



OSHA INSTRUCTION

DIRECTIVE NUMBER: CSP 02-00-003

EFFECTIVE DATE: 11/19/2015

SUBJECT: Consultation Policies and Procedures Manual

ABSTRACT

- Purpose:** This instruction outlines the policy framework for administering the OSHA Consultation Program and revises and clarifies processes and procedures for administering and monitoring Consultation Projects.
- Scope:** OSHA-wide.
- References:** 29 CFR 1908. Consultation Agreements. 49 FR 25094, June 19, 1984, unless otherwise noted. See <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&r=PART&n=29y5.1.1.1.7>; Accessed January 14, 2015.
- Safety and Health Program Management Guidelines (FR 54:3904-3916);
Standard Element Paragraph (STEP) Manual (CNS 3.6)g;
29 CFR 1908, Consultation Agreements.
- OSHA Field Operations Manual, CPL 02-00-150, April 22, 2011. See www.osha.gov/OshDoc/Directive_pdf/CPL_02-00-150.pdf
- CPL 02-00-025, "Scheduling System for Programmed Inspections," January 4, 1995
- OSHA Instruction IRT 01-00-013 (ADM 1-1.29A), The IMIS Consultation Data Processing Manual; December 12, 1996.
- Cancellations:** OSHA Instruction CSP 02-00-002, Consultation Policies and Procedures Manual, January 18, 2008
- State Plan Impact:** Notice of Intent and Equivalency Required. See Chapter 1, paragraph IV
- Action Offices:** National, Regional, and Area Offices
- Originating Office:** Directorate of Cooperative and State Programs

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Executive Summary

This manual cancels and replaces OSHA Instruction CSP 02-00-002, Consultation Policies and Procedures Manual, issued January 18, 2008, and its supplemental notices. It outlines the overall policy framework for administering and managing the OSHA Consultation Program, updates and clarifies the criteria and requirements for participation in the Safety and Health Achievement Recognition Program (SHARP) and the requirements of the monitoring and evaluation system.

Significant Changes

- Each of the Chapters previously changed through Notices has been substantially or completely included in this Revision to the Consultation Policies and Procedures Manual.
- Updates were made throughout this Manual to be consistent with current OSHA approved strategic goals and terminology.
- The definitions for full-service and limited-service visits have been further clarified.
- Safety and Health Achievement Recognition Program: Revised Updated Size Requirements has been updated.
- Conducting Multiple Initial On-site Visits in a Single 12-Month Period and Re-defining Follow-up has been updated.
- Incentive Programs and Safety and Health Achievement Recognition Program (SHARP) Applicants has been updated.
- Verification of Hazard Abatement after the Termination of an On-site Consultation Visit Due to Enforcement Activities has been updated.
- Regional Annual Consultation Evaluation Report for State Plan States has been included.
- On-site Consultation - Closing conferences and multi-employer on-site consultation visits has been updated.
- Informal Training Requirements has been updated.
- References to the Site Specific Targeting (SST) programmed inspection list have been removed.
- Template for the Consultation Management Report (CMR) table in Appendix G and associated references throughout this document has been removed.
- Referrals are included under other critical inspections as determined by the Assistant Secretary and a Consultation visit-in-progress is terminated when OSHA enforcement initiates an inspection.

- Referrals received by OSHA related to sites that have achieved or are working toward SHARP recognition will be transferred to the Consultation Project for response and treated as a high priority visit.
- Policy regarding Consultation Projects to work with SHARP employers to address emerging hazards/areas of emphasis has been added.
- References to “exemption period” were replaced with “deferral period.”
- Visit Case File Organization – Appendix H provides an example of the structure and content of visit case files.
- Consultation Policies and Procedures Manual, Chapter 3: Promoting and Managing Consultation Services, Part III: Prioritizing and Scheduling of Services has been updated.
- Option for a waiver for Formal Training Qualifications has been added.
- References for Consultation Projects working with Severe Violator Enforcement Program (SVEP) employers have been added.

Table of Contents

Chapter 1 Introduction	1
Chapter 2 OSHA Cooperative Programs	13
Chapter 3 Promoting and Managing Consultation Services	16
Chapter 4 Visit-Related Requirements	27
Chapter 5 Training and Assistance Visits	35
Chapter 6 Documenting Consultation Services	38
Chapter 7 Relationship to Enforcement	41
Chapter 8 OSHA's Safety and Health Achievement Recognition Program (SHARP) Pre- SHARP, and SHARP Pilots	49
Chapter 9 Monitoring of Consultation Projects	62
Chapter 10 Consultation Annual Project Plan (CAPP).....	74
Appendix A Sample Letter to Employers Receiving Low Priority	A-1
Appendix B Sample List of Hazards (Preferred Format) LIST OF HAZARDS (SERIOUS)	B-1
Appendix C Rate Calculations	C-1
Appendix D Sample Calculations	D-1
Appendix E Interim-Year SHARP Site Self-Evaluation Template	E-1
Appendix F Action Plan for Inspection Deferral Status Template	F-1
Appendix G Mandated Activity Report for Consultation (MARC)	G-1
Appendix H Visit Case File Organization	H-1
Appendix I Checklist for On-site Review	I-1
Appendix J Safety and Health Program Assessment Worksheet (OSHA Form 33)	J-1
Appendix K Consultant Function-Competency Statements	K-1
Appendix L Reserved -- Process Safety Management	L-1
Appendix M Reserved -- Fatalities and/or Catastrophes at Pre-SHARP and SHARP Workplaces	M-1

Chapter 1

Introduction

- I. **Purpose.** This instruction describes and implements the policies and procedures governing the administration and operation of the OSHA On-site Consultation Program.
- II. **Scope.** This instruction applies to Consultation Programs funded under Section 21(d) of the *Occupational Safety and Health Act of 1970* (OSH Act). Although private sector Consultation Programs funded under Section 23(g) grants are not subject to the specific policies and procedures documented here, they must operate programs that are at least as effective as the Consultation Programs funded under Section 21(d) of the OSH Act.
- III. **References.**
 - A. 29 CFR 1908. Consultation Agreements. 49 FR 25094, June 19, 1984, unless otherwise noted. See <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&r=PART&n=29y5.1.1.1.7>; Accessed January 14, 2015.
 - B. Safety and Health Program Management Guidelines (FR 54:3904-3916); Standard Element Paragraph (STEP) Manual (CNS 3.6)g; 29 CFR 1908, Consultation Agreements.
 - C. OSHA Field Operations Manual, CPL 02-00-150, April 22, 2011. See www.osha.gov/OshDoc/Directive_pdf/CPL_02-00-150.pdf
 - D. CPL 02-00-025, "Scheduling System for Programmed Inspections," January 4, 1995
 - E. OSHA Instruction IRT 01-00-013 (ADM 1-1.29A), The IMIS Consultation Data Processing Manual; December 12, 1996.
- IV. **State Plan Impact.**
 - A. **Notice of Intent and Equivalency Required.**

This instruction describes a Federal Program Change which revises and updates policies and procedures for the OSHA On-site Consultation Program. States with OSHA-approved State Plans must have written procedures for their state and local government employee on-site consultation programs and compliance policies relating to these programs as set out below. State Plans may, but are not required to, establish a recognition, achievement, and enforcement deferral/deletion program for the public sector, similar to the OSHA SHARP and Pre-SHARP. Additionally, State Plans that run their On-site Consultation Program through their 23(g) grant must have at least as effective written policies and procedures in place. All On-site Consultation program elements must follow the current year's OIS coding instructions.

B. Submission Requirements.

Within 60 days of the date of issuance of this directive, State Plans must submit a notice of intent indicating if the State Plan will adopt, or already has in place, enforcement policies and procedures that are either identical to or different from this Instruction. State adoption, either identical or different, should be accomplished within six months. If adopting identically, the State Plan must provide the date of adoption to OSHA, due within 60 days of adoption. If the State Plan adopts or maintains enforcement policies that differ from this Instruction, the State Plan must either post its different policies on its State Plan website and provide a link to OSHA, or provide OSHA with an electronic copy and the name and contact information of someone within the State Plan who can assist the public with obtaining a copy. This action must occur within 60 days of the date of adoption. OSHA will post summary information of the State Plan responses to this Instruction on its website.

C. General Requirements. Section 21(d) of the Act and 29 CFR Part 1908 established requirements for state consultation and enforcement programs which remain in effect.

- a. Recognition and Achievement Programs. All state programs (regardless of the source of funding) must offer, as part of their State Plan, a recognition, achievement, and enforcement inspection deletion/deferral program to private sector employers at least as effective as the Federal recognition and exemption program set out in Chapter 8 of this manual.

States may not grant deletions or deferrals from State Plan enforcement inspections based on consultation activities that do not meet the requirements of 29 CFR Part 1908 or an at least as effective alternative.

- b. Enforcement Policies. All states (regardless of the source of consultation funding) must adopt enforcement policies at least as effective as the enforcement policies established by 29 CFR Part 1908, including:
- i. the definition of a consultation visit “in progress” and its effect on inspection scheduling (§ 1908.6(h));
 - ii. not initiating a complaint inspection based on a posted List of Hazards (§ 1908.6(e)(8));
 - iii. employer confidentiality (§ 1908.6(h) and § 1908.7(a)(3));
 - iv. limitations on the availability of the consultant’s written report (§ 1908.6(g)(2);
 - v. deferral from inspections for applicants implementing an effective safety and health management system (§ 1908.7(b)(4)(i)(A)); and
 - vi. removing recognition and achievement program participants from general schedule inspections (§ 1908.7(b)(4)(i)(B)).

