participate in the OSHA Exposure Monitoring Program and will:

1. Exercise professional judgment to determine where potential exposures exist for themselves as well as for employees working on site. OSHA employees may decide to self-monitor even if not required by this Program See Section V.A.1 for required monitoring.

2. Contact their supervisor for guidance if they are unsure about performing monitoring prior to spending time in an area.

3. Perform necessary personal monitoring, wipe sampling, or bulk sampling of occupational health exposures.

4. Complete sampling documentation in the OSHA Information System (OIS), see Appendix B, OIS Data Entry.

5. Notify the Assistant Area Director or other appropriate supervisor when self-sampling exposure levels exceed a published Occupational Exposure Limit (OEL) or when experiencing signs and symptoms of exposure.

6. Review the establishment's Safety Data Sheets (SDSs) and/or chemical inventory in accordance with other provisions in the Regional/SLTC/CTC/DTE Safety and Health Program (e.g., Hazard Communication Program) during the opening conference to evaluate the potential exposures that may be encountered during the inspection.

V. Exposure Data Collection Procedures

Covered OSHA employees will monitor their exposures to hazardous chemicals, noise, radiation, and other physical hazards. Self-monitoring may include full shift monitoring, screen sampling, passive sampling, and direct reading sampling. Covered employees will use professional judgment to determine the appropriate sampling method. When conducting joint safety and health inspections, follow generally accepted industrial hygiene practices.

Sample results are compared to the most protective Occupational Exposure Limit (OEL) among the following: OSHA permissible exposure limit (PEL), the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV), National Institute for Occupational Safety and Health (NIOSH) Recommended Exposure Limit (REL), or thespecific manufacturer's OEL.

Based on exposure monitoring data reviews, OOMN may request additional exposure monitoring, in coordination with OSHA's Field SHMS National Labor-Management Steering Committee, to support a special chemical, noise, or other physical agent exposure study, using appropriate measures to prevent exposure.

A. Self-Monitoring for Hazardous Chemicals

Covered Employees will perform self-monitoring for hazardous chemical exposure where appropriate, based on both professional judgment and the following conditions:

1. Self-monitoring is required when:

a. A company's employees are potentially exposed to chemicals at hazardous levels that justify taking air samples for measurement. Covered Employees at the location (e.g., in a joint safety and health inspection effort) may self-monitor, even if not taking samples from the company's employees.

b. Covered Employees have potential for exposure, and

c. At least one of the following is true:

i. The chemical is covered by an expanded health standard.

ii. The chemical is a carcinogen.

iii. The chemical has poor warning properties.

iv. The chemical has a high odor threshold (i.e. difficult to detect by smell).

v. The chemical has an unusually low OEL, for example <1 ppm or the mg/m^3 equivalent (see the OSHA Technical Manual, Section II, Chapter 1, Personal Sampling for Air Contaminants, Appendix M, to convert between ppm and mg/m^3).

vi. The chemical has a skin designation from an above OEL.

Note: The above decision policy is also available in Appendix C as a flowchart.

2. Self-monitoring is not required under the previous conditions IF one or more of the following conditions are met:

a. Covered Employees are not in the immediate area where work is being conducted.

b. The chemical has a low volatility or is not part of the process where it is easily aerosolized.

Note: If it is determined that self-monitoring is not required due to the above, the Covered Employee needs to document the specific reason in a location designated by the RA/Director (e.g., case file).

3. Covered Employees may self-monitor any time they decide it is warranted.

B. Self-Monitoring for Noise

In most situations, self-monitoring for noise is not required. Real time self-monitoring, ie. a sound level meter, is required when noise levels may exceed expected levels; it is used to determine when hearing protection is not adequate and the situation requires a change in location or proactive hearing protection. Noise exposure data will provide the Covered Employee with real time information to determine the need for additional hearing protection or distance from the source before causing hearing loss. Covered Employees may self-monitor for noise exposure any time they believe it is necessary.

Covered Employees will enter all noise exposure monitoring data into OIS.

