



# OSHA REGIONAL INSTRUCTION

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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**DIRECTIVE NUMBER:** CPL 02-00-700

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**SUBJECT:** Consultation Rapid Response Investigation (RRI) Transfer Program (CRT)

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**REGION:** Kansas City Region (KCM)

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**SIGNATURE DATE:** June 25, 2024

**EFFECTIVE DATE:** July 01, 2024

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## ABSTRACT

- Purpose:** To establish a policy and procedure for triaging and transferring employer-reported Severe Injury Reports (SIRs) to Consultation for action.
- Scope:** This Instruction applies to the Kansas City Region – Nebraska, Missouri, and Kansas Offices (Iowa may adopt a similar program).
- References:** Occupational Safety & Health Act of 1970, Final Rule Recordkeeping and Reporting requirements in 29 C.F.R. 1904, Interim Enforcement Procedures for New Reporting Requirements under 29 CFR 1904.39, Revised Interim Enforcement Procedures for Reporting Requirements under 29 C.F.R. 1904.39, Consultation Policies and Procedures Manual (CPPM), CRT White Paper: Duty Officer Script/Information Sheet for CRT Employer, Employer Instructions with Consultation Request Application
- Cancellations:** None
- State Impact:** No Impact
- Action Offices:** Wichita Area Office, Kansas City Area Office, Saint Louis Area Office, Omaha Area Office, Kansas Consultation, Missouri Consultation, Nebraska Consultation
- Originating Office:** Kansas City Regional Office
- Contact:** Assistant Regional Administrator for Cooperative and State Programs  
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By and Under the Authority of

Billie A. Kizer, MPH, CSP, Regional Administrator

## **Executive Summary**

This Instruction establishes a policy and procedure for triaging and transferring employer-reported Severe Injury Reports (SIRs) to Consultation for action.

## **Significant Changes**

None

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**I. Purpose.**

This Instruction establishes a policy and procedure for the Kansas City Region to provide triaging and transferring employer-reported Severe Injury Reports (SIRs) to Consultation for action.

**II. Scope.**

This Instruction applies to the Kansas City Region – Nebraska, Missouri, and Kansas Offices (Iowa may adopt a similar program).

**III. References.**

- A. Occupational Safety & Health Act of 1970
- B. Final Rule Recordkeeping and Reporting requirements in 29 C.F.R. 1904
- C. Interim Enforcement Procedures for New Reporting Requirements under 29 CFR 1904.39
- D. Revised Interim Enforcement Procedures for Reporting Requirements under 29 C.F.R. 1904.39
- E. Consultation Policies and Procedures Manual (CPPM)
- F. CRT White Paper
- G. Duty Officer Script/Information Sheet for CRT Employer
- H. Employer Instructions with Consultation Request Application

**IV. Cancellations.**

- A. None

**V. Action Offices.**

**A. Responsible Office.**

Kansas City Region, Cooperative and State Programs Section is responsible for overseeing the implementation of policies and procedures

**B. Action Office.**

Action Offices: Wichita Area Office, Kansas City Area Office, Saint Louis Area Office, Omaha Area Office, Kansas Consultation, Missouri Consultation, and Nebraska Consultation

**C. Information Offices.**

National Office Directorates and Iowa State Plan

**VI. Federal Program Change.**

None

**VII. Significant Changes.**

None

## VIII. Background

- A. Congress created the Occupational Safety & Health Administration (“OSHA”) with the passage of the Occupational Safety & Health Act of 1970. OSHA exists “to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education, and assistance.” To that end, the OSHA Consultation Program plays an instrumental role in the fulfillment of the Agency’s mission.
- B. On September 18, 2014, OSHA issued a final rule revising its occupational injury and illness recordkeeping and reporting requirements in 29 C.F.R. 1904. The final rule, which became effective January 1, 2015, requires employers to report all work-related in-patient hospitalizations, amputations, and losses of an eye to OSHA within 24 hours of the event.
- C. On December 24, 2014, OSHA issued Interim Enforcement Procedures for New Reporting Requirements under 29 CFR 1904.39. This initial memorandum provided interim procedures for the implementation process, including but not limited to, intake of reports, input of reports, temporary database, triaging of reports, and guidance for determining whether a report resulted in an inspection or a Rapid Response Investigation (RRI). Due to the influx of workplace incident reports to Area Offices around the county, OSHA evaluated the interim procedures and issued additional guidance.
- D. On March 4, 2016, OSHA issued Revised Interim Enforcement Procedures for Reporting Requirements under 29 C.F.R. 1904.39. This memorandum provided updated guidance and procedures for the OSHA Area Offices to enforce the reporting requirements. Among other things, this memo updated the procedures for the intake of reports from employers, data collection and sorting, and entry of data in the OIS system. OSHA provided revised flow charts to help understand the intake process.
- E. Since the new reporting requirement took effect in 2015, OSHA has continued to refine guidance to the field about when an RRI is appropriate and when an inspection should result. In addition, they are seeking new ways to ensure that small employers know about their reporting obligations and the resources available to them. With that goal in mind, OSHA Kansas City Region developed the Consultation RRI Transfer (CRT) Program – A collaborative program between the Kansas City Regional Area Offices and their respective On-site Safety and Health Consultation Program. The CRT Program enhances the March 2016 Revised Interim Enforcement Procedures for Reporting Requirements by introducing an added option when triaging an Employer Severe Injury Report (SIR) - an option of inviting

the Consultation Office to investigate the incident during a requested Visit, instead of receiving an OSHA activity.

- F. From June 2020 through June 2022 the Kansas City Region piloted the CRT program and determined that employee protection was enhanced. This directive initiates the formal implementation of the process.

## **IX. Responsibilities**

### **A. Area Offices**

1. When the Area Director (or a designee) receives a SIR, and it meets the criteria of a CRT, the Duty Officer will use this directive, to include the appendices, to process the CRT.
2. The Duty Officer will verify interim protection is in place for the SIR.

### **B. Consultation Offices**

1. When the Consultation office receives a request that is identified as a CRT (from a SIR), they will initiate action promptly.
2. The visit must commence with an investigation of the SIR incident including completion of the form, Appendix M (Incident Investigation Reporting Template) of the Consultation Policies and Procedures Manual (CPPM). Further known as Appendix D below.
3. Additionally, the visit will include a full-service Safety and/or Health assessment of the worksite as applicable.

- C. The Regional Office will include a CRT file review during the Consultation Program's Biannual On-Site Review, for compliance with this program.

## **X. Procedures**

- A. Intake of SIR: The Duty Officer will assess the Category of the SIR using the process described in the March 4, 2016, Memorandum (See Appendix A). The Category will then determine action option(s), as noted in 1-3 below, and introduce the CRT as an option to transfer the action to the Consultation Office.

1. Category 1 – An Employer Report identified as Category 1 will not qualify for CRT.
2. Category 2 – An Employer Report identified as Category 2 may qualify for CRT as determined by Area Director discretion. The Area Director's knowledge of the circumstances of the event and consideration of the 13 factors noted in the March 2016 Memorandum, Section V. B. will assist in making the determination. In addition, the Area Director will offer the CRT Program only to small and mid-sized businesses with 250 or fewer employees at the

establishment. Most importantly, you can only offer CRT to employers who do not have Process Safety Management (PSM) at their facility.