V. **Significant Changes.**

- A. Each of the Chapters previously changed through Notices has been substantially or completely included in this Revision to the Consultation Policies and Procedures Manual.
- B. Updates were made throughout this Manual to be consistent with current OSHA approved strategic goals and terminology.
- C. The definitions for full-service and limited-service visits have been further clarified.
- D. Safety and Health Achievement Recognition Program: Revised Updated Size Requirements has been updated.
- E. Conducting Multiple Initial On-site Visits in a Single 12-Month Period and Re-defining Follow-up has been updated.
- F. Incentive Programs and Safety and Health Achievement Recognition Program (SHARP) Applicants has been updated.
- G. Verification of Hazard Abatement after the Termination of an On-site Consultation Visit Due to Enforcement Activities has been updated.
- H. Regional Annual Consultation Evaluation Report for State Plan States has been included.
- I. On-site Consultation - Closing conferences and multi-employer on-site consultation visits has been updated.
- J. Informal Training Requirements has been updated.
- K. References to the Site Specific Targeting (SST) programmed inspection list have been removed.
- L. Template for the Consultation Management Report (CMR) table in Appendix G and associated references throughout this document has been removed.
- M. Referrals are included under other critical inspections as determined by the Assistant Secretary, and a Consultation visit-in-progress is terminated when OSHA enforcement initiates an inspection.
- N. Referrals received by OSHA related to sites that have achieved or are working towards SHARP recognition will be transferred to the Consultation Project for response and treated as a high priority visit.
- O. Policy regarding Consultation Projects to work with SHARP employers to address emerging hazards/areas of emphasis has been added.
- P. References to “exemption period” were replaced with “deferral period.”
- Q. Visit Case File Organization – Appendix H provides an example of the structure and content of visit case files.

- R. Consultation Policies and Procedures Manual, Chapter 3: Promoting and Managing Consultation Services, Part III: Prioritizing and Scheduling of Services has been updated.
- S. Option for a waiver for Formal Training Qualifications has been added.
- T. References for Consultation Projects working with Severe Violator Enforcement Program (SVEP) employers have been added.

VI. **Action Information.**

A. **OSHA National Office.**

1. Directorate of Cooperative and State Programs. The Directorate of Cooperative and State Programs (DCSP), through the Office of Small Business Assistance (OSBA) in consultation with the Assistant Secretary, is responsible for the nationwide coordination and administrative oversight of the national OSHA On-site Consultation Program. OSBA is responsible for establishing the policies and procedures that govern the operation, monitoring, and evaluation of the Consultation Program. The Consultation Policies and Procedures Manual (CPPM) is the program's principal policy guidance document. OSBA is also responsible for providing program support and assistance to the Regions and the States.
2. Directorate of Enforcement Programs. The Directorate of Enforcement Programs (DEP) is responsible for the nationwide enforcement of occupational safety and health standards. DEP is responsible for developing the annual programmed inspection schedule, establishing inspection priorities and selection criteria, and responding to complaints, fatalities, catastrophes, and other critical inspections as determined by the Assistant Secretary.
3. Directorate of Administrative Programs (DAP). The Directorate of Administrative Programs, Office of Management Systems and Organizations (OMSO), is responsible for the design and administration of the OSHA Information System (OIS) and for designing and writing the software programs which enable the OSHA Regional Offices and the States to query the OIS database directly. Through the Office of Financial Management, Division of Grants Management, DAP is responsible for the day-to-day financial management of the On-site Consultation Program and the preparation of the annual instructions for the cooperative agreements and amendments.
4. Directorate of Construction (DOC). The Directorate of Construction provides workplace safety standards and regulations to ensure safe working conditions for the nations' construction workers and coordinates with and provides assistance on the implementation and enforcement of major construction laws and standards.

- B. **Regional Offices.** The OSHA Regional Offices are responsible for monitoring and evaluating the State consultation projects within their respective Regions and for preparing and submitting individual Regional Annual Consultation

Evaluation Reports (RACER) for all states, federal or state-plan, which receive 21(d) private sector On-site Consultation Program funding. These offices also conduct financial reviews of all cooperative agreements. Public sector consultation and the private sector consultation programs in three states (Kentucky, Washington and Puerto Rico) should be evaluated through the Federal Annual Monitoring and Evaluation (FAME) Reports. Communication is an essential component of the Federal-State relationship. The Regions provide technical assistance and communicate Federal program direction to the State. The Regions are also responsible for maintaining communication between themselves and the Consultation Projects in their Region. The Regional Offices also conduct financial reviews of cooperative agreements.

- C. **States.** The States are responsible for operating and maintaining programs that effectively meet the objectives of the OSHA-funded Consultation Program, in accordance with 29 CFR 1908. The States are also responsible for submitting Annual Cooperative Agreements and developing a Consultation Annual Project Plan (CAPP) in accordance with their respective Federal or State Strategic Plan. A Consultation Program is required to evaluate itself annually by means of a Consultation Annual Project Report (CAPR) that is written in accordance with the monitoring and evaluation methods established in the CPPM.

VII. **Definitions.**

- A. OSH Act. *Occupational Safety and Health Act of 1970, 29 USC § 651 et seq.*
- B. Action Plan for Inspection Deferral (Action Plan). The written plan, developed by the consultant and approved by the Consultation Project Manager, outlining the necessary achievements and time frames required for the employer to earn SHARP status. The Action Plan is implemented by the employer.
- C. Assistant Secretary. Assistant Secretary of Labor for Occupational Safety and Health.
- D. Closed Case Date (Safety and/or Health Closed Case Date). The date entered in OIS at the conclusion of an employer's visit-in-progress status for safety- and/or health-related assistance.
- E. Compliance Assistance Activities. Consultation assistance activities provided away from an employer's worksite. Examples include technical advice provided through telephone conversations and videoconferences; electronic and printed correspondence, such as e-mail and fax; speeches and presentations to stakeholders; off-site technical training not related to a visit; and marketing to employers, such as targeted mailings and door-to-door promotions.
- F. Compliance Assistance Authorization Act. Public Law 105-197 which codified the OSHA Consultation Program by amending Section 21 of the OSH Act.
- G. Compliance Officer. A Federal compliance safety or health officer (CSHO).
- H. Consultant. A state employee who provides consultation services under a 21(d) Cooperative Agreement.

- I. Consultation. All activities that may be provided to employers under the jurisdiction of an On-site Consultation Cooperative Agreement.
- J. Consultation Project Manager. The person who directs the day-to-day activity of a Consultation Project.
- K. Cooperative Agreement. The legal instrument which enables the States to collaborate with OSHA to provide on-site consultation services in accordance with 29 CFR Part 1908.
- L. Days Away, Restricted, and Transferred (DART). A rate that represents the total non-fatal injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer per 100 full-time employees for a given period of time (usually 1 to 3 years).
- M. Designee. The State official designated by the Governor to be responsible for oversight of an On-site Consultation Cooperative Agreement.
- N. Education. Planned and organized activity by a consultant to convey to employers and employees information that would enable them to establish and maintain safe and healthful working conditions at their workplace.
- O. Employee. A person employed at a worksite whose employer has requested consultation services and whose business affects interstate commerce.
- P. Employee representative. The authorized representative of employees at a site where there is a recognized labor organization representing employees.
- Q. Employer. A person engaged in a commercial business with employees. This does not include the United States (except the United States Postal Service), any State, or political subdivision of a State.
- R. Hazard correction. The elimination or control of a workplace hazard in accordance with the requirements of applicable Federal or State statutes, regulations, or standards.
- S. Hazard Survey. Within the scope of the visit, the collection of information on hazards, observation of work processes, methods, procedures, employee activities, employee interviews, and advice on hazard control or elimination as appropriate.
- T. High-hazard business or operation. A business or operation on OSHA's high-hazard list; a supplemental high-hazard list approved by the Directorate of Cooperative and State Programs; or any national, state, or local emphasis program list.
- U. Imminent danger. Conditions or practices in any place of employment which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by this Act. See Section 13(a) of the OSH Act and 29 CFR 1908.6(f)(1).

- V. List of Hazards (Serious). The List of Hazards (Serious) consists of all serious hazards identified by the consultant and their correction due dates as agreed upon by the employer and the consultant. The List of Hazards is the official document that must be posted by the employer.
- W. List of Hazards (Serious and Other-than-Serious). This list is utilized by State Plans that require verification of correction of all hazards identified and for use with SHARP applicants.
- X. Off-site Consultation. The provision of consultative assistance on occupational safety and health issues away from an employer's worksite by such means as telephone and correspondence, and at locations other than the employer's worksite, such as the consultation project offices. It may, under limited conditions specified by the Assistant Secretary, include training and education.
- Y. On-site Consultation. The process of walking through an employer's worksite, identifying hazards, conducting applicable safety and/or health program review, providing correction assistance, and helping to develop or improve the employer's occupational safety and health management system. It includes a written report to the employer on the findings and recommendations resulting from the visit. It may include training and education needed to address hazards or potential hazards at the worksite.
- Z. OSHA. The Federal Occupational Safety and Health Administration or the State agency responsible under a Plan approved under Section 18 of the OSH Act for the enforcement of occupational safety and health standards in that State.
- AA. OSHA Information System (OIS). An OSHA web-based system that is the next generation replacement for the existing OSHA Integrated Management Information System (IMIS).
- BB. Other-than-serious hazard. Any condition or practice which would be classified as an other-than-serious violation of applicable Federal or State statutes, regulations, or standards, based on criteria contained in the current OSHA field instructions or approved State Plan counterpart.
- CC. Program assessment. Refers to a consultant's review of an employer's existing safety and health management program. This review identifies elements considered adequate and elements that need development or improvement. Consultants use the Safety and Health Program Assessment Worksheet (Revised OSHA Form 33) to conduct the program assessment.
- DD. Program assistance. Refers to the consultant's recommendations for developing or improving program elements. The Safety and Health Program Assessment Worksheet (Revised OSHA Form 33) is used as a guide to evaluate the existing safety and health program.
- EE. Programmed inspection. OSHA worksite inspections whose scheduling are based upon objective or neutral criteria. These inspections do not include imminent danger, fatality/catastrophe, formal complaints, and other critical inspections as determined by the Assistant Secretary.