C. The OSHA Hearing Conservation Program requires the use of personal protective equipment (PPE) and Audiometric examinations. Audiometric examinations are conducted during routine medical evaluations. See OSHA SHMS Manual Chapter 16, Hearing Conservation Program, for additional information.

D. Self-Monitoring for Other Physical Hazards

Covered employees will perform monitoring for physical agents (e.g., radiation, thermal stress). Covered employees will enter monitoring data results into OIS.

1. When Covered Employees encounter a situation where radiation or thermal stress is present, they will contact their supervisor to determine the need and appropriate method for self-monitoring.

2. Covered Employees may arrange for self-monitoring any time they believe it is necessary.

VI. Exposure Records

A. Exposure Records

An “employee exposure record” is defined in 29 CFR 1910.1020. For purposes of this Program, the information contained in the OIS self-sampling records constitutes an employee exposure record. The employee exposure record shall be recorded as outlined in Appendix B.

B. Access to Exposure Records

Covered Employees will have access to their own employee exposure records without the need for submitting a formal, written request for the records.

C. Exposure Records Availability

1. Under the Freedom of Information Act (FOIA), 5 U.S.C. §552, exposure monitoring records, regardless of where they are stored or maintained, might be released in response to requests from various parties. In most cases, the Covered Employee’s name and Compliance Safety and Health Officer (CSHO) ID number will be redacted, based on Exemption 6 (information about specific individuals in “personnel and medical files and similar files” when the disclosure of such information would constitute a clearly unwarranted invasion of personal privacy) and/or Exemption 7(c) (records or information compiled for law enforcement purposes to the extent that such information could reasonably be expected to constitute an unwarranted invasion of personal privacy) of the Freedom of Information Act.

2. The Privacy Act of 1974, 5 U.S.C. §552a, is not generally applicable to establishment case files. The Privacy Act permits an individual to seek access to only his/her own records and only if that record is maintained by the Agency within a system of records and retrieved by the individual requester’s name or personal identifiers.

3. If an inspection case is contested, exposure monitoring information might be released during the discovery process. Exposure monitoring information would be made accessible to the parties involved in the litigation (the establishment inspected and, if they have elected party status, the union representing the employees at the establishment), their attorneys and the judge. Under discovery, it is unlikely that the covered employee’s name or CSHO ID number could be redacted.

VII. Exposure Follow-Up

A. During a site visit, if covered employees recognize that they may be overexposed, they will take appropriate steps to remove themselves from risk and minimize further exposure. The primary action following such an exposure is to implement controls to reduce or prevent additional exposure.

B. Covered Employees will notify their manager, who will notify the applicable OSHA Field SHMS SHC whenever there is a known or suspected overexposure, see Chapter 2, Safety and Health Management System, Section IV, Incident Reporting/Investigation Procedures.

C. The applicable SHC will review any known or suspected exposure incident and determine if the case should be referred to the Director of OOMN, who will determine the need for further medical evaluation. Medical surveillance may be provided to employees exposed at levels greater than established occupational exposure limits or experiencing signs and symptoms of exposure as determined by OOMN.

D. The applicable SHC may make recommendations regarding current and future use of appropriate personal protective equipment, administrative controls, and work practices to the appropriate OSHA management.

VIII. Training

All Covered Employees must receive training annually on:

A. The requirements contained in this Program.

B. Exposure data collection methods, data collection equipment.

C. Trends and lessons learned from the applicable SHC annual review.

D. The specific substances referenced in Appendix A, Chemical Exposure Hazards to ensure familiarity and provide references on where to obtain additional information.

E. How to enter self-monitoring data into OIS.

Additional training is necessary if conditions such as data collection methods change. Retraining will occur when the supervisor determines that a Covered Employee does not possess adequate understanding or skill to self-monitor and/or prevent exposure to hazardous chemicals.

IX. Data Tracking and Retention

Covered Employee exposure records are established and entered into OIS. Appendix B, Creating a CSHO Sampling Record - OIS Instructions, is detailed and includes screen shots for correctly completing the form and accessing records in OIS. A paper file need not be created because the electronic records are maintained in OIS for the required 30 years. See 29 CFR 1910.1020(d)(i)(ii). CSHOs may create paper copies for their own records.