3. Category 3 – An Employer Report identified as Category 3 qualifies for CRT. The Area Director will offer the CRT Program only to small businesses as defined by an establishment with 250 or fewer employees.
- B. The Duty Officer will continue to follow the established procedure for Category 2 and 3 RRI in all cases. The procedure includes gathering the information identified in Section VII.B.1.a.-j. of the March 2016 Memorandum.
- C. When the Area Director (or a designee) determines that the Employer Report meets the criteria of a CRT, the Duty Officer will use the Duty Officer Script (See Appendix B) to guide the Employer through the CRT process. If the Employer immediately accepts OR shows interest and wants to consider the CRT, the Duty Officer will follow up, via e-mail, with the Employer Instructions with Consultation Request Application (See Appendix C) that outlines the procedures for acceptance.
1. Clearly explain that the program is voluntary and the choice to participate is up to the Employer.
  2. The On-site Safety and Health Consultation Program is a no-cost, confidential service separate from OSHA enforcement and does not result in penalties or citations.
  3. By accepting the option of the CRT, the Employer understands that the On-site Safety and Health Consultation Program will specifically investigate the circumstances surrounding the incident reported to OSHA and ensure corrective action as necessary.
  4. In addition, the Employer must agree to a full-service Safety and/or Health Consultation Visit depending on the nature of the SIR (as determined by the Consultation Program Manager).
  5. The Consultant can assess all areas of the workplace to help the Employer identify and correct hazards.
  6. The Consultant will also assist the Employer with training and written safety and/or health programs for compliance with OSHA standards (as applicable).
  7. Based on the initial consultation visit, the consultant may determine that a referral to the opposite discipline is recommended. This recommendation will be offered to the employer and the employer can decline, but the consultant will document that it has been offered and declined.
  8. The Employer agrees to correct any hazards identified during the visit, on time.



9. If the Employer chooses to participate, they must take action to initiate the process.
  - a) The Employer must promptly complete an On-site Safety and Health Consultation Service Application for Consultation Services and send it by fax or email to the On-site Safety and Health Consultation Program for their state.
  - b) Once the Consultation Office receives the completed On-site Safety and Health Consultation Service Application for Consultation Services, they will promptly respond to the Employer with an Acknowledgement Letter that verifies the application has been received.
  - c) Additionally, the Employer must ensure that the Duty Officer receives proof of interim protection from hazards related to the incident reported.
  - d) To complete the CRT process, the Employer must send the acknowledgment letter to the Area Office Duty Officer within three (3) business days.
  - e) Once the CRT process is complete, the Duty Officer must update OIS in this order: verify the UPA is coded CRT, close the UPA, and then transfer to "OTHER" and type in "Consultation."
  - f) The On-site Safety and Health Consultation Program will perform the scheduled visit.
  - g) The Consultant will schedule and complete the visit as promptly as possible, using the priorities outlined in the Consultation Policies and Procedures Manual (CPPM).
  - h) The Consultant will complete all other aspects of the visit as normal and will adhere to all rules of confidentiality.
- NOTE: If the Employer opts to participate in the CRT Program, but later cancels the scheduled consultation visit, the On-site Safety and Health Consultation Program Office will immediately notify the Area Office and an OSHA enforcement activity will commence.
10. If the Employer chooses not to participate in the CRT Program or fails to send the acknowledgment letter to the Area Office Duty Officer within three (3) business days, the Duty Officer will complete the SIR process for enforcement action as deemed appropriate. The enforcement action date will start on the date the Area Office becomes aware the employer declined the CRT opportunity, or by the third business day, whichever, comes first.
11. The consultation program can temporarily pause the CRT Program if program resources are limited. The consultation office must make a request to the

Regional Office and once approved, the Area Office will be notified to temporarily suspend further CRT transfers.

**XI. OIS Coding**

- A. Consultation will code the Request and Visit in OIS, using the Emphasis Tab, "CRT" as LEP.
- B. The Duty Officer will update the UPA in OIS with the LEP code "CRT" and close first, then transfer the UPA in OIS to "Other" and write the word "[STATE] Consultation."

## Appendix A

### **Title: Revised Interim Enforcement Procedures for Reporting**

Mar 4, 2016

**MEMORANDUM FOR:** REGIONAL ADMINISTRATORS  
STATE DESIGNEES

**THROUGH:** DOROTHY DOUGHERTY  
Deputy Assistant Secretary

**FROM:** THOMAS GALASSI, Director  
Directorate of Enforcement Programs

**SUBJECT:** Revised Interim Enforcement Procedures for Reporting Requirements under 29 C.F.R. 1904.39

#### *Overview*

On September 18, 2014, OSHA issued a final rule revising its occupational injury and illness recordkeeping and reporting requirements in 29 C.F.R. 1904. The new requirements became effective on January 1, 2015. The final rule requires employers to report all work-related in-patient hospitalizations, amputations, and losses of an eye to OSHA within 24 hours of the event. The previously existing requirement for employers to report all work-related fatalities to OSHA within eight hours was not changed. For additional information, see the preamble to the final rule at [79 FR 56129-56188](#), *Occupational Injury and Illness Recording and Reporting Requirements - NAICS Update and Reporting Revisions*, September 18, 2014.

On December 24, 2014, OSHA issued *Interim Enforcement Procedures for New Reporting Requirements under 29 CFR 1904.39*. That memorandum provided interim procedures for the implementation process including, intake of reports, input of reports, temporary database, triaging of reports, and guidance for determining whether a report resulted in an inspection of a Rapid Response Investigation ("RRI"). Based on the evaluation of the influx of workplace incident reports to OSHA and the field's experiences with the new reporting requirements over the past year, OSHA has evaluated those interim procedures. Accordingly, OSHA is issuing these Revised Enforcement Procedures which replace the December 2014 Interim Procedures.

This memorandum provides updated internal guidance and procedures for the Area Offices to enforce the reporting requirements. Among other things, this memo updates the procedures for the intake of reports from employers, data collection and sorting, and entry of data in the OIS system. Revised flow charts are provided to help understand the intake process. Revisions in this memorandum include additional guidance on requesting more information from the employer when conducting an RRI; a safe harbor provision for employers who conduct internal investigations during the RRI; monitoring inspections of closed RRIs; increased penalties for failure to report; updated fill-in Appendices; and a flow chart for coding.

I. *Summary of Applicable Section 1904.39: Reporting fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to OSHA*

[1904.39\(a\)\(1\)](#) requires employers to report to OSHA within 8 hours after the death of any employee as a result of a work-related incident. (Same as previous regulation.)

[1904.39\(a\)\(2\)](#) requires employers to report to OSHA within 24 hours after the in-patient hospitalization, amputation, or loss of an eye of a worker from a work-related incident.

- Under the previous regulation, employers had to report the following events to OSHA:
  - All work-related fatalities
  - All work-related hospitalizations of three or more employees
- Under the current regulation, employers must report the following events to OSHA:
  - All work-related fatalities (same as previous regulation)
  - All work-related in-patient hospitalizations of one or more employees
  - All work-related amputations
  - All work-related losses of an eye

NOTE: Employers must report a fatality if it occurs within 30 days of the work-related incident. Employers must report inpatient hospitalizations, amputations, or loss of an eye if it occurs within 24 hours of a work-related incident.

[1904.39\(a\)\(3\)](#) requires employers to report the fatality, in-patient hospitalization, amputation, or loss of an eye using one of the following methods:

- By telephone or in-person to the OSHA Area Office that is nearest to the site of the incident;
- By telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742); or
- By electronic submission using the reporting application located on OSHA's public website at [www.osha.gov/report.html](http://www.osha.gov/report.html).

NOTE: Employers do not have to report an event if it:

- Is not work-related.
- Resulted of a motor vehicle accident on a public street or highway, except in a construction work zone; employers must report events occurring in construction work zones.
- Occurred on a commercial or public transportation system (airplane, subway, bus, ferry, streetcar, light rail, train).