- FF. Programmed inspection schedule. The set of criteria by which OSHA determines which sites to inspect in a given year. The worksites are selected according to national scheduling plans for safety and for health or special emphasis programs.
- GG. Recognition and achievement program. A Consultation Program for recognizing the achievement of a small employer who operates, at a particular worksite, an exemplary safety and health management system that results in the immediate and long-term prevention of job-related injuries and illnesses.
- HH. Safety and health management system. Refers to a comprehensive, employer-provided, site-specific system to protect employee safety and health, as outlined in the 1989 "Safety and Health Program Management Guidelines" (FR 54:3909-3916).
- II. Scope of Visit. For Full-Service and Limited-Service Visits.
1. Full-service visit. An On-site Consultation visit that provides a complete, safety and/or health hazard survey of all working conditions, equipment, processes and OSHA-mandated safety and health programs at the worksite. There are three types of full-service visits:
 - a. Full-service safety: when one consultant conducts a safety visit as defined above.
 - b. Full-service health: when one consultant conducts a health visit as defined above.
 - c. Full-service both: when one consultant conducts a single visit for both safety and health as defined above.
 2. Limited-service visit. A less complete safety and/or health hazard survey than that provided by a full-service visit. A limited visit provides a focused survey of a particular work process or type of hazard or a focused survey that is conducted of one discipline, safety or health, or both disciplines at once. There are three types of limited-service visits:
 - a. Limited-service safety: when one consultant conducts the safety visit as defined above.
 - b. Limited-service health: when one consultant conducts the health visit as defined above.
 - c. Limited-service both: when one consultant conducts a single visit for both safety and health as defined above.
- JJ. Serious hazard. Any condition or practice which would be classified as a serious violation of applicable Federal or State statutes, regulations or standards, based on criteria contained in the current OSHA field instructions or approved State Plan counterpart, except that the element of employer knowledge may not be considered.

- KK. Small business. For the purposes of the Consultation Program, a small business is defined as an employer having fewer than 250 employees at a fixed worksite and no more than 500 employees corporation-wide.
- LL. Standard Element Paragraph (STEP). Word processing files for entry of hazard information, which are customized by the user in preparing a written report to the employer. Each STEP describes an unsafe condition(s) covered by a standard(s), the potential effect on employees of that condition(s), the standard(s) referenced, and the recommended corrective action(s).
- MM. State. A State of the United States, the District of Columbia, and U.S. territories, such as the Commonwealth of the Northern Mariana Islands (CNMI), Puerto Rico, the Virgin Islands, or Guam.
- NN. Total Recordable Case Rate (TRC). A rate that represents the total non-fatal injuries and illnesses per 100 full-time employees for a given period of time (usually 1 to 3 years).
- OO. Trade Secret. Information which is not generally known or reasonably ascertainable, by which a business can obtain an economic advantage over competitors or customers. See 18 USC 1905 and Section 15 of the OSH Act.
- PP. Training. The planned and organized activity of a consultant to transfer skills, techniques, and methodologies to employers and their employees that will assist them in establishing and maintaining safe and healthful workplace conditions.
- QQ. Willful violation. Under the OSH Act, Sec. 17 a willful violation is one where the evidence shows either an intentional violation of the OSH Act or plain indifference to its requirements.
- RR. Visits. Visits can be classified as follows:
1. Initial Visit. A hazard assessment visit(s) provided by a safety or health consultant. An initial visit must consist of an on-site opening conference, an examination of all aspects of the safety and health management system relating to the scope of the visit, a walkthrough of the workplace, and a closing conference.
 2. Training and Assistance Visit. An On-site Consultation visit that is conducted to provide training to employers and their employees in hazard identification and correction or in safety and health program development.
 3. Follow-up Visit. An On-site Consultation visit(s) conducted to verify the correction of previously identified hazards, address new hazards observed, and/or assist the employer with activities relating to implementation of a safety and health management system.
 4. Visit-in-Progress. A Consultation visit-in-progress is from the beginning of the opening conference to the end of the correction due dates (including extensions).

- SS. Written Report to the Employer. The confidential report provided by the Consultation Project to the employer, documenting all hazards identified, hazard correction recommendations, correction due dates, and an assessment of the employer's safety and health management system.

VIII. Cancellations.

- A. OSHA Instruction CSP 02-00-002, Consultation Policies and Procedures Manual, January 18, 2008.
- B. OSHA Instruction CSP 02-00-001 (TED 3.6), Consultation Policies and Procedures Manual, August 6, 2001.
- C. OSHA Notice 04-08 (CSP 02) Consultation Policies and Procedures Manual, Chapter 2, November 24, 2004.
- D. OSHA Notice 04-05 (CSP 02) Consultation Policies and Procedures Manual, Chapter 3, August 25, 2004.
- E. OSHA Notice 04-06 (CSP 02) Consultation Policies and Procedures Manual, Chapter 4, August 25, 2004.
- F. OSHA Notice 04-07 (CSP 02) Consultation Policies and Procedures Manual, Chapter 5, August 25, 2004.
- G. OSHA Notice 04-09 (CSP 02) Consultation Policies and Procedures Manual, Chapter 6, November 24, 2004.
- H. OSHA Notice 06-05 (CSP 02) Consultation Policies and Procedures Manual Chapter 7: Relationship to Enforcement, December 14, 2006.
- I. OSHA Notice 06-06 (CSP 02) Consultation Policies and Procedures Manual, Chapter 8, December 14, 2006.

VIII. Background.

Section 21(c) of the *Occupational Safety and Health Act of 1970* (the OSH Act) directs the Secretary of Labor to establish programs for the education and training of employers and employees in the recognition, avoidance, and prevention of unsafe and unhealthful working conditions in employments covered by the OSH Act. On-site consultation can be provided without triggering the enforcement mechanisms of the OSH Act. Federally funded on-site consultation was originally conducted only by states operating plans approved under Section 18 of the Act. In response to the demand for on-site consultation in Federal enforcement States, 29 CFR 1908 was first promulgated on May 20, 1975 (40 FR: 21935) to authorize Federal funding of on-site consultation activity by States under Federal OSHA's jurisdiction through On-site Consultation Cooperative Agreements entered into under the authority of Sections 21(c) and 7(c)(1) of the OSH Act.

- A. Part 1908 has been amended several times in the intervening years. It was amended on August 16, 1977 (42 FR: 41386) to clarify a number of provisions as well as to increase the level of Federal funding to ninety (90) percent, a level that was considered necessary to provide a strong incentive for States to enter the program. Part 1908 was again amended on June 19, 1984, to further clarify

various provisions, and to grant inspection deferrals to employers who meet specific requirements (49 FR: 25082).

- B. The *Occupational Safety and Health Compliance Assistance Authorization Act of 1998*, Public Law 105-197, codified OSHA's Consultation Program and amended Section 21 of the OSH Act by adding a new subsection, (d). On October 26, 2000, 29 CFR Part 1908 was amended (65 FR: 64282) to ensure that employees would be allowed to participate in site visits, that employees would be informed of the results of site visits, that site visits would be conducted according to updated procedures, and that information obtained during site visits would be treated as confidential.

IX. **Consultation Program Operations.**

- A. Because consultation services are voluntary, an employer must request service and agree to certain obligations, primarily that the employer agrees to correct all serious hazards found during the consultation visit within an agreed-upon time frame. The details of the employer's obligations are discussed in Chapters 3 and 6.
- B. The consultation program is designed to assist employers in identifying and correcting serious hazards in the workplace. Priority in scheduling visits is generally given to small employers in high-hazard industries. Consultation Projects also provide assistance to employers in developing safety and health management systems. However, this assistance must be linked to a hazard evaluation visit by either the Consultation Project, by OSHA enforcement, or by a private consultant. The Consultation Project must have access to the report of the hazard evaluation visit before providing program assistance. In the case of off-site technical training, the Consultation Project Manager may provide specific training services that are not directly related to an on-site visit. Training and Compliance Assistance Activities are discussed in Chapters 4 and 5.

X. **Consultation Program Administration.**

- A. **Partnership between OSHA and the States.** Cooperative Programs, including Consultation services, are an integral part of OSHA, complementing enforcement efforts to ensure safe and healthful working conditions in American workplaces. OSHA and its State partners, in accordance with the *Government Performance and Results Act of 1993* (GPRA) as amended, operate under strategic plans that identify specific performance goals to be achieved by the Agency. The results of compliance assistance activity are thus included in the overall results of OSHA-wide activity. With the implementation of GPRA, intra-agency partnership in planning and strategy takes place at two operational levels:
- B. **Partnership between Consultation and Enforcement.** Consultation Project efforts are linked to Federal or State OSHA's strategic and performance goals. Consultation Project activities address the injuries and illness in the targeted industries or the causes of injuries, illnesses, or fatalities identified in the relevant strategic and annual performance plans. Consultation Projects work as equal partners with enforcement programs in implementing Federal or State strategic and annual performance plans.