APPENDIX A
Chemical Exposure Hazards

I. Chemicals covered by an expanded OSHA health standard

Carcinogens: 4-Nitrobiphenyl; alpha-Naphthylamine; Methyl chloromethyl ether; 3,3'-Dichlorobenzidine and its salts; bis- Chloromethyl ether; beta-Naphthylamine; Benzidine; 4-Aminodiphenyl; Ethyleneimine; beta-Propiolactone; 2-Acetylaminofluorene; 4- Dimethylaminoazobenzene; and, N-Nitrosodimethylamine.

Asbestos	Cotton dust
Vinyl chloride	1,2 –dibromo-3-chloropropane
Inorganic arsenic	Acrylonitrile
Lead	Ethylene oxide
Chromium (VI)	Formaldehyde
Cadmium	Methylenedianiline
Benzene	1,3-Butadiene
Coke Oven emissions	Methylene chloride

II. Chemicals with poor warning properties, high odor thresholds, very low OELs, or special interest chemicals (this list is not all inclusive)

Chemicals covered by NEPs, LEPs, REPs or any other specific targeting program

Silica	Carbon tetrachloride
Beryllium	Chloroform
Carbon monoxide	Dichlorobenzene
Hydrogen sulfide	Ethylene oxide
Pharmaceutical dusts	Formamide
Isocyanates	Heptane
Acetylene	Diacetyl
N-bromopropane	Styrene

APPENDIX B
Creating a CSHO Sampling Record – OIS Instructions

The CSHO sampling record is entered as an ATAR inspection in OIS. The Area Office establishment should have been previously created and all CSHO sampling records should use that establishment.

Creating a CSHO Sampling Record

Most CSHO sampling records are associated with an inspection. Enter the associated inspection first, and then enter the sampling record inspection (ATAR inspection).

Generate a new inspection in OIS. Use the previously created establishment for your office. It is important that CSHO sampling records for each office be associated with **the same area office establishment record.** If you believe an establishment has not been created for your office, request the system admin or designated person create an establishment for your office using the guidelines in the section below "**Creating an Area Office Establishment in OIS"**

Site Info Tab

Select the "Search" button in the "Establishment Information" section.

In the "Establishment Name/DBA Name" field, enter USDOL%. (You may enter state, county, city or other criteria to narrow the search.).

Alternatively, if you know the OIS Establishment ID for your area office, you may search for that ID number.

Highlight your area office establishment and click the "Select Establishment" button. If there are duplicate establishments for your area office, notify your supervisor or system administrator so they can initiate an establishment clean-up according to established procedures.

Parent Company Information:	BLANK
Site Address:	The site address of the associated inspection where the self-sampling took place.
Site Information	
Site Activity:	The main employee activity sampled.
Temporary/Fixed:	Temporary
NAICS:	926150
Employment Information:	
Employed in Estab:	Number of OSHA employees in your office.
Covered by Inspection:	Zero (No inspection must have zero covered employees)
Controlled by Employer:	99999
Employees Walk Around:	No

Employees Interviewed:	No
Union:	Yes
Current Federal Contractor:	No

Related Activities Tab

Multi -Employer Inspections:	Add all inspections associated with the sampling performed. There is normally at least one inspection associated – the inspection associated with the employee sampling performed by the CSHO that initiated the self-sampling.

Inspection Dates Tab

Inspection dates for CSHO sampling should be the same as the associated employer inspection dates and times.