- Occurred more than 30 days after the work-related incident in the case of a fatality or more than 24 hours after the work-related incident in the case of an in-patient hospitalization, amputation, or loss of an eye.

[1904.39\(b\)\(2\)](#) requires employers to give OSHA the following information for each fatality, in-patient hospitalization, amputation, or loss of an eye:

- The establishment name;
- The location of the work-related incident;
- The time of the work-related incident;
- The type of reportable event (i.e., fatality, in-patient hospitalization, amputation, or loss of an eye);
- The number of employees who suffered a fatality, in-patient hospitalization, amputation, or loss of an eye;
- The names of the employees who suffered a fatality, in-patient hospitalization, amputation, or loss of an eye;
- The employer's contact person and his or her phone number; and
- A brief description of the work-related incident.

NOTE: The employer may use a third-party representative to implement the reporting requirements in section 1904.39.

[1904.39\(b\)\(8\)](#) guides employers on how to report situations where they do not learn right away that the reportable fatality, in-patient hospitalization, amputation, or loss of an eye was the result of a work-related incident. If an employer is not immediately aware of a reportable fatality, in-patient hospitalization, amputation, or loss of an eye that was the result of a work-related incident, a report to OSHA must be made within the following period after the employer or its agent(s) learns that the reportable event was the result of a work-related incident: Eight (8) hours for a fatality, and twenty-four (24) hours for an inpatient hospitalization, an amputation, or a loss of an eye.

NOTE: Questions and Answers relating to OSHA's reporting requirement can be found at: "[Updates to OSHA's Recordkeeping Rule](#)".

## II. *Definitions*

The following definitions apply to this memorandum:

### A. *Severe Injury Report (SIR)*

An employer reports to OSHA a severe injury (fatality, in-patient hospitalization, amputation, or loss of an eye) as the result of a work-related incident. Throughout this memorandum, SIR and employer reports are used interchangeably.

### B. *Inspection*

An onsite inspection of an employer's worksite conducted by an OSHA compliance officer as the result of an employer report of a severe injury (SIR) that falls within either Category 1 or 2 as detailed in this memorandum.

C. *Rapid Response Investigation (RRI)*

OSHA's offsite investigation was conducted in response to an employer's report of a severe injury (SIR). The RRI is conducted according to the procedures detailed in this memorandum and generally does not involve an onsite inspection of the workplace. Instead of an onsite inspection, an employer is expected to conduct its investigation into the work-related incident and share its findings with OSHA.

D. *Abatement Certification*

Abatement certification as described in this memorandum refers to the written documentation that an employer provides during the RRI process. The certification should be signed by an official of the company and should detail the abatement measures that have been implemented to correct the condition that was the basis of the employer report.

III. *Enforcement Process*

A general outline of the enforcement process is provided in the following flowchart. Each step in the process is further described after the chart.

*Intake Procedures*

[29 CFR 1904.39](#)(a)(3) provides that employers can report by telephone or in-person to the nearest Area Office; through the OSHA toll-free central telephone number, 1-800-321-6742; or by electronic submission on OSHA's public website.

A. *SIR Received by Telephone or In-Person.*

While speaking with the employer, Area Office personnel should obtain the following information:

1. The establishment name;
2. The location of the work-related incident;
3. The time of the work-related incident;
4. The type of reportable event (i.e., fatality, in-patient hospitalization, amputation, or loss of an eye);
5. The number of employees who suffered a fatality, in-patient hospitalization, amputation, or loss of an eye;
6. The names of the employees who suffered a fatality, in-patient hospitalization, amputation, or loss of an eye;
7. The employer's contact person; phone number; e-mail; and
8. A brief description of the work-related incident causing the reportable event.

NOTE: A suggested questionnaire is provided in [Appendix A](#) to assist Area Office personnel when collecting information through phone calls or in person.

## B. *SIR Received by Electronic Submission*

As a new option, an employer may report work-related fatalities, amputations, in-patient hospitalizations, or the loss of an eye to OSHA by electronic submission using a fatality/injury/illness reporting application located on OSHA's public website at [Electronic Reporting Form for Employers](#). These electronic reports are automatically forwarded via email to a designated Area Office in the appropriate state. OSHA personnel will obtain the same information from employers as listed in [Section IV. A](#) of this Memorandum.

1. **Issue here with names**
2. Each Area Office will manage a SIR mailbox and process the "Electronic Reporting Form for Employers" according to internal processing procedures. The SIR mailbox is monitored daily, and every incoming report is reviewed to ascertain jurisdiction.
  - a. If the SIR falls within the jurisdiction of the Area Office, the report is entered into OIS and processed as outlined in this memorandum.
  - b. If the SIR falls within the jurisdiction of another Area Office, the report is forwarded appropriately.
  - c. If the SIR falls within the jurisdiction of a State Plan state, the report is forwarded to the State Plan.
  - d. If the SIR falls within the jurisdiction of another Federal agency, the report shall be forwarded to the agency.
3. All SIR-related material received electronically should be printed out and stamped with the date the material was submitted and received. When these dates are not the same, the Area Director will determine the appropriate date for the incoming material.

NOTE: When an employer reports an incident, the Area Office must initially evaluate whether it is work-related. Employers are not required to report, and OSHA does not have authority over, any injury or illness that is not work-related.

## II. *Triage to Determine Inspection or Rapid Response Investigation*

After OSHA receives an employer report and has obtained the necessary information, the Area Director or his/her designee must determine whether to conduct an inspection or an RRI.

Employer reports will fall into one of three categories: Category 1 - reports that require an OSHA inspection; Category 2 - reports that may result in either an inspection or an RRI; Category 3 - reports that result in an RRI.

NOTE: There are some instances in which the Area Director may determine that based on all available information there is no factual basis for concluding that a violation or hazard exists. In such instances, neither an inspection nor an RRI should be conducted.

Below are the criteria and explanations for each of the three categories:

A. *Category 1*

An employer report is identified as Category 1 and an inspection shall be conducted by OSHA, if any one of the conditions below is reported:

1. All fatalities and reports of 2 or more in-patient hospitalizations;
2. Any injury involving a worker under 18.
3. The employer has a history of the same or similar hazards or incidents within the past 12 months;
4. Repeat offenders (history of egregious, willful, failure-to-abate, or repeated citations; and employer on SVEP).
5. Report of a hazard covered by a local, regional, or national emphasis program.
6. Any imminent danger.

NOTE: If the employer is an exempt industry, the Area Director must follow the Exemptions and Limitations under the Appropriations Act (See [CPL 02-00-051](#), Enforcement Exemptions and Limitations under the Appropriations Act, May 28, 1998).

B. *Category 2*

An employer report is identified as Category 2 if it does not involve any of the conditions described in Category 1. For Category 2 reports, the Area Director has the discretion to determine whether an inspection or an RRI shall be conducted. This determination is based on the Area Director's knowledge of the circumstances of the event and consideration of the following factors:

1. Have the work conditions that resulted in the employer report of injury or illness been corrected? If so, what were the corrective measures taken and how quickly were they implemented?
2. Can complete abatement of the reported workplace condition be implemented before an inspection is conducted?
3. Are other employees still exposed to the hazard that resulted in the reported injury, illness, or fatality? If so, how many employees?
4. Was the work-related incident the result of a safety program failure such as PRCS, LOTO, PSM, etc.?
5. Does the employer have work rules/procedures that address the hazard/incident? If so, were the work rules/procedures followed? If not, why not?
6. How are the work rules/procedures communicated to employees and how are the work rules/procedures enforced?
7. Did the work-related incident involve a serious hazard such as explosive materials, combustible dust, or falls?