- C. **Partnership between State Consultation Projects and Federal OSHA.** Each Consultation Project develops an annual project plan based on the strategic and annual performance plans that it supports. The Consultation Annual Project Plan (CAPP) then becomes part of the Project's On-site Consultation Cooperative Agreement and is subject to negotiation and approval by the Regional and National Offices. Once approved, the plan forms the basis for joint monitoring and evaluation of the Project's performance during the performance period.

Chapter 2

OSHA Cooperative Programs

I. **Cooperative Programs.** DCSP offers a number of opportunities for employers and organizations to work cooperatively with OSHA. These Cooperative Programs (On-site Consultation, Alliances, Strategic Partnerships, Voluntary Protection Programs, and OSHA Challenge) offer a variety of services and benefits to participating organizations or employers. Each program is discussed in this Chapter along with the requirements for participation. Although the primary subject matter of this manual involves the Consultation Program, an overview of other OSHA cooperative programs is essential because consultants are actively involved in implementing these programs. States with OSHA-approved programs may have similar cooperative and voluntary compliance programs, such as those discussed below, as well as additional programs. Visit www.osha.gov/dcsp/osp/ for more information regarding State Plan State cooperative programs.

II. **On-site Consultation.** OSHA's premier cooperative program is a free and confidential consultation service largely funded (90/10) by Federal OSHA. OSHA's On-site Consultation Program is delivered by state governments using highly qualified occupational safety and health professionals to help employers to (a) detect potential hazards at their worksite and (b) establish and maintain safe and healthful workplaces. The Consultation Program is completely separate from OSHA's enforcement efforts and does not issue citations or propose penalties. Although the On-site Consultation Program does not issue citations or propose penalties, employers receiving consultation services are required to correct all identified hazards as a condition of receiving program services.

The Consultation Program offers a variety of services for small businesses, including assisting in the development and implementation of an effective safety and health management system and offering training and education to the employer and employees at the worksite. Smaller businesses in high-hazard industries receive priority. On-site consultation visits include a walkthrough of employer worksites, identification of hazards, correction assistance, and assistance in the development or improvement of the employer's occupational safety and health management system. An On-site Consultation visit will result in a written report to the employer, detailing findings and recommendations of the consultant. It may include training and education needed to address hazards or potential hazards at the worksite.

III. **Safety and Health Achievement Recognition Program (SHARP).** The Federal recognition and exemption program funded under Section 21(d) of the OSH Act is known as SHARP. Recognition and Achievement programs operating in States with approved State Plans may be known by other names, but the term SHARP is used in this manual to refer to the basic minimum requirements of any recognition and exemption program administered by an OSHA Consultation Project, whether under State or Federal jurisdiction. SHARP provides support for employers to develop, implement, and continuously improve their safety and health management systems. SHARP participation can provide immediate and long-term reduction of job-related injuries and illnesses. SHARP participants are deferred from OSHA programmed inspections and receive recognition on the OSHA website and publications. See Chapter 8 for additional information regarding SHARP.

- IV. **Voluntary Protection Programs (VPP)**. The Voluntary Protection Programs are designed to recognize and promote effective, systematic safety and health management. A hallmark of VPP is the principle that management, labor, and OSHA work together in a spirit of cooperation and trust in pursuit of a safe and healthful workplace. VPP participants are worksites that have successfully designed and implemented outstanding safety and health management systems. OSHA approves qualified sites for one of three programs: Star, Merit, and Star Demonstration. Visit www.osha.gov/dcsp/vpp/index.html for more information on VPP.
- A. **Star Program**. The Star Program recognizes the safety and health excellence of worksites where employees are successfully protected from fatality, injury, and illness by the implementation of comprehensive and effective workplace safety and health management systems. These worksites are self-sufficient in identifying and controlling workplace hazards.
- B. **Merit Program**. The Merit Program recognizes worksites that have good safety and health management systems and that show the willingness, commitment, and ability to achieve site-specific goals that will qualify them for Star participation.
- C. **Star Demonstration Program**. This program enables OSHA to test the efficacy of different approaches. The Star Demonstration Program recognizes worksites that have Star quality safety and health management systems that differ in some significant fashion from the VPP model and thus do not meet current Star requirements. A Star Demonstration Program tests this alternative approach to protecting employees to determine if it is as protective as current Star requirements.
- V. **Pre-SHARP**. An employer who meets all the initial eligibility requirements for SHARP, corrects all hazards identified during the consultation visit, and shows reasonable promise of achieving SHARP status within the time frames agreed upon with the Consultation Project Manager may be approved as a Pre-SHARP participant. This Pre-SHARP status gives the employer a deferral from OSHA's programmed inspections. The deferral time frame recommended by the Consultation Project Manager, including extensions, must not exceed a total of 18 months from the expiration of the correction due date(s).
- VI. **OSHA Strategic Partnership Program (OSP)**. An OSHA Strategic Partnership is an extended voluntary cooperative relationship between OSHA and groups of employers, employees, employee representatives, and/or other interested stakeholders designed to encourage, assist, and recognize efforts to eliminate serious hazards and achieve a high degree of employee safety and health. This program is available to all private sector employers, associations, labor organizations, and government agencies in locales where OSHA has jurisdiction. OSHA Strategic Partnership Programs may address all hazards at partner worksites or one or more discrete hazards of particular concern. An OSP can assist partners in the reduction of injuries and illnesses through shared resources focused on the long-term development of effective safety and health management systems. OSHA Strategic Partnerships are formalized through written agreements that last for a specified period of time.
- VII. **Alliances**. Through the Alliance Program, OSHA works with groups committed to worker safety and health to prevent workplace fatalities, injuries, and illnesses. These groups include unions, consulates, trade or professional organizations, businesses, faith- and community-based organizations, and educational institutions. State On-site

Consultation projects and other government agencies may also be signatories to OSHA Alliances. OSHA and the groups work together to develop compliance assistance tools and resources, share information with workers and employers, and educate workers and employers about their rights and responsibilities. Alliance Program participants do not receive exemptions from OSHA inspections or any other enforcement benefits.

- VIII. **OSHA Challenge.** This provides interested employers and workers the opportunity to gain assistance in improving their safety and health management systems. Challenge Administrators experienced in safety and health guide Challenge Participants through a three-stage process to implement an effective system to prevent fatalities, injuries, and illnesses. Challenge participants do not receive exemptions from OSHA programmed inspections.

Chapter 3

Promoting and Managing Consultation Services

I. **Promoting Requests.** Consultation Project Managers must actively promote their services to employers, especially those targeted in OSHA's or the State's strategic plan. Consultation Project Managers are encouraged to work with:

- Federal and State Enforcement Programs;
- Alliance Members;
- OSHA Strategic Partnership Program Participants; and
- Area Directors and their designated staff, including Compliance Assistance Specialists, to promote consultation services to those who may benefit from them.

States are encouraged to promote the availability of consultation services through a variety of methods and techniques, including broad-based mass media campaigns.

Where the Consultation Project Manager is encouraged to work with Alliance/Partnership participants, he/she should not assume the role of leadership with these relationships. In Federal states, if the Consultation Project Manager identifies an organization that would be an excellent ally, a recommendation should be made to the Regional Administrator explaining why he/she thinks pursuing an alliance or partnership would be beneficial to OSHA.

Direct solicitation involving face-to-face contact with employers; business associations (e.g. Chambers of Commerce), and cooperative ventures is also encouraged with other state agencies, (e.g., Small Business Development Centers and/or county or municipal governments).

Recognizing that each State has unique circumstances, OSHA recommends that States tailor their outreach activities to draw upon their experience in promoting consultation, especially where positive results have been achieved. OSHA also encourages States to explore new promotional avenues to ensure that services are being provided to those employers who will most benefit from the consultation service. States with particularly effective promotional/outreach programs are encouraged to share their methods and strategies with others, so the entire Consultation Program might benefit from their success.

A. **Methods.** Speeches or presentations made to employer or employee groups to provide information about the consultation service are not considered training. These types of presentations must be recorded in OIS as Compliance Assistance Activities. The State may engage in other outreach activities, such as the following:

1. Direct solicitation of employers.
2. Public presentations (trade shows, associations meetings, etc.).
3. Radio talk shows.

4. Cooperative training seminars.
 5. Roundtable discussions.
 6. Safety and health conventions.
 7. Participation in association meetings.
 8. Publications.
 9. Internet-based communications.
- B. **Cooperative Efforts.** States are encouraged to seek out and establish working relationships with professional safety and health societies.
1. Group Activities. The State may conduct cooperative activities with any recognized group so long as the primary intent and outcome is the enhancement of safety and health in the workplace.
 2. Leveraging of Resources. OSHA encourages the Consultation Projects to pool their resources with recognized safety and health organizations to provide training or other outreach activities, with the understanding that no particular group is endorsed by either OSHA or the Consultation Program.
- C. **Identifying Target Audiences.** To promote the Consultation Program effectively within the target audience, Projects should work closely with Federal or State enforcement authorities to identify those industries which are targeted in the Federal or State strategic plan and which are the subject of National or Local Emphasis Programs. The projects may:
1. Use State Workers' Compensation data whenever available.
 2. Focus on industries in which significant occurrences, such as fatalities, catastrophes, issuances of major citations, and/or penalties, have recently taken place.
 3. Work with new employers who are attempting to establish a business.
 4. Concentrate on industries in which newly published standards are likely to have a major impact.
 5. Use employer and employee organizations to generate requests for services.
 6. Design outreach activities targeted to those employers identified in the Consultation Annual Project Plan (CAPP) or the State Performance Plan.
- D. **Evaluating Promotional and Outreach Activities.** States should document, track, and evaluate efforts to promote consultation services. Periodically, States should analyze and assess the impact of their promotional and outreach activities in generating inquiries and requests for consultative services from the target audience. A State's inability to effectively promote its consultative services to

the target audience will be viewed as a significant problem warranting serious attention by State and Federal monitors. Where promotion or outreach is ineffective, new strategies must be developed and implemented to address this problem.