Inspection Type Tab

Initiating Type:	Other-ATARs
Secondary Types:	NONE
Emphasis Programs	ALL BLANK
Inspection Category:	Appropriate to the discipline of the CSHO
Sampling Performed:	Yes
Scope of Inspection:	No Inspection
Reason No Inspection:	Other
Explanation:	CSHO Self-Sampling
Strategic Plan Activity:	BLANK

Contact Info Tab

Employees Contacted:	Add all names of OSHA employees sampled during this sampling session. Normally, the job title will be "CSHO"

OIS Sampling Sheets

Complete OIS sampling sheets according to established guidelines. CSHO self-sampling is normally a one-time exposure. In this normal case, use the following information for the Employee/Area Record:

Sampled Subject:	Enter first and last name of OSHA employee sampled – address information is not required.

Sampled Employee Job

Number of Employees Exposed:	Number of OSHA employees involved in sampling
Job Title:	CSHO or other appropriate title
Occupation Title:	INSPECTORS AND COMPLIANCE OFFICERS EXCEPT CONSTR.
Exposure of person monitored:	Not Typical
Explain:	CSHO Self-Monitoring
Frequency:	Single Exposure (normally)
Exposure Duration:	Length of sampling with appropriate Unit for Duration

Creating an Area Office Establishment in OIS

This is a **one-time step** and should be completed by one person in the office—*e.g.*, the system administrator or other designated person. It is important to complete this step prior to entering CSHO sampling data as all inspections entered will use the same establishment to facilitate ease of tracking and data collection. Office managers and supervisors should be familiar with the Area Office establishment. Once it is created, this file will help new staff create CSHO Sampling Records and also help Regional Safety and Health Committee personnel when data is needed for committee review.

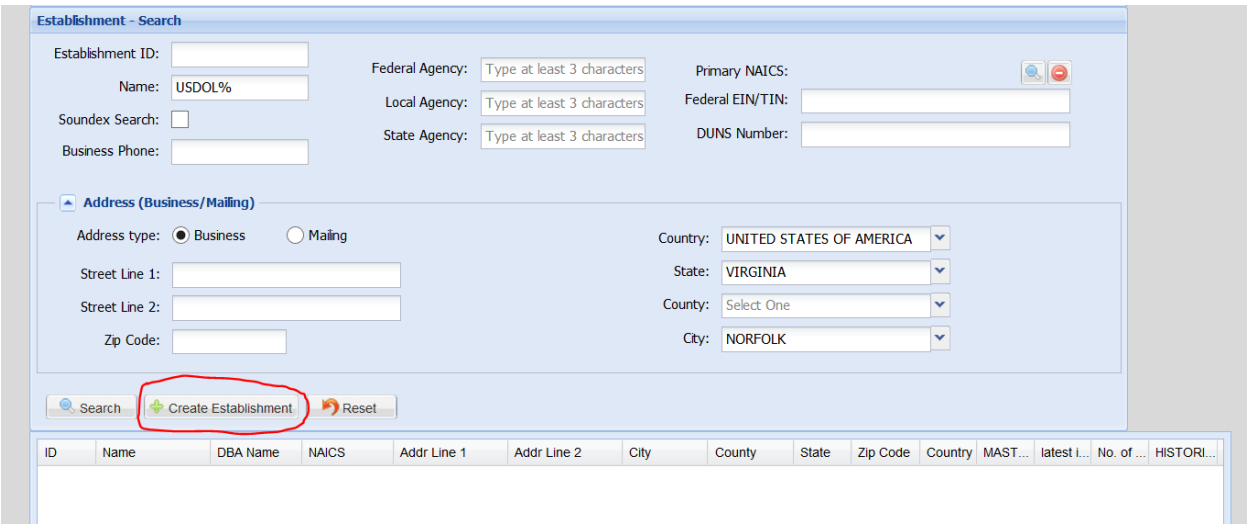
THIS STEP IS ONLY DONE ONCE PER OFFICE.

First search to ensure an establishment has not already been created. From the main OIS screen, click "Search Establishment". Enter the search criteria:

"USDOL%" in the "Name" field.

In the "Address" section, select the appropriate State, County, and/or City to narrow the search.
There should be only one establishment for each Area Office to ensure all sampling records for a particular office are accurately recorded. If an OIS establishment record for your office has already been created, use or modify that establishment. If multiple establishments have been created for your area office, clean up the establishment records so that only one record remains and is used by all staff.