8. Did the report of injury or illness involve temporary workers or other vulnerable employees?
9. Has another government agency (federal, state, or local) made a referral regarding the reported incident/hazard?
10. Does the employer have a prior OSHA inspection history?
11. Any Whistleblower complaint/investigation involving the employer?
12. Is the employer a Cooperative Program Participant, e.g., VPP, OSHA Strategic Partnerships, SHARP, or an active Alliance member? (Note: Area Offices should follow existing procedures for reporting fatalities involving employers in these programs.)
13. Did the work-related incident involve a health hazard such as chemical or heat stress exposure?

This list is not intended to be exhaustive. Additional criteria particular to the hazard/incident may be considered by the Area Director. Based on an evaluation of the information obtained in response to the above questions, the Area Director will decide whether an on-site inspection or an RRI is appropriate.

### C. *Category 3*

When the Area Director (or his or her designee) determines that based on the criteria discussed above an employer report does not warrant an inspection, an RRI shall be conducted. RRIs shall be conducted consistent with the protocols described below.

#### III. *Inspection/ RRI Procedures*

##### A. *Procedures for a Category 1 and 2 Inspection*

After the Area Director (or his or her designee) determines that an employer report falls within Category 1, an onsite inspection shall be conducted following the procedures contained in the Field Operations Manual (FOM). Similarly, if the Area Director (or their designee) determines that an employer report falls within Category 2, and an inspection by OSHA is warranted, the inspection shall be conducted following procedures contained in the FOM. If the Area Director (or their designee) determines that an employer report is Category 2 but based on an evaluation of the incident information that an onsite OSHA inspection is not warranted, an RRI shall be conducted following the procedures below.

OSHA inspections will begin, resources permitting, within five working days (except for fatalities and catastrophes) of receipt of the employer report. RRIs will begin, resources permitting, within one day after receipt of the employer report.

##### B. *Procedures for a Category 2 and 3 Rapid Response Investigation (RRI)*

When the Area Director (or his or her designee) determines that the employer report falls within Category 3, an RRI should be conducted. Also, if the employer report falls within Category 2 and the determination is made not to conduct an onsite inspection, an RRI should be conducted. The RRI is intended to identify any hazards, provide abatement assistance, and confirm abatement. All RRIs should be conducted following the following procedures:

1. The Area Office should begin the RRI within one day after receipt of the employer's report. [Appendix B](#) serves as guidance for information that should be obtained during the initiating call with an employer and should cover the following:
  - a. *Incident Details*: Review the incident with the employer and collect any additional information missing from the initial report (i.e., details of the incident; machinery/ equipment involved; what systems are in place to prevent this type of incident; review of work rules; if rules not followed, why not, etc.);
  - b. *Internal Investigation*: Discuss in detail the need for the employer to immediately conduct its internal investigation to determine the reasons for the occurrence of the work-related incident, to identify the hazards related to the incident, and to implement corrective measures.
  - c. *Employer Actions*: Explain the actions the employer must complete as part of the RRI process: that is, internal investigation, abatement verification, posting requirements, and sending a copy to the employee representative. (Details in 2a below).
  - d. *Consultation and compliance assistance*: Provide consultation and compliance assistance regarding safety and health issues, best practices, and abatement. Provide information on the hierarchy of controls, OSHA web page for information (guidance, eTools, etc.), and other assistance (for example: sample programs, local consultants, etc.);
  - e. *OSHA Documents*: Explain that OSHA will send a letter detailing the steps the employer should take to investigate and correct the incident (RRI letter - Appendix C-1), investigative guidance (Investigative Guidance for Employers - Appendix D-1), and a Certification of Posting ([Appendix D-2](#)).
  - f. *Other Resources*: In addition, a guidance document developed by the OSHA/NSC National Alliance provides information on incident investigation. A link is provided in the OSHA RRI letter ([Appendix D-3](#)).
  - g. *Posting*: Explain that the RRI letter from OSHA should be posted in a conspicuous place where all affected employees will have notice or near the location where the incident occurred and that the letter should be provided to the authorized employee representative, employee union representative, or safety and health committee in the facility;
  - h. *Certificate of Posting*: Explain that the Certificate of Posting should be completed and returned to OSHA. Explain that failure to take the actions as described below may result in an on-site inspection;
  - i. *Anti-Discrimination*: Explain whistleblower and anti-discrimination protections -11(c) protections;

- j. *Failure to Respond:* Emphasize the importance to the employer of responding as outlined below and that failure to respond may result in an on-site inspection.
2. Key components of an RRI are the employer's actions regarding its internal investigation of the incident, abatement verification, and posting. The employer should complete the following:
  - a. *Internal Investigation:* Within five working days after the initiating RRI call described above, the employer should inform the Area Director in writing of the results of its internal investigation by letter, email, or fax. The written document should confirm that actions have been taken to correct the conditions that resulted in the employer report. If the employer cannot complete its investigation and correct hazards within five working days the employer must provide written notification to OSHA before the expiration of five days with reasons why the investigation or corrective action cannot be completed.
  - b. *Request for Additional Time:* At the Area Directors' discretion, a time extension may be granted to the employer to complete an internal investigation and implement corrective actions. The employer must submit interim abatement plans in a request for a time extension. The Area Director will review the proposed interim abatement and depending on conditions may agree to an extension for the investigation completion and final abatement implementation. If an agreement cannot be reached regarding additional time, OSHA will conduct an on-site inspection.
  - c. *Abatement Verification:* Within five working days after the initiating RRI call, the employer should mail, fax, or e-mail a signed Abatement Verification to the Area Director. A company official must sign the verification and describe the completed corrective action. If OSHA agrees to grant additional time to the employer to correct hazards, the employer must provide OSHA with an abatement verification within one day of the new completion date. The abatement verification should include a detailed description of the corrective action taken. In addition to the abatement verification, the employer should provide supporting documentation to verify the implementation of the corrective action, for example, a copy of new/revised operating procedures/policies/work rules; copies of monitoring results; photographs and/or videos; and training records.
  - d. *Posting:* The employer should post a copy of the RRI letter from OSHA in a conspicuous place where all affected employees will have notice or near the location where the incident occurred. (See [Appendix D-2](#));
  - e. *Certificate of Posting:* The employer should return a copy of the signed Certificate of Posting to the Area Office.

- f. *Notification to Employees:* The employer should provide a copy of the RRI letter from OSHA and its written abatement verification to the authorized employee representative, employee union representative, or safety and health committee in the facility.
3. Employer's Failure to Provide Adequate Responses:
    - a. If OSHA has not received a response from an employer within five working days, the Area Director will decide whether to conduct an onsite inspection or to make further attempts to contact the employer.
    - b. If OSHA determines that an employer has not provided adequate responses to the RRI as described in Section B.2, above, or if OSHA determines that an employer's responses are not consistent with other information, the Area Director may conduct an on-site inspection.

#### C. *Closing an RRI*

When an Area Office concludes that an employer has satisfactorily completed all actions described above, the Area Office will summarize the findings/response from an employer and enter that information into the OSHA Information System (OIS). See [Appendix E](#) for a sample screenshot of the database for entering this summary.

After the closing of the RRI, the Area Director should send an e-mail or letter to the employer informing the employer that based on the information provided the matter is closed. See Appendix C-2 - sample closing letter.