- II. **Communicating Employer Obligations and Rights.** In response to any inquiry from the public regarding the program and before agreeing to an employer's request for a consultation visit, the Consultation Project Manager must clearly explain the following information:
- A. **Independence.** The Consultation Program is independent of Federal or State OSHA enforcement.
 - B. **Cost.** Consultative services are provided at no cost to the employer and are supported by Federal and State funds.
 - C. **Confidentiality.**
 - 1. Public Disclosure. Employers participating in OSHA activity funded under 21(d) of the OSH Act will not have the results from the consultation visit publicized; the results will remain confidential from State or Federal enforcement, except in situations where imminent dangers or serious hazards are not corrected as agreed upon in the employer's Action Plan. Finally, as per 29 CFR 1908.6(g)(2) "...states may also disclose information contained in the consultant's report to the extent required by 29 CFR 1920.1020 (Access to Employee Exposure and Medical Records) or other applicable OSHA standards or regulations."
 - 2. Enforcement Disclosure. The identity of employers requesting on-site consultation, as well as the findings from the consultant's report, shall not be provided to OSHA for use in any compliance activity as per 29 CFR 1908.7(a)(3). The exceptions are found at 29 CFR 1908.6(f)(1) failure to eliminate imminent danger and 29 CFR 1908.6(f)(4) failure to eliminate serious hazards.
 - D. **Employee Participation.** Employee participation is required on all on-site visits involving hazard identification. Requirements vary depending on whether or not the site has a recognized employee representative.
 - E. **No Citations or Penalties.** Consultants do not issue citations or propose penalties.
 - F. **Imminent Danger Situations.** The employer must correct imminent danger situations immediately or remove employees from the danger area. Failure to remove employees from an imminent danger area will result in immediate referral to enforcement.
 - G. **Hazard Correction.** The employer must correct all serious hazards in accordance with mutually agreed upon correction due dates and provide to the Consultation Project Manager documentation of the action taken to eliminate or control the hazards. Failure to do so will result in referral to enforcement. Employers should correct other-than-serious hazards and regulatory violations in

a timely manner but need not send verification of correction to the Consultation Project Manager, except for those employers wishing to participate in a recognition and achievement program, such as Pre-SHARP or SHARP.

H. **Enforcement Inspection in Progress.** An enforcement inspection is considered “in progress” in the following situations:

1. From the time a compliance officer initially seeks entry to the workplace to the end of the closing conference.
2. When right of entry is refused, the inspection is “in progress” until the Regional Administrator or State Designee seeks a warrant or determines that allowing a consultation visit to proceed is in the best interest of employees.
3. During and following an enforcement inspection, no consultation visit may take place until it has been determined whether or not:
 - a. Any citations will be issued.
 - b. A citation has been issued, and the contest period has expired.
 - c. Cited items have become final orders. If the consultant has reason to believe there are citations that have not become final orders, the Consultation Project Manager must contact the OSHA Regional Office to determine the employer's status.

I. **Enforcement Inspections Following Consultation Services.** The following conditions apply if an enforcement inspection occurs after consultation services have been provided.

1. Employer's Good Faith. If the employer chooses to provide enforcement with a copy of the consultant's written report to the employer, it may be used by enforcement to determine the employer's "good faith" for purposes of adjusting any proposed penalties and judging the extent to which an inspection is required.
2. No Immunity from Citations. Regardless of the consultant's advice and written report to the employer, in a subsequent enforcement inspection, a compliance officer is not precluded from finding hazardous conditions or violations of standards, rules, or regulations for which citations would be issued and penalties proposed.

J. **Participation in a Recognition and Achievement Program.** If an employer satisfies all of the conditions required to participate in a recognition and achievement program administered under Section 21(d), then that particular worksite may be deleted from OSHA's Programmed Inspection Schedule for a period of up to two (2) years upon initial approval or up to three (3) years for subsequent renewal periods. (See Chapters 7 and 8.)

K. **Posting the List of Hazards.** The employer must agree to post the List of Hazards, as it was received from the Consultation Project, for a minimum of three (3) working days, and it can only be removed once all hazards identified on

the list are corrected. Agreed-upon modifications or extensions of correction due dates must also be posted. Posting must be in a prominent place where it is readily observable by all employees. While in most instances this will entail posting a hard copy of the List of Hazards, posting by electronic means is acceptable in cases where electronic transmission is the employer's normal means of providing notices to employees and each employee is equipped with an electronic communication device. Failure to post the List of Hazards will result in the termination of the Consultation visit-in-progress status.

- L. **Employer's Rights.** In addition to the obligations stated above, the employer also retains the following rights during and after a consultation visit:
1. Modifying the Scope or Terminating the Visit. The employer has the right to modify the scope of the visit or terminate participation in the visit at any time, including termination of the hazard survey before its completion. The employer is responsible for correcting any serious hazards identified up to the point of termination and except in situations where imminent danger or serious hazards are not corrected as agreed upon, the employer's name and the results of the on-site visit will remain confidential in accordance with Section II.C. of this Chapter.
 2. Correction Schedule and Report Findings. The employer has the right to disagree with the correction schedules and may, within 15 working days of receipt of the Written Report to the Employer, appeal to the Consultation Project Manager for amendment of the correction date(s) or any other substantive findings of the Written Report. Disagreement over or amendment of the correction schedule or report findings does not relieve the employer of the responsibility to correct serious hazards identified.
 3. Informing Enforcement. If an enforcement inspection occurs after the conclusion of the consultation visit, the employer is not required to inform the CSHO of the consultation on-site visit or furnish a copy of the results, except to the extent that disclosure of information contained in such a report is required by 29 CFR 1910.1020 (Access to Employee Exposure and Medical Records) or other standards.
 4. Private Discussion with the Consultant. The employer has the right to request a private meeting with the consultant to discuss matters that he or she may wish not to discuss in the presence of the employee representative.

III. **Prioritizing and Scheduling Services.** The Consultation Project Manager must schedule consultation services according to a prioritizing method that focuses on the most serious deficiencies/hazards first, as defined by the following criteria:

- A. **Imminent Danger Situations or Congressional Designation.** First priority must be given to employers who indicate an imminent danger situation or are in industries (or indicate hazards) designated for higher priority by Congress.
- B. **Small Employers Targeted in the Federal or the State Strategic Plan, National Emphasis Program, Local Emphasis Program, or Other "Targeted Industries."** Second priority must be given to small employers who are in a "targeted" industry as

defined by the Federal or the State Strategic Management Plan, a National Emphasis Program, a Local Emphasis Program, other targeting programs or the OSHA Strategic Partnership Program.

- C. **Referred by OSHA to the Consultation Project.** Third priority must be given to small employers whom are specifically referred by OSHA to the Consultation Program or for which OSHA directly suggests requesting a consultation. Scenarios assigned the third priority could include, but are not limited to, establishments receiving OSHA's Hazard Alert Letter (HAL); as a condition of any OSHA Settlement Agreement; as a result of actions involving an OSHA Rapid Response Investigation (RRI), or some future equivalent of the Site Specific Targeting inspection plan.
- D. **Small, High-Hazard Employers.** Fourth priority must be given to small employers who are in a high-hazard industry, as defined below, or who have the highest incidence rates. Establishments and operations are defined as "high-hazard" based on the following criteria:
1. High Incidence Rates. An establishment is considered "high-hazard" for OSHA consultation priority consideration if that establishment's DART rate is above the national average for that industry.
 2. High-Hazard North America Industrial Classification System (NAICS) Codes. An establishment is considered high-hazard if it is in an industry whose North American Industrial Classification System (NAICS) code is on the OSHA-generated listing of high-hazard industries (Annual OSHA High Rate Industries Listing).
 3. Alternative High-Hazard Listing. If an establishment is not on the OSHA-generated listing, consultants may refer to an alternative high-hazard listing developed by the State and approved for use by OSHA's Directorate of Cooperative and State Programs.
 4. Secondary NAICS codes. One or more hazardous work processes or work areas (for example, bindery in a publishing house) may be located within an establishment in an industry that is not on the high-hazard list. If such a process or area is the focus of a visit, a secondary code may be used to classify the establishment and, therefore, the priority for receiving a visit, as high-hazard. To be used, the secondary NAICS code must be either on the OSHA-generated high-hazard listing or on the OSHA-approved alternative State listing.
 5. Hazardous Processes. An establishment may also be classified as "high-hazard" based on the number of hazardous operations required to complete a work process and which cannot be described by a secondary NAICS code. OSHA's criteria for hazardous processes include the following:
 - a. A substance in regular use at the establishment has a health code of HE1 - HE4 (carcinogen, chronic toxicity and acute toxicity) located under Health Factors of the Chemical Sampling Information website.