If an establishment record <u>has not been created</u> for your office, click the **Create Establishment** button from the search screen:

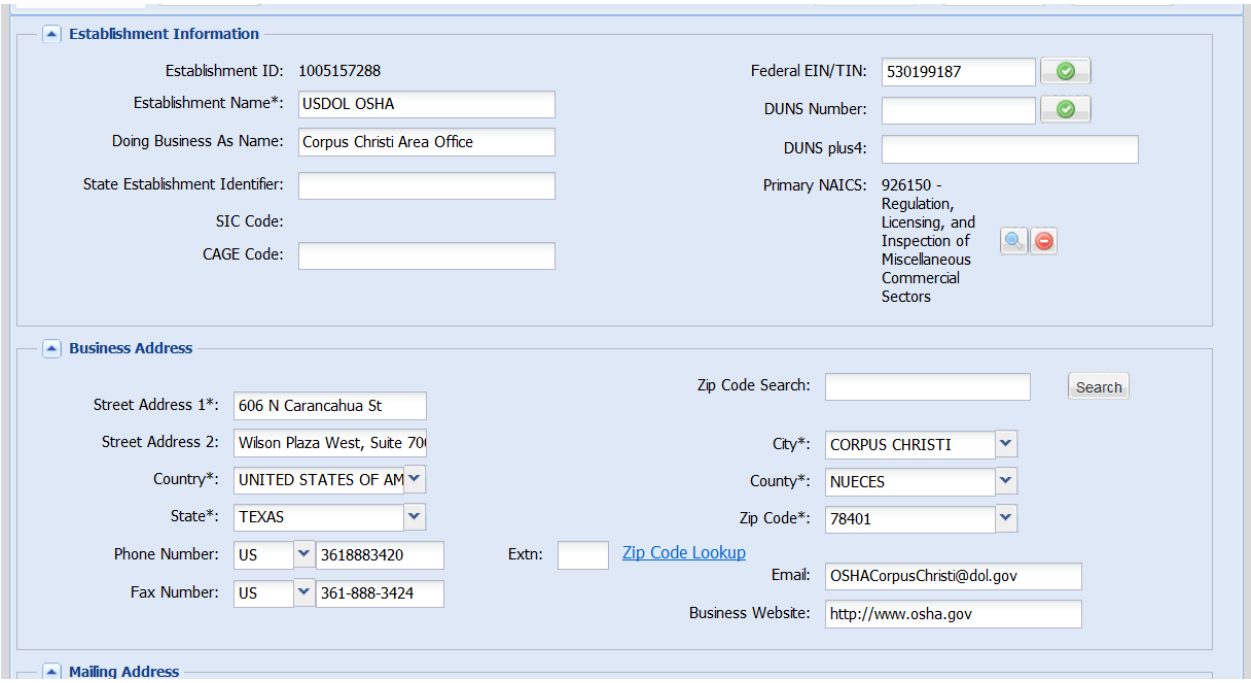


Enter the information for your office:

Establishment Name: "USDOL OSHA"

Doing Business as Name:	Your Office Name; *e.g.*, “Boise Area Office”
Federal EIN:	530199187
NAICS:	926150
Business & Mailing Address:	Your office business and mailing address. **These are normally the same address.**
Ownership Type:	Federal Government
Legal Establishment Type:	LEAVE BLANK
Federal Agency Code:	1102 – OSHA

Leave other fields at their default value.