#### D. *Monitoring and Other Inspections*

OSHA may conduct monitoring inspections of closed RRIs based on a randomized selection of closed investigations. The monitoring inspection is to ensure accuracy in the reporting and will be limited to an inspection of the previously reported condition. OSHA recognizes that a critical part of the RRI procedure is an employer's willingness to conduct an internal investigation to determine the reasons for the occurrence of a work-related incident, to identify related hazards, and to implement corrective measures. Therefore, if OSHA conducts a monitoring inspection or an inspection for any other reason of a worksite previously subject to an RRI, OSHA will not use the employer's internal investigation to cite a condition(s) discovered by the employer during its internal investigation as long as employees are not exposed to a serious hazard and the employer is taking diligent steps to correct the condition.

#### E. *Citing for Failure to Report*

The revised reporting requirements in [29 C.F.R. 1904.39](#) provide that an employer must report to OSHA, all in-patient hospitalizations, amputations, and loss of an eye occurring within 24 hours of a work-related incident. The requirement for reporting work-related fatalities has not changed. Employers must report, within 8 hours, the death of an employee from a work-related incident. A citation shall be issued to an employer who fails to report occurrences within the specified time frame. For further guidance on failure to report, refer to [CPL 02-00-135](#), *Recordkeeping Policies and Procedures Manual*, December 30,

2004. Penalties described in [CPL 02-00-135](#) will be issued for failure to report a fatality, catastrophe of three or more inpatient hospitalizations, or other work-related events.

1. An Other-than-Serious citation will normally be issued for failure to report one or two in-patient hospitalizations, amputation, or loss of an eye. Unless superseded by a future policy revision, the unadjusted penalty will be \$5,000.
2. If the Area Director determines that achieving the necessary deterrent effect is appropriate, the unadjusted penalty may be \$7,000, unless superseded by a future policy revision.

NOTE: If the Area Director becomes aware of an incident required to be reported under 29 CFR 1904.39 through some means other than an employer report (e.g., inspection or referral from fire or police department) before the lapse of the reporting period, and an inspection of the incident is conducted, a citation for Failure to Report will normally not be issued.

#### F. *Federal Agencies*

All federal Executive Branch agencies regardless of size or industry classification must continue collecting injury and illness records under 29 CFR 1904.39; domestically and overseas. If a federal agency is located domestically, the revised reporting requirements of 29 CFR 1904.39 are applicable. For federal agencies operating overseas the new reporting requirements do not apply. OSHA encourages each federal agency operating overseas to develop internal procedures to investigate work-related incidents that involve in-patient hospitalization, amputation, or loss of an employee's eye. The investigative report of the accident should include appropriate documentation on the date, time, location, and description of operations, description of the accident, photographs, interviews of employees and witnesses, measurements, causal factors, corrective actions taken, and any other pertinent information related to the incident. These incidents must be included in a summary report and submitted annually to the Secretary of Labor.

NOTE: OSHA has also developed a document that answers common questions concerning federal agencies' recordkeeping. (See [Frequently Asked Questions for OSHA's Injury and Illness Recordkeeping Rule for Federal Agencies](#).)

#### G. *Outreach*

To ensure that the public is informed of the new requirements under 29 C.F.R. 1904.39, OSHA is engaging in outreach to industry and interested parties. Area Offices are encouraged to conduct their outreach initiatives. For further information and resources, please see the OSHA website at [www.osha.gov/recordkeeping2014](http://www.osha.gov/recordkeeping2014).

#### IV. *Data Collection*

##### A. *Input Referral - Employer Reports into OIS*

Once the Area Office receives the SIR, it must be manually inputted into OIS. All SIRs, whether collected electronically, by phone, or in person, must be entered into OIS by the Area Office.

1. Employer reports of in-patient hospitalizations, amputations, and the loss of an eye will be recorded in OIS as "**Referral - Employer Reported = Yes.**" Employers

reporting hospitalizations of two or fewer workers will be recorded in OIS as "**Referral - Employer Reported = Yes.**"

2. Reports of work-related fatalities will be entered in OIS in the usual manner- as a "**FAT/CAT.**" Catastrophes, three or more hospitalizations, also will be entered in OIS as a "**FAT/CAT.**"

NOTE: The steps for inputting a report into OIS as a "**Referral - Employer Reported = Yes**" are described in further detail in ([Appendix E](#)).

*NOTE: The Area Director (or their designee) must ensure the "Complaint/Referral Actions" tab is filled in with the appropriate, "Action Type": Valid= Yes or No and Do Inspection= Yes or No.*

## **Appendix A-1**

### **Severe Injury Report Intake Questionnaire**

Date & Time Received: Click or tap to enter a date.

CSHO: Click or tap here to enter text.

**Obtain information from the caller by asking the following questions:**

#### ***Preliminary Information:***

1. What are you calling to report: Choose an item.
2. How Many Workers Were Affected:
  - a. # of Deaths: Click or tap here to enter text.
  - b. # Injured: Click or tap here to enter text.
  - c. # Ill: Click or tap here to enter text.
3. Caller Information:
  - a. Name: Click or tap here to enter text.
  - b. Job Title: Click or tap here to enter text.
  - c. Employer: Click or tap here to enter text.
  - d. Site Address: Click or tap here to enter text.
  - e. Mailing Address: Click or tap here to enter text.
  - f. Contact Phone: Click or tap here to enter text.
  - g. Contact Fax: Click or tap here to enter text.
  - h. Contact E-Mail: Click or tap here to enter text.
4. Do you work for the same employer as the injured worker? Choose an item.
5. Date and time of incident? Click or tap to enter a date.

6. What is the business or site name (if different)? Click or tap here to enter text.
7. Where did the incident happen? Click or tap here to enter text.
8. Explain What Happened: Click or tap here to enter text.

***Now I'm going to ask you some questions about the injured employee:***

1. Name of Injured Employee: Click or tap here to enter text.
2. Age of injured employee: Click or tap here to enter text.
3. Gender: Choose an item.

(For additional employees, use the continuation section at the end of the form.)

4. Was the injured employee working as a contract or temporary worker? Choose an item.

Agency Name: Click or tap here to enter text.

Agency Phone #: Click or tap here to enter text.

5. What parts of the injured worker's body were affected? Click or tap here to enter text.
6. Incident Outcome: Choose an item.
7. Were other workers injured or ill due to this incident? Choose an item.

a. Other injured/ill worker information:

1. Name: Click or tap here to enter text.
2. Age: Click or tap here to enter text.
3. Gender: Click or tap here to enter text.

b. Other injured/ill worker information:

1. Name: Click or tap here to enter text.
2. Age: Click or tap here to enter text.
3. Gender: Click or tap here to enter text.

***Now I'm going to ask you about each injured employee's employer/workplace:***

1. Injured worker's employer name: Click or tap here to enter text.
2. Employer's Address: Click or tap here to enter text.
3. Employer Contact's Name: Click or tap here to enter text.
4. Contact's Phone: Click or tap here to enter text.
5. Contact's E-mail: Click or tap here to enter text.
6. Injured Employers Industry/business? Click or tap here to enter text.

7. How many employees:
  - a. Work at the Site: Click or tap here to enter text.
  - b. Work at All locations: Click or tap here to enter text.
  - c. Is there a union at this workplace? Choose an item. (yes, no)
  - d. Union name: Click or tap here to enter text.
  - e. Union address: Click or tap here to enter text.
  - f. Union contact phone number: Click or tap here to enter text.