- b. A substance in regular use at the establishment is explosive, or working conditions or work processes in use at that site pose an explosion hazard.
- E. **Small, Non-High-Hazard Employers.** Fifth priority must be given to small employers who are not in a high-hazard industry, or who have lower workplace incidence rates.
- F. **Mid-Size Employers (including franchise operations).** Sixth priority must be given to mid-size employers (including franchise operations) who employ fewer than 250 employees at the site but more than 500 employees corporation-wide.
- G. **Larger Employers.** The lowest priority should be given to employers who employ more than 250 employees at the site. Services to employers in this size range will often be limited in scope but are allowed as resources permit.

IV. **Managing Consultation Requests.**

- A. **Requests for Consultation Visits.** The Consultation Project Manager must ensure that the following criteria are met before providing consultation services:
 - 1. No On-site Consultation Visit may be provided in the absence of a request by the employer.
 - 2. A request for on-site consultation services must always include a request for a hazard survey unless a consultation hazard survey, OSHA inspection, or private consultation survey conducted in the past twelve (12) months provides adequate foundation for conducting a consultation visit.
 - 3. If an employer requests a consultation visit for more than one site under his or her control, each site must be dealt with as a distinct request.
 - 4. Employers who cannot be promptly scheduled for a consultation visit because of low scheduling priority or other project considerations must be informed of their statutory responsibility to maintain a safe and healthful workplace. See Sample Letter in Appendix A.
 - 5. Construction Sites.
 - a. While assistance may be provided to subcontractors away from the worksite on safety and health management systems (off-site assistance), a subcontractor request for on-site consultation may be accepted only with the approval of the general contractor or the controlling employer at the site.
 - b. Although the visit request was made by a subcontractor, the general contractor or controlling employer must accept responsibility for ensuring the correction of any serious hazard identified during the course of the visit. This responsibility includes hazards that were not created by the general contractor and those that might not be under the requesting subcontractor's control.

- c. If a company's headquarters is in another State, Consultation Project Managers may need to cooperate across state lines.
- d. The same scheduling priorities must be applied to requests from construction sites as for other employers requesting consultative assistance.

6. Multi-Employer On-site Consultation Visits

- a. If an on-site visit on a multi-employer worksite is conducted at the request of a general contractor or an employer who has oversight or control over other employers on that worksite, the visit should only be counted once.

If individual employers request separate visits to be conducted with the consent of the controlling employer, these visits may be coded separately. These separate visits will require that the correct procedures, including opening and closing conferences, a written report, and other required elements as outlined in the CPPM, be followed.

- B. **Responding to Requests for Consultation.** When responding to requests for information or consultation visits, the individual taking the request must first explain the information outlined in Section II "Communicating Employer Obligations and Rights," located in this Chapter. Additionally, the individual should complete the OSHA Consultation Request Activity in OIS.
- C. **Determining the Type of Visit.** The Consultation Project Manager must determine the type of visit being requested based on the following criteria:

A visit is an:	if its purpose is:
Initial Visit	to provide a hazard assessment by a safety or health consultant. An initial visit must consist of an on-site opening conference, an examination of all aspects of the safety and health management system relating to the scope of the visit, a walkthrough of the workplace, and a closing conference
Training and Assistance Visit	to provide information or training to employers and their employees in hazard identification and correction or in safety and health program development. A training visit may only be provided in conjunction with a hazard assessment visit.
Follow-up Visit	to determine if the previously identified hazards have been corrected, assist the employer with activities relating to the implementation of a safety and health management system, or both. However, the consultant is still required to document any serious hazards if found in plain sight during the follow-up visit and to ensure these hazards are corrected.

- D. **Conducting Multiple Initial On-site Consultation Visits in a Single 12-Month Period.** OSHA's current policy permits two initial visits at a specific workplace within a 12-month period. As noted in this chapter, if the employer requests a

limited-service visit, the project should strongly recommend the benefits of a full service visit, covering both safety and health, at the time of the request (see Chapter 1, Section VII (GG)). However, at the request of the Consultation Project, Regional Administrators may allow for additional Limited-safety and/or Limited service-health initial visits within the same 12-month period when circumstances merit this assistance. Examples of when exceptions may be appropriate include the following for General and Construction Industries:

1. General Industry:

- a. The Consultation Project Manager becomes aware of emerging hazardous situations affecting a specific industry or work practice, extraordinary safety and health issues are identified at the worksite, or both.
- b. During the initial visit, the Consultant learns of non-routine, intermittent, high-hazard processes and operations, or seasonal work practices that are scheduled to be performed at a later date.

2. Construction Industry:

- a. The worksite has progressed to a new phase of construction - different from the original initial visit (e.g., earth work, foundation, structural, rough-in, utilities, or interior/exterior finish, etc.) - which introduces significantly different hazards.
- b. New equipment or tasks at the worksite introduce the potential for an imminent danger or serious hazard to employees (e.g., cranes, scaffolding, trenches, etc.).

3. Exceptions:

- a. Exceptions to the two-visit maximum must address serious hazards. Review and/or approval of such exceptions may be addressed on a quarterly basis. Consultation Project Managers who seek approval for an exception must consider their current backlog and whether the employer requesting assistance is conducting high-hazard activities.
- b. Consultation Project Managers will use the same request number to record exception visits, but CPMs will use a new visit number to record exception visits. Documentation of the justification for performing an additional initial visit must be added to the employer's case file. (See Appendix H, On-Site Consultation Visit Case File Organization, for details regarding the structure and content of visit case files.)

- E. **Determining the Scope of the Visit.** The Consultation Project Manager must determine the scope of the visit, Full Service or Limited Service, based on the employer's request (see Chapter 1, Section VII (GG)). If the employer requests a limited-service visit, the project should strongly recommend the benefits of a full-service visit. For definitions of Full Service or Limited Service, see Chapter 1, Section VII (GG).

- F. **Determining Worksite-Sensitive Issues.** The Consultation Project Manager must evaluate the site-specific information from the OIS Consultation Request Activity and determine any special circumstances that the consultant should prepare for before entering the worksite, including:
1. Worksite Rules and Practices. The consultant must observe all of the employer's safety and health rules and practices, including safety clothing or other personal protective equipment.
 2. Immunizations or Other Special Entrance Requirements. Immunizations and other special entrance requirements must be observed. The Consultation Project Manager must ensure that the consultant has the proper immunizations for these situations.
 3. Personal Security Clearance. Where personal security clearances are required, the Consultation Project Manager must assign a consultant who has the proper clearances or ensure that appropriate ones are secured prior to the visit.
- G. **Trade Secrets and Classified Information.** Any trade secret or classified information and/or personal knowledge of such information by State personnel must be handled in accordance with 29 CFR 1908.6(h). A trade secret, as referenced in Section 15 of the OSH Act, includes information concerning or related to processes, operations, style of work, or apparatus, or to the identity, confidential statistical data, amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation, or association. See 18 USC 1905. It is essential to the effective enforcement of the Act that OSHA On-site Consultation Program personnel preserve the confidentiality of all information and investigations which might reveal a trade secret.
1. Restriction and Controls. When the employer identifies an operation or condition as a trade secret, it shall be treated as such. Information obtained in such areas, including all photographs, videotapes, and OSHA documentation forms, shall be labeled:

"ADMINISTRATIVELY CONTROLLED INFORMATION"
"RESTRICTED TRADE INFORMATION"

- a. Under Section 15 of the OSH Act, all information reported to or obtained by consultants in connection with any inspection or other activity which contains or which might reveal a trade secret shall be kept confidential. Such information shall not be disclosed except to other OSHA officials concerned with the enforcement of the OSH Act or, when relevant, in any proceeding under the OSH Act.
- b. Title 18 USC 1905 provides criminal penalties for Federal employees who disclose such information. These penalties include fines of up to \$1,000, imprisonment for up to one (1) year, and/or removal from office or employment.
- c. If the employer objects to the taking of photographs and/or videotapes because trade secrets would or may be disclosed,

consultants should advise the employer of the protection against such disclosure afforded by Section 15 of the OSH Act and §1903.9. If the employer still objects, consultants shall contact the CPM.

2. Trade secrets and classification. Trade secrets shall not be labeled as "Top Secret," "Secret," or "Confidential," nor shall these security classification designations be used in conjunction with other words unless the trade secrets are also classified by an agency of the U.S. Government in the interest of national security.

H. **Counting visits.** On-site Consultation initial visits should be counted within the OSHA Information System (OIS) according to the number of consultants who are servicing a particular On-site Consultation request.

1. If a single consultant addresses both safety and health matters during the initial on-site visit, this visit shall be entered into OIS as a single initial visit.
2. If two consultants service a request, one of whom focuses on safety matters and one of whom focuses on health matters, this visit shall be entered into OIS as two initial visits.

Regardless of how many consultants are participating on the on-site visit to an employer, a single request will not result in more than two initial visits, one safety and one health.