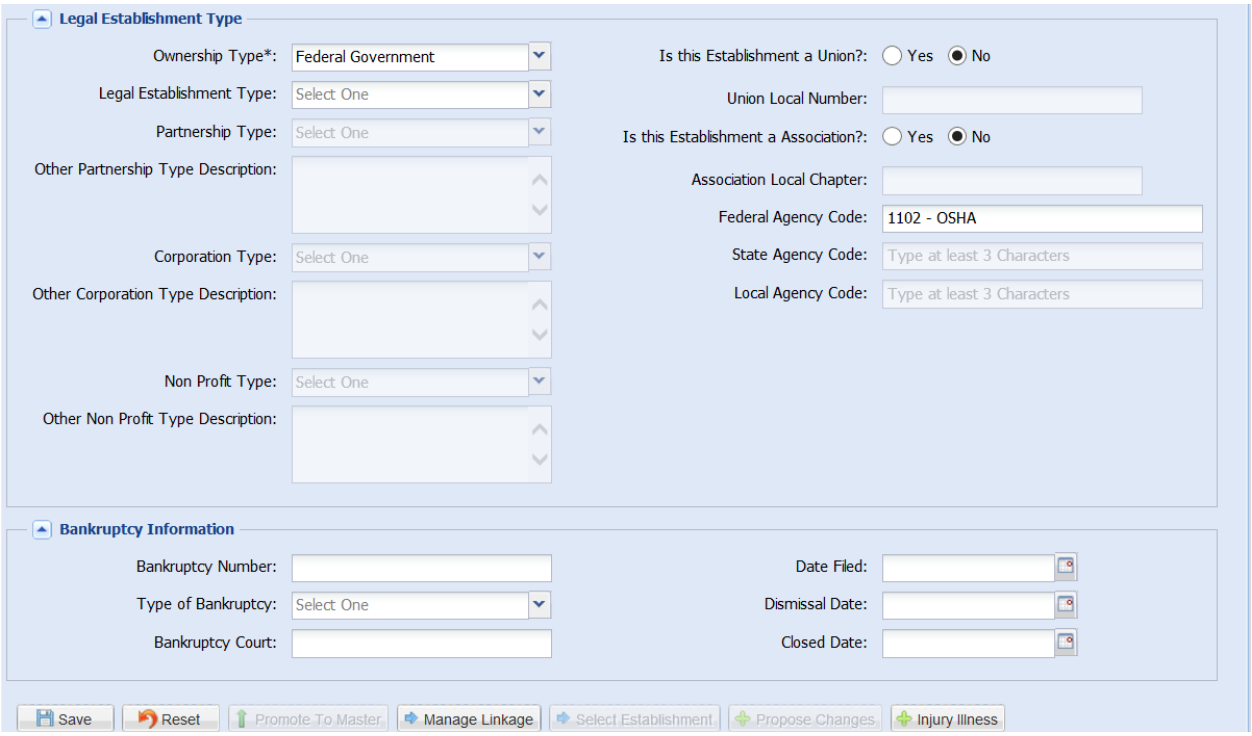
Establishment Information

Establishment ID: 1005157288
Establishment Name*: USDOL OSHA
Doing Business As Name: Corpus Christi Area Office
State Establishment Identifier:
SIC Code:
CAGE Code:
Federal EIN/TIN: 530199187
DUNS Number:
DUNS plus4:
Primary NAICS: 926150 - Regulation, Licensing, and Inspection of Miscellaneous Commercial Sectors