***Now I'm going to ask you some questions about the incident that led to the injury:***

1. What is the injured employee's job/job title? Job Title or description
2. What does the injured employee do at the site? Click or tap here to enter text.
3. What were they doing just before the injury or illness? Click or tap here to enter text.
4. What tools, equipment, or materials were being used? Click or tap here to enter text.
5. What directly caused harm to the employee? Click or tap here to enter text.
6. Is the hazard still in the workplace? Choose an item. (yes, no)
  - a. If yes: Could it potentially harm other employees? Choose an item.
  - b. How many employees are potentially exposed? Click or tap here to enter text.
  - c. What steps have been taken to remove the hazard? Click or tap here to enter text.
7. Has a similar thing happened/almost happened before? Choose an item. (Yes, No)
  - a. If YES, how long ago and describe: Click or tap here to enter text.
  - b. Describe the previous occurrence: Click or tap here to enter text.

**Additional Notes and Comments:**

*[Other things you'd want to know if you were doing the inspection]*

Recommended Action: Choose an item. (inspection, RRI, no action)

OIS UPA#: Click or tap here to enter text.

***NOTE: The questions above are intended to help guide Area Office personnel during the employer's initial call of a work-related incident. The questions in this document will need to be entered into OIS. When closing the call, the Area Office should close the intake call with the following:***

*Thank you. We may call you in the next few days to guide you through the next steps or to gather additional information about the incident.*



*In the meantime, I encourage you to visit OSHA's webpage to find our resources for employers. We have a wide variety of educational materials and tools that businesses can use to understand, identify, and fix workplace hazards. You can find the webpage at [www.osha.gov](http://www.osha.gov).*

*If you have any questions, you can reach me by phone at [AO Phone Number], email at [AO Email Address], or fax at [AO Fax Number]*

## **Appendix B-1**

### **Initiating Rapid Response Investigation (RRI) Call**

The suggested dialogue below will help gather the information detailed in Section VI.B.1.

Hello, my name is [First & Last Name]. I am calling from the Occupational Safety and Health Administration to follow up on the incident report you made on [Click Here to Enter Date] that [First & Last Name of Injured Employee] was injured at your worksite at [Establishment Name and Address].

How is [Mr. or Mrs. Last Name of Injured Employee] doing?

#### **[Enter Employers Response]**

The kinds of injury you reported often indicate the presence of hazards that could put other workers at risk. It is in everyone's best interest to fully understand why the incident occurred and how a recurrence can be prevented.

We ask that you conduct an internal investigation of the incident and identify both the immediate and the underlying causes of what happened. You should find out what led to the incident and what safety and health modifications can be made to prevent future injuries to other workers.

It is important to ask what the worker was doing at the time of the injury and to obtain all information about what the job task requires. I encourage you to involve your other employees in your investigation; since they work most closely with the equipment and processes and can help you answer these kinds of questions.

We want to know the results of your investigation. Please send us the results of your investigation in writing by [Click Here to Enter Date]. Please include supporting documents like photographs, videos, or test results you gathered during your investigation.

Also, please provide written signed documentation of the actions to correct the hazard(s).

We want to inform you that OSHA may conduct a monitoring inspection. Employers will be selected randomly for monitoring inspections to ensure that RRIs are conducted effectively and consistently.

After this call, I will send you a letter summarizing this discussion. I will include some resources to guide you through conducting your incident investigation. In addition, there are many resources on our webpage at [www.osha.gov](http://www.osha.gov) for employers like you who want to improve safety and health at their workplaces.

Do you have any questions for me? [Click Here to Enter Text]

***I want to emphasize that it is important that you respond to our request for information about the incident and that you provide information documenting actions you have taken to protect workers.***

Again, my name is **[First and Last Name]** and if you have any additional questions, you can reach me by phone at **[AO Phone Number]**, email at **[AO Email Address]**, or fax at **[AO Fax Number]**.

## **Appendix C-1**

### **Sample Letter - OSHA Rapid Response Investigation (RRI)**

**[Establishment Name & Address]**

Attn: **[Employer Name]**

Dear **[Mr. or Mrs. Employer Last Name]**:

This letter is to follow up on the conversation we had on **[Click Here to Enter Date]** about **[First & Last Name]**, the employee injured at your worksite on **[Click Here to Enter Date]**. As we discussed, there are some important steps you should be taking to ensure the safety of your workers and avoid the need for an OSHA inspection.

In most cases, a serious injury indicates the presence of workplace hazards that threaten the health and safety of other workers. OSHA is concerned that additional employees at your worksite are at risk of injury. As we discussed, it is in everyone's interest that you conduct a thorough investigation to determine the reasons for the work-related incident, identify hazards related to the incident, and implement corrective actions.

**Please complete each of the following by [Click Here to Enter Date]:**

Conduct an incident investigation. (*See Non-Mandatory Investigative Tool - Attachment A*)

Provide OSHA with written, signed documentation of findings from the investigation.

Provide OSHA with written, signed abatement certification documenting action taken to correct hazards related to the incident.

Send a copy of the investigation and abatement verification to **[AO Fax Number]** or **[AO Email]**.

Post a copy of this letter in a conspicuous place where all affected employees will have notice or near the location where the incident occurred.

Fax or email a copy of the signed Certificate of Posting (*Attachment B*) to **[AO Fax Number]** or **[AO Email]**.

If you have a problem meeting this deadline or have any further questions, please call me.

**If we do not receive the investigation results, abatement verification, and certificate of posting by [Click Here to Enter Date], your worksite may be considered for an on-site inspection.**

The goal of your incident investigation will be to identify the immediate and underlying causes of the incident. To assist you in investigating, I have attached a guide for your use, to ensure your employees are protected from future injuries. Additional resources are available at OSHA's Safety and Health Topics website to assist you with conducting an Incident Investigation.:

<https://www.osha.gov/dcsp/products/topics/incidentinvestigation/index.html>

After correcting any immediate hazards, small and medium-sized businesses may be interested in requesting free, confidential assistance from the On-Site Consultation Program. Consultants from a state agency or university will work with you to identify workplace hazards, provide advice on compliance with OSHA standards, and assist you in establishing a safety and health management program. These services are separate from enforcement and do not result in penalties or citations. To find out more information about OSHA's On-Site Consultation Program, please visit the program website at <https://www.osha.gov/dcsp/smallbusiness/consult.html> or call **[State Consultation Office Contact Information]** to reach your local On-Site Consultation office. Also, please find a copy of the OSHA pamphlet, "[FREE Safety and Health Consultation Services](#)" for your use in [English](#) or Spanish.

Please note that it is against the law for employers to retaliate or discriminate *in any way* against an employee for raising safety and health issues or for exercising their rights under the OSHA law. This includes the right to report a work-related injury or illness to their employer or to contact OSHA. More information about the Whistleblower Protection Program can be found at <http://www.whistleblowers.gov/>.

If you have any questions, please call me at **[AO Phone Number]** or email me at **[AO Email]**. Your support and interest in the safety and health of your employees is appreciated.

Sincerely,

**[Area Director's Name]**

Area Director

## **Appendix C-2**

### **Sample OSHA Rapid Response Investigation (RRI) Closing Letter**

**[Establishment Name & Address]**

Attn: **[Employer Name]**

Dear **[Mr. or Mrs. Employer Last Name]**

On **[Click Here to Enter Date]** we received your investigation, abatement verification, and certificate of posting concerning the incident on **[Click Here to Enter Date]** where an employee was injured on your worksite.

Based on our review of this information, we are closing our file on this matter and no further action is anticipated at this time.

We appreciate your prompt response to the work-related incident and your willingness to conduct an internal investigation, provide the findings of your investigation, and take all actions to correct hazards and protect employees from a similar incident.

Please feel free to contact this office if we can be of additional assistance to you.