Chapter 4

Visit-Related Requirements

- I. **Preparation for a Visit.** An on-site consultative visit shall be made only after appropriate preparation by the consultant. Before the visit, the consultant shall become familiar with as many factors concerning the establishment's operation as possible. The consultant shall review all applicable codes and standards. In addition, the consultant shall ensure that all necessary technical and personal protective equipment is available and functioning properly. (See 29 CFR 1908.6(a).)
 - A. **Research.** Each consultant should review and analyze the data collected from the employer on the OIS Consultation Request Activity. In addition, the following information should be reviewed before the visit:
 1. Case File. The consultant should evaluate all available data for the worksite, including:
 1. Case files of previous consultations at the establishment.
 2. Employer's OSHA inspection history by conducting an establishment search on OSHA's database.
 3. Typical hazards found under the North American Industrial Classification System (NAICS).
 4. Hazardous chemicals and quantities.
 5. Prior years' injury and illness national averages and the employers OSHA 300 logs.
 2. References. The consultant should refer to technical reference material about potential hazards and industrial processes that may be encountered and refer to any relevant standards.
 3. Sampling Methods. Appropriate sampling methods should be reviewed based on past experience and information on the Consultation Request Activities from prior visits as well as any prior enforcement inspection activity.
 4. Severe Violator Enforcement Program (SVEP) Referral Cases. Consultants should review the SVEP list as part of the research before conducting consultation visits. Projects are responsible for contacting the Region in situations involving SVEP.
 - B. **Survey Materials and Equipment.** The Consultation Project Manager is responsible for ensuring that all materials and equipment required for an on-site survey are available to the consultant. The consultant, however, is responsible for taking and using the equipment needed for the on-site visit.
 1. Forms and Handouts. The consultant should assemble all reports, forms, and other materials in sufficient quantity to conduct the on-site survey.

See the OSHA Information System Consultation User Guide and the current year's guidance.

2. **Sampling Equipment.** The Consultant should select the necessary equipment using standard sampling and calibration methods as outlined in the OSHA Technical Manual, OSHA Directives, Wisconsin Occupational Health Laboratory (WOHL) sampling guide, manufacturer's recommendations, and other standard calibration procedures and practices.
 3. **Consultant Safety and Health Considerations.** All necessary personal protective equipment must be used. The Consultation Project Manager must ensure that the equipment is usable and that the consultant has been trained in its use and limitations. This requirement includes a pre-visit hazard review with the consultant and the use of appropriate control strategies to reduce exposure to anticipated hazards in the workplace.
- C. **Visit Confirmation.** If an employer's requested visit is scheduled thirty (30) days or more after the request date, the requesting employer shall be contacted within five (5) working days of the scheduled visit to confirm the visit date. When verifying the scheduled visit, the employer must once again be asked whether any Federal or State OSHA inspection activity is "in progress" or whether the employer has denied entry to OSHA enforcement activity.

II. **The Safety and Health Program Assessment Worksheet (Form 33).** OSHA developed the Safety and Health Program Assessment Worksheet (Form 33) as a tool to be used by all consultants nationwide.

- A. **Definition.** The Safety and Health Program Assessment Worksheet is an evaluation tool to assess the employer's safety and health management system. Further, it can be used to provide information to an employer on the safety and health management system at one establishment and how it compares to other establishments in the same industry. The Worksheet (Form 33) is based on the 1989 Safety and Health Management Guidelines and consists of those elements or attributes used to evaluate a company's safety and health management system. A copy of the Worksheet (Form 33) is located at Appendix J.
- B. **Worksheet Usage.** The Worksheet must be used by all 21(d) programs. States operating private sector consultation under 23(g) State Plan, may use the Worksheet, once the consultant has taken the training offered by the OSHA Training Institute. Use of the Worksheet is not required for consultation visits to construction sites, but the Worksheet must be used when conducting consultation visits to a construction company's headquarters or base locations.
- C. **Worksheet Training.** Consultants should not attempt to complete the Worksheet and incorporate their findings in the official OSHA data system until they have received formal training (e.g. OSHA course 1500, *Introduction to On-site Consultation*) on its use and the philosophy behind the attributes. Completion of the Worksheet requires specialized knowledge on how to evaluate the attributes (the safety and health management system elements) and in scoring those attributes. The accumulated data on all Worksheets is collected to establish industry norms, which are used to provide advice to employers and in developing OSHA policies. As a consequence, it is imperative that the data collected on

each individual Worksheet is an accurate reflection of the employer's safety and health profile.

D. **Procedures for Completing the Worksheet** (Form 33). The Worksheet must be completed using the following criteria:

1. If a SHARP site is being evaluated or a workplace is being considered for Pre-SHARP status, the Worksheet should be filled out completely.
2. If a site has requested Full-service both program assistance, then the entire Worksheet is completed.
3. If a site has requested Full-service safety or a Full-service health, then only relevant portions of the Worksheet are completed.
4. If a site requested a Limited-service safety, Limited-service health, or a Limited-service both visit, then only relevant portions of the Worksheet (Form 33) are completed.
5. If no program assistance is requested, but the consultant obtains safety and health information which would enable them to fill out a portion of the Worksheet, that portion should be completed.
6. If a construction company's headquarters or base is being evaluated, the Worksheet should be used, following the same criteria as identified in D. 1, 2, or 3 above.
7. If a construction site is being evaluated, the Worksheet is not required, but it can be used as an evaluative tool, following the same criteria as identified in D. 1, 2, or 3 above.

E. **Worksheet Completion.** Consultants are responsible for completing the Worksheet whenever one is required. This should be done by using the OIS.

When consultants of different disciplines conduct an initial visit to the same establishment within 90 days of each other, a single Worksheet, representing the mutually agreed upon scores of both consultants, must be sent to the employer. The consultant who completes the first visit will initiate the Worksheet process, but leave the Worksheet in "draft" in the system. The first consultant will indicate in his/her Written Report to the Employer that a Worksheet (OSHA Form 33) is pending, but will be submitted by the second consultant. The consultant of the other discipline (second consultant) will complete the Worksheet and include it in his/her Written Report.

In the event that there are different scores proposed by each consultant for the same attribute, a mutually agreed upon score will be entered onto the Worksheet, and submitted to the employer.

F. **Worksheet Comments.** Completion of the comment section of the Worksheet is required. Consultants use this section to provide a rationale for the score and to give employers with meaningful recommendations on how to meet or improve on

a specific attribute. If comments are omitted, an employer may be disappointed because he/she has no guidance on which area to prioritize for action first in order to improve the overall safety and health profile of the establishment.

G. **Scoring Method.** This scoring method is based on the data collected by the consultant. Only those attributes for which data has been collected during the visits may be scored. A quick summary of the scoring method for the attributes follows:

1. Zero means that no safety or health procedures/policies are even partially present to correct this hazard. (No Activity).
2. One means that some safety or health procedures/policies are present although major improvements are needed. (Little Activity).
3. Two means that considerable safety or health procedures/policies are present with only minor improvements needed. (Most Activity Completed).
4. Three means that no additional safety or health procedures/policies are needed at this time. (No Additional Activity Needed).
5. Not evaluated (N/E) is the default value and means no information was collected or observed for a particular attribute. When this is the case, no score is required, and the score remains at the default value. Consultants and Consultation Project Managers should be aware that the collection of data impacts national norms for industries and national policy decisions. Therefore, only factually based scores should be recorded/entered on the Safety and Health Program Assessment Worksheet (Form 33) and in the OSHA Information System. Consultants are discouraged from “guessing” at the score; it is critical to have primary source documents, interview notes, or observations for all scores. No attribute may be modified or deleted, and all attributes must be scored using the method outlined above.

H. **Attributes to Score.** Although there is no nationwide policy concerning the minimum number of attributes to score on any single visit, States may set more stringent policies. The Consultation Project Manager may direct consultants to complete a specified number of attributes or identify specific attributes which must always be scored. Even though we must rely on your professional judgment, as you are our eyes and ears on-site, a high performing Consultation Project will score an average of 8-12 attributes per visit. It is critical that we collect data nationally on all aspects of an employer's safety and health management system; consultants are urged to score the Worksheet using a broad distribution of attributes, and they should avoid the repetitive scoring of the same attribute during every visit, unless it is required by the State. Consultants are not limited to one section of the Worksheet; they can score any attribute for which they can find appropriate support (policy, procedure, observation or interview). Finally, we need to view this from the employer's perspective; receiving a Worksheet with 3-6 scored attributes out of 58 attributes can be discouraging and disappointing for the employer and may stifle creativity in the safety and health area.

I. **Safety and Health Program Assessment.** When requested by the employer or required by the CPPM, consultation projects are to document the evaluation of employer’s safety and health program assessment in Appendix J of the written report. Consultation Projects may also utilize the “Evaluation of Safety and Health Management System” section of the written report to summarize or provide additional information of the employer’s overall safety and health management system.

III. **Required Structure of a Visit.** The on-site visit must proceed according to the following sequence:

A. **Entry to the Workplace.** Upon arrival at the worksite, the consultant must introduce himself or herself and produce official state identification which, at a minimum, identifies the consultant's name, employer, and place of employment.

B. **Opening Conference.** The first phase of the on-site visit is the opening conference with the employer or an authorized employer's representative. The employer or representative must have the authority to make safety and health decisions and be authorized to implement these changes. The opening conference is necessary to establish a clear understanding of the purpose of the visit and its procedures. It provides an opportunity to gain the employer's trust and allows the consultant to confirm the scope of the request and to review with the employer the terms of the visit. If a visit is limited scope, the consultant must inform the employer that if a hazard outside of the agreed upon scope of the visit is identified in plain sight during the walkthrough, the employer will still be responsible for correcting the hazard and is subject to referral to enforcement for failure to rectify the hazard.

1. Introductions. The consultant must identify himself or herself and any other consultation project personnel participating in the visit. The employer, other company representatives, and employees or employee representative(s) must be identified and their names, titles, and contact information recorded in the case file notes.

2. Employee Participation. Employee participation is required during all on-site visits. Requirements vary according to whether the site has a recognized employee representative, as explained below.