Business Address

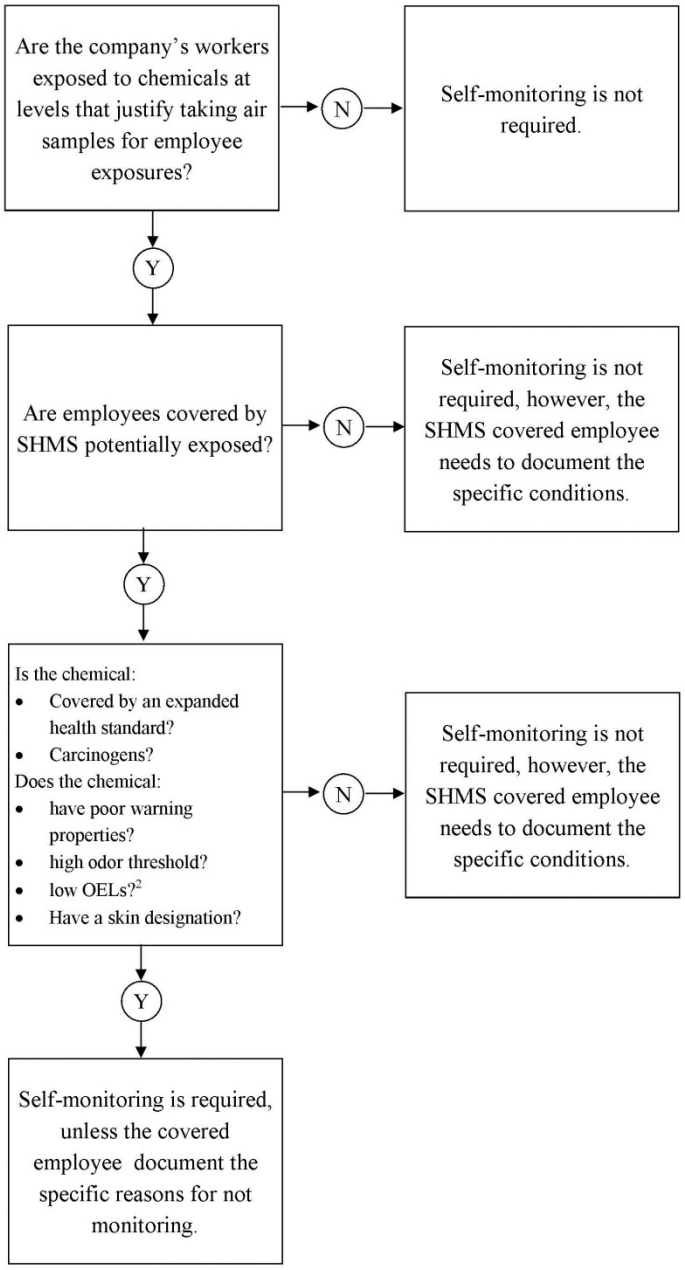
Street Address 1*: 606 N Carancahua St
Street Address 2: Wilson Plaza West, Suite 70
Country*: UNITED STATES OF AM
State*: TEXAS
Phone Number: US 3618883420
Extn:
Fax Number: US 361-888-3424
Zip Code Search: Search
Zip Code Lookup
City*: CORPUS CHRISTI
County*: NUECES
Zip Code*: 78401
Email: OSHACorpusChristi@dol.gov
Business Website: http://www.osha.gov

Mailing Address



When finished, click **Save**.

APPENDIX C
Site Visit Chemical Self-Monitoring Decision Flow Chart



[1]See section V.A.2.
[2] For chemicals with poor warning properties, high odor, or low OELs, see Appendix A

APPENDIX D
Passive Samplers

Below is a partial list of chemicals that may be sampled using passive samplers.

OSHA Validated Methods

2-Butanone (methyl ethyl ketone, MEK)
Benzene
Ethyl benzene
Hexone (methyl isobutyl ketone [MIBK])
Hydrogen cyanide
Isobutyl acetate
Methyl ethyl ketone (2-butanone)
Methyl isobutyl ketone (MIBK), (hexone)
m-Xylene
n-Butyl acetate
Nitrous oxide
o-Xylene
Perchloroethylene (tetrachloroethylene)
p-Xylene
sec-Butyl acetate
Styrene
t-Butyl acetate
Tetrachloroethylene (perchloroethylene)
Toluene
Trichloroethylene

Manufacturer Validated Methods

1,2-Dichloroethene (1,2-dichloroethylene)
1-Bromopropane (propyl bromide)
1-Methylcyclohexanol
Acetone
Acrylonitrile
Benzene
Dichloromethane (methylene chloride)
Ethyl methacrylate
Ethylene oxide
Halothane
Isoflurane
Methyl acrylate
Methyl t-butyl ether (MTBE)
Methylene chloride (dichloromethane)
n-Butyl acetate
n-Pentane
Perchloroethylene (tetrachloroethylene)
Propyl bromide (1-bromopropane)
Styrene
t-Butyl methyl ether (MTBE)
Tetrachloroethylene (perchloroethylene)
Trichloroethylene
Vinyl acetate