Sincerely,

**[Area Director's Name]**

Area Director

*Appendix D-1*

***Non-Mandatory Investigative Tool for Employers***

**A. ESTABLISHMENT INFORMATION**

1. Name of Investigator: **[First & Last Name]**
2. Job Title: **[Click Here to Enter Text]**
3. Name of Company: **[Click Here to Enter Text]**
4. Address: **[Street or Mailing] [City, CO 12345]**
5. Contact Phone: **[800 321-6742]**
6. Fax: **[800 321-OSHA]**
7. E-Mail: **[Company@gmail.com]**
8. NAICS: **[112233]**
9. How many Employees at: a) Worksite **[#####]** b) All Locations **[#####]**
10. Union: **Y N**
11. Union Name and Contact Info: **[ Click Here to Enter Text ]**

**B. INJURED EMPLOYEE INFORMATION**

1. Injured Employee: **[First & Last name]**
2. Age: **[##]**
3. Gender: **M F**

(For additional employees, use the continuation section at the end of the form.)

4. Employee Typical Job Title: **[Click Here to Enter Text]**
5. Job at Time of Incident: **[Click Here to Enter Text]**
6. Type of Employment (check all that apply): Full-Time, Part-Time, Seasonal, Temporary, or Other: **[Click Here to Enter Text]**
7. Length of Employment with the Company: **[Click Here to Enter Text]**
8. Amount of time in current position at the time of incident: **[Click Here to Enter Text]**
9. Nature of Injury: **[Choose an item]** Other: **[Click Here to Enter Text]**
10. Part of Body: **[Choose an item]** Other: **[Click Here to Enter Text]**

**C. INCIDENT INVESTIGATION**

1. Date and time of the incident: **[Click Here to Enter Date and Time]**

2. Location of incident: **[Click Here to Enter Text]**

3. What was the employee doing just before the incident occurred?

*Describe the activity; including the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials" and "changing gasket on a chlorine line".*

4. What happened?

*Provide a detailed description of the incident and how the injury occurred. Provide details such as measurements, sequence of events, equipment RPMs, trench dimensions, and the type of vehicle(s) involved, and discuss the use of hazard controls such as guards or PPE. Examples: "bucket of chemical X spilled on the floor", "ladder slipped on the wet floor", "worker fell 20ft.", "employee was sprayed with chlorine when gasket broke during replacement" and "employee was not wearing PPE".*

5. What was the injury or illness?

*Describe the part of the body that was affected and how it was affected. Be more specific than "hurt", "painful" or "sore". Examples: "fractured vertebrae" and "chemical burn to the hand".*

6. What object or substance directly harmed the employee?

*Provide the type, brand, size, distinguishing features, condition, or specific part that harmed the employee. Example: "band saw blade".*

#### **D. WHAT CAUSED OR ALLOWED THIS INCIDENT TO HAPPEN?**

*What were the underlying reasons the incident occurred - and are the factors that need to be addressed to prevent future incidents? If safety procedures were not being followed, why were they not being followed? If a machine was faulty or a safety device failed, why did it fail? It is common to find factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures and policies, training or lack of training, and work environment. If you identify these factors, try to determine why these factors were not addressed before the incident.*

#### **E. CORRECTIVE ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS**

1. Hazardous condition(s) identified and corrective action taken by the employer.

*Describe the immediate measures taken, interim and/or long-term actions necessary to correct the hazardous condition(s). Also, use this section to track the completion of multi-step corrective actions as well as final corrective actions used to abate the hazardous condition.*

2. Corrective Actions: **[Choose an item]** Other: **[Click Here to Enter Text]**

3. Additional notes and comments.

*Provide additional comments, including statements from eyewitnesses and injured employee(s).*

4. Date Hazardous Condition was Abated: **[Click Here to Enter Date]**

**Employer Name:** **[Click Here to Enter Text]**

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

or

**This constitutes my electronic signature.                      Date: [Click Here to Enter Date]**

(If this box is checked, this submission shall be considered as an authorized written signature.)

**NOTE:** This investigation tool is provided to assist employers in finding the cause of incidents and to prevent similar incidents in the future. It contains criteria that may be used to evaluate the capabilities of current safety practice(s). The employer is encouraged to use this document or other equivalent form, as a means for abatement verification and submit their corrective actions in Section E and sign Section F. This is a *non-mandatory* tool.

- Additional resources are available at:
  - OSHA's website, "[www.osha.gov](http://www.osha.gov)".
  - OSHA's Safety and Health Topics Page, "[Incident Investigation](#)".
  - OSHA Guidance Document, "[Incident \[Accident\] Investigations: A Guide for Employers](#)".
  - National Safety Council, "[How to Conduct an Incident Investigation](#)".
  - OSHA's On-site Consultation Program (Free Service): <https://www.osha.gov/smallbusiness>

**D-2 Certification of Posting**

**Activity Number: Click Here to Enter the Number**

**Date of Posting: Click Here to Enter the Date**

**Date Copy Given to an Employee Representative: Click Here to Enter Date**

**On behalf of the employer, I certify that a copy of the letter received from the Occupational Safety and Health Administration (OSHA) concerning the workplace injury that occurred on \_\_\_\_\_ has been posted in a conspicuous place where all affected employees will have notice or near such location where the incident occurred, and a copy of the letter has been given to each authorized representative of affected employees, if any. The letter was or will be posted for a minimum of ten (10) working days or until any hazardous condition(s) are corrected.**

**Signature: \_\_\_\_\_**

**Title: \_\_\_\_\_**

## Appendix B

### Title: Duty Officer Script/Information Sheet for CRT Employer

- Congratulations! Your company has qualified to participate in our Kansas City Region – OSHA CRT Program, available to select employers. The incident your company reported to our office meets the criteria for this voluntary program.
- Let me explain further:
  1. When an employer reports a workplace incident to our office, we assess the circumstances and, in most cases, initiate an inspection or investigation.
  2. However, in this case, we assessed the injury you reported and identified your company as a candidate to receive a consultation visit instead of action from our enforcement office. In other words, your company has the option of inviting the Onsite Safety and Health Consultation Program to investigate the incident instead of OSHA.
  3. OSHA enforcement activity can result in citations and penalties. This can be a financial burden in addition to any costs associated with correcting or eliminating hazards.
  4. When a Consultant from the Onsite Safety and Health Consultation Program visits your workplace, no citations or penalties are issued; however, you are required to correct **any serious hazards** identified during the visit and verify interim protection is in place specific to the conditions of the reported incident.
  5. For this Program, you (the Employer) will arrange with the On-site Safety and Health Consultation Program a visit to your facility. They will specifically investigate the circumstances surrounding the incident you reported to us and identify corrective action as necessary.
  6. In addition, you must agree to a full-service **Safety and/or Health Consultation visit**. This means that the Consultant will then assess the remainder of your workplace to help you identify and correct hazards. They will also assist your company with training; required site-specific safety and health programs; and/or development and implementation of a Safety and Health Management System (as applicable).
  7. As necessary, the consultant may advise your company to schedule an additional visit to the opposite discipline. This would mean if a safety consultant addressed safety hazards, they may note health hazards that would be best addressed by an Industrial Hygienist (i.e., noise or air sampling).
  8. Data has shown that Safety and Health Management Systems decrease injuries and illnesses, which directly affects the economic growth of companies.
- Again, this program is **voluntary**. However, YOU must promptly take the following actions if you would like to participate in the CRT program:
  1. You must email the Duty Officer documentation of interim protection related to the specific condition(s) of the reported incident to certify that employee exposure to the hazard(s) is eliminated.

2. An On-site Safety and Health Consultation Service Application for Consultation Services must be completed and sent to the Consultation Office.
    - The link to the application is on each Consultation Office’s website.
    - You can either email it to the Consultation Office Or fax it to **them**.  
When completing the brief application, you must put “CRT” in the Comment box.
  3. Once the Consultation Office receives the On-site Safety and Health Consultation Service Application requesting Consultation Services, they will promptly respond to you with an acknowledgment letter that verifies the application has been received.
  4. **Our Office needs a copy of the Acknowledgement Letter within three (3) business days.**
    - You must email a copy of the letter to our OSHA Office attention: Duty Officer (INSERT EMAIL ADDRESS FOR AREA OFFICE)
    - Or fax the letter, **Attention: Duty Officer CRT Program at** (INSERT FAX NUMBER)
    - This correspondence should also include the interim protection documentation.
- If you choose not to participate in this CRT Program opportunity, you must notify us immediately:
    1. Notify the Duty Officer via email (at the above-listed address) or telephone.
    2. If we do not hear from you within three (3) business days, we will assume you have selected not to participate in the CRT Program and the Area Office will process the incident notification as deemed appropriate, which could result in an inspection.

**Be Mindful of the following:**

- **YOU must take action to participate in the CRT Program or opt-out. You must notify the Area Office of your choice within three (3) business days.**
- **If you choose to participate in the CRT Program, but later cancel your scheduled visit with the On-site Safety and Health Consultation Program, an OSHA enforcement activity will commence.**
- **The On-Site Safety and Health Consultation Program offers no-cost and confidential occupational safety and health services to small and medium-sized businesses. On-site consultation services are separate from OSHA enforcement efforts and do not result in penalties or citations. However, employers must agree to correct any serious or imminent danger hazards on time.**

**NOTE TO THE DUTY OFFICER - Please remember when you e-mail the Employer the Consultation RRI Transfer (CRT) Program - Employer Instructions as a follow-up to the phone conversation, to “cc” the Consultation Office. This will give them a “heads-up” that the Duty Officer has made a CRT offer. They will be on the lookout for the Request Application and respond to the Employer quickly.**



## Appendix C

### **Title: Consultation RRI Transfer (CRT) Program - Employer Instructions**

Congratulations! Your company has qualified to participate in our Kansas City Region – OSHA CRT Program, available to select employers. The incident your company reported to our office meets the criteria for this voluntary program.

Let us explain further:

- When an employer reports a workplace incident to our office, we assess the circumstances and, in most cases, initiate an inspection or investigation.
- However, in this case, we assessed the injury you reported and identified your company as a candidate to receive a consultation visit instead of action from our enforcement office. In other words, your company has the option of inviting the On-site Safety and Health Consultation Program to investigate the incident instead of OSHA.
- OSHA enforcement activity can result in citations and penalties. This can be a financial burden in addition to any costs associated with correcting or eliminating hazards.
- When a Consultant from the On-site Safety and Health Consultation Program visits your workplace, no citations or penalties are issued; however, you are required to correct **any serious hazards** identified during the visit. The Consultant will also verify interim protection is in place specific to the conditions of the reported incident.
- For this Program, you (the Employer) will arrange with the On-site Safety and Health Consultation Program a visit to your facility. They will specifically investigate the circumstances surrounding the incident you reported to us and identify corrective action as necessary.
- In addition, you must agree to a full-service **Safety and/or Health Consultation visit**. This means that the Consultant will then assess the remainder of your workplace to help you identify and correct hazards. They will also assist your company with training; OSHA-required site-specific safety and health programs; and/or development and implementation of a Safety and Health Management System (as applicable).
- As necessary, the consultant may advise your company to schedule an additional visit to the opposite discipline. This would mean if a safety consultant addressed safety hazards, they may note health hazards that would be best addressed by an Industrial Hygienist (i.e., noise or air sampling).
- Data has shown that Safety and Health Management Systems decrease injuries and illnesses, which directly affects the economic growth of companies.

Again, this program is **voluntary**. However, YOU must promptly take the following actions if you would like to participate in the program:

1. You must email the Duty Officer documentation of interim protection related to the specific conduction(s) of the reported incident to certify that employee exposure to the hazard(s) is eliminated.
2. An On-site Safety and Health Consultation Service Application for Consultation Services must be completed and submitted to the Consultation Office.
  - The link to the application is on each Consultation Office's website.
    1. When completing the brief application, you must put "CRT" in the Comment box if one is available or notify the consultation office via email or phone that you are submitting a request in response to the CRT program.
3. Once the Consultation Office receives your submitted On-site Safety and Health Consultation Service Application requesting Consultation Services, they will promptly respond to you with an Acknowledgement Letter. The Acknowledgement Letter is verification and acceptance of your request for services.
4. **Our Office needs a copy of the Acknowledgement Letter within three (3) business days.**
  - You must email a copy of the letter to our OSHA Office attention: Duty Officer at (INSERT EMAIL ADDRESS FOR AREA OFFICE)
  - This correspondence should also include the interim protection documentation.

If you choose not to participate in this Program opportunity, you must notify us immediately:

- Notify the Area Office Duty Officer via email.
- If we do not hear from you within three (3) business days, we will assume you have selected not to participate in the Program and the OSHA Office will process the incident notification as deemed appropriate for enforcement activity.

**Be Mindful of the following:**

- **YOU must take action** to participate in the Program or opt-out. You must notify the OSHA Office of your choice within **three (3) business days**.
- If you choose to participate in the Program, but later cancel your scheduled visit with the On-site Safety and Health Consultation Program, an OSHA enforcement activity will commence.

- The On-Site Safety and Health Consultation Program offers no-cost and confidential occupational safety and health services to small and medium-sized businesses. On-site consultation services are separate from OSHA enforcement efforts and do not result in penalties or citations. However, employers must agree to correct any serious or imminent danger hazards on time.

Appendix D  
Title: Incident Investigation Reporting Template

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**SECTION 1**

**Incident Investigation Date:** Click or tap to enter a date.

**Visit Number:** Click or tap here to enter text.

**Request Number:** Click or tap here to enter text.

**User ID:** Click or tap here to enter text. **RID:** Choose an item.

**Region:** Click or tap here to enter text. **State:** Choose an item.

**Date of Incidence:** Click or tap to enter a date.

**OSHA Inspection Date:** Click or tap to enter a date.

**OSHA Inspection # (if applicable):** Click or tap here to enter text.

- Select One:**
- Fatality
  - Catastrophe
  - Imminent Danger
  - Formal Complaint
  - Referral – Severe Injuries Only
- 

**SECTION 2**

**Establishment Name:**

**Establishment Address:**

**OIS Site ID #:**  **NAICS:**  **Union Name (if applicable):**

**Select One Program:** SHARP  Pre-SHARP  SHARP Pilot

**Current Program Status:**  **Duration in Program:**

Last Renewal Date of Program:  Last Evaluation Date of Program:

Number of Employees at the establishment:

Number of Contractors at the establishment:

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**SECTION 3**

**(Please, complete this section with information about the incident only)**

Total Number of Fatalities:  Total Number Injured:  Total Number Ill:

Number of Employee: Fatalities  Injured  Ill

Number of Contractors: Fatalities  Injured  Ill

Number of Temporary and/or Seasonal Employees: Fatalities  Injured  Ill

Were Employees Performing the Activities Related to the Incident? Yes  No

Were Contractors Performing the Activities Related to the Incident? Yes  No

Were Temporary or Seasonal Employees Performing the Activities Related to the Incident?

Yes  No