If:	then:
the site has a recognized employee representative	an employee representative of affected employees must be afforded an opportunity to participate in the opening and closing conferences and to accompany the consultant and the employer's representative during the physical inspection of the workplace. In the interest of time and clarity, the consultant should encourage joint opening and closing conferences. If there is an objection to a joint conference, the consultant must conduct separate conferences with the employer and the employee representative. The consultant may increase the number of employee participants during the hazard survey if he/she determines that additional representatives will

	improve the quality of the visit. The consultant may confer privately with the employee representative.
the site has no recognized employee representative	the consultant must confer with a reasonable number of employees during the course of the visit in order to identify and judge the extent of particular hazards within the scope of the employer's request and to evaluate the employer's safety and health management system. The employer must agree to permit such contact in order for the visit to proceed.

3. Scope of Visit. The scope of the visit must be discussed with the employer and any employee representatives of affected employees based on the type of visit that the employer has requested. On an initial visit requesting limited service, the consultant should strongly recommend the benefits of a full service visit. If a visit is limited scope, the consultant is still required to document any hazards outside of the agreed upon scope of the visit if found in plain sight during the walkthrough. If the scope of the visit is modified based on hazards found in plain sight and/or the employer requests program assistance in areas that were not addressed when the visit was requested, then the consultant must re-evaluate the use of the Worksheet based on the criteria outlined in Section II of this Chapter.
4. Employer's Obligations and Rights. The consultant must discuss the obligations and rights as outlined in Chapter 3, Section II A-L, which the employer must agree to in order for the consultation visit to continue.
5. Evaluating Employer's Injury and Illness Rates. If the employer did not provide the Log of Work-Related Injuries and Illnesses (OSHA Form 300) information before the visit, the consultant must review the employer's current and previous three (3) years' Form 300 logs to determine the employer's rates. The consultant must calculate the rates, compare them to the national average for the employer's NAICS code, and inform the employer of the results. Employers that fall below the threshold for keeping records should also have their rates assessed. In these cases, the consultant must make an effort to estimate the previous years' injury and illness rates and record the data into the OIS. Consultants should encourage employers that are not required to maintain Form 300 logs to use this form as a tool for evaluating their safety and health system.

C. **Walkthrough of the Workplace.** This phase of the on-site process allows the consultant to become familiar with the worksite. If a hazard is identified but employee exposure is not observed, the consultant must document the hazard and require corrective action by the employer. During the walkthrough of the workplace, the consultant must conduct the following activities:

1. Hazard Survey. The consultant must inform the employer and the employee representative of all identified hazards at the time they are recorded. If an imminent danger exists, exposed employees must be informed, and the employer must remove them from exposure immediately. If an employer fails to immediately remove an employee

from an imminent danger area, the consultant must terminate the visit and immediately refer the employer to enforcement authorities.

2. Documentation. The consultant must record all facts pertinent to the identified hazard(s) in field notes to be included in the case file. All field notes, observations, analyses, written documentation, videotapes, photographs, sketches, and hazard descriptions are part of the survey record and must be retained in the case file. The consultant must document as much information as necessary to establish the specific characteristics of each identified hazard. If the employer or the employer's representative corrects the hazard "on the spot," the consultant must document the hazard and the correction method in the field notes.
3. Recommendation of Interim Protection. The consultant must indicate in the case file notes whether interim protection is required, the nature of the recommended interim protection, the date the interim protection must be in place and the dates that interim protections are expected to be replaced with the final agreed upon protections. Extensions to the interim protection periods must also be documented in the case file.
4. Referrals. For full-service both visits, if a consultant identifies a hazard not within their specific expertise, they must notify/refer the hazard to another consultant with that specific expertise. Additionally, if a visit is limited scope, the consultant must document all hazards, even if outside the visit scope, when the hazard is found in plain sight during the walkthrough.

D. **Closing Conference.** Closing conferences must be conducted on-site during the initial visit. Consultants may not delay conducting the closing conference to give them more time to complete the Written Report or wait for laboratory results. Note that the Written Report must be sent to the employer no later than 20 calendar days after the closing conference is held. In the closing conference, the consultant must conduct the following activities:

1. Hazard(s) Identified and Date of Correction. Discuss the classification of identified hazards, possible methods of correction, and mutually agree upon correction dates for all serious hazards. The correction due date(s) for serious hazards must be for the shortest feasible time frame. Hazard correction time frame begins immediately after the closing conference, not on the written report receipt date. The employer must start correcting hazards immediately and must not wait for the written report before taking corrective action. Other-than-serious hazards and violations of OSHA regulatory standards must also be brought to the attention of the employer. In addition, the consultant must inform the employer that other-than-serious hazards and regulatory standards violations must be corrected in the shortest time frame. Failure to correct these hazards and regulatory violations can be cited by OSHA enforcement. Refer to OSHA Field Operations Manual (FOM), CPL 02-00-150, for details regarding classification of hazards. See also Chapter 3, Section II.G, of this manual.

2. Comments on the Safety and Health Management System. Describe the adequacies and deficiencies of the employer's safety and health management system and make recommendations to resolve any deficiencies identified.
 3. Additional On-site Visits. Discuss with the employer the extent to which additional on-site visits may be needed for training, verification of hazard correction, and/or employee exposure monitoring. It is important for Consultation Projects to work with employers to address emerging hazards and areas of emphasis. This work may include the Projects following up with additional verification visits.
 4. Training and/or Follow-up Visits. Develop a schedule with the employer for training and/or follow-up visits, as needed.
- E. **Transmitting the List of Hazards.** The Consultation Project Manager must forward a List of Hazards to the employer and the employee representative no later than 20 calendar days from the closing conference date. If there is a delay in producing the Written Report, which includes the List of Hazards, a separate List of Hazards report must be produced within a reasonable period of time (not greater than 20 calendar days) after the closing conference.

Chapter 5

Training and Assistance Visits

- I. **Training and Assistance Visits.** Training and Assistance Visits are primarily conducted to provide an employer with safety and health program assistance, training and education, and/or correction assistance. Training and Assistance Visits may be provided only after a hazard survey, such as initial consultation visit, an OSHA inspection, or a private consultant survey has been conducted within the past 12 months. The hazard survey must provide adequate foundation for conducting services through a training and assistance visit.
 - A. **Program Assistance.** Employers may request additional assistance with development of a Safety and Health Management Systems (SHMS) after the initial visit. This assistance will be documented through use of Safety and Health Assessment Form in OIS.
 - B. **Formal Training.** Consultants provide formal training in a classroom-like setting, following a syllabus a copy of which must be maintained in the case file. Additionally, a complete roster of all attendees must also be maintained in the case file. Formal training may take place on-site or off-site:
 1. On-site Training. Training visits may only be conducted on-site when specifically requested by the employer and only in conjunction with or within 12 months of a hazard survey. If the training visit is subsequent to a hazard survey not conducted by the Consultation Project, the consultant must have access to the survey report and be able to confirm that serious hazards were or are being corrected. A copy of the hazard survey report should be included in the case file. The consultant must also conduct a brief walkthrough of the workplace to verify hazard corrections and review current conditions to determine that no new hazardous conditions exist.
 2. Off-site Training. Off-site training is technical in nature and takes place at a location other than the employer's place of business. It may be coded as either a visit or a Compliance Assistance Activity, based on the following criteria:
 - a. If the off-site training is provided for a single employer and is directly connected to one or more hazards found during an initial or follow-up visit, it should be recorded in the OIS as a Visit Activity.
 - b. If the off-site technical training is not directly related to an on-site visit (as specified in 2(a), above), it should be recorded in OIS as a Compliance Assistance Activity. A hazard survey is not a prerequisite for providing this service.
 3. If an employer requests Formal Training for the same day as an initial visit, the Formal Training may be counted as a separate Training and Assistance Visit in limited situations where it is cost effective to do so. If the Project would like to count the Formal Training as a separate visit, a closing conference must be held prior to the training. Additionally, the

Project must send a separate letter to the employer describing the training, and retain all required documentation (preapproved syllabus and roster of attendees) in the case file. (See section I(B)(2) and I(B)(3) of this chapter for more information).

Informal Training. Consultants may provide informal safety and health training to employers and employees as requested by the employer (after a hazard survey has been conducted). Informal training does not involve any planned preparation or a syllabus. Training should be tailored to specific safety and health hazards observed at the workplace. Informal training should typically be provided and documented during the initial visit, however, informal training may be provided during a training and assistance visit when the employer's request also includes Program Assistance, Formal Training, or Correction Assistance.

II. **Training Documentation.**

- A. **During the Initial Visit.** Training services provided during the initial visit must be included in the written report to the employer.
- B. **Following the Written Report.** Training services provided after the written report has been sent to the employer must be followed up with a letter to the employer describing the training and a copy of the letter must be placed in the case file.
- C. **Training Log.** The CPM must maintain a log of the formal training that has been scheduled, conducted, and/or cancelled for review by the Regional Office. The log should include formal training conducted individually by the Project and/or in coordination with other organizations.

III. **Recording Training Time.** Instructions for recording training activity can be found under the Time Tracking Activity in OIS guidance.

IV. **Trainers' Qualifications.**

- A. Informal Training. To be qualified to provide informal training the consultant must have:
 - 1. Completed the *Introduction to On-site Consultation Course* (OSHA course 1500);
 - 2. Have subject-matter knowledge in the area of the training being offered and demonstrated the ability to conduct training.
 - 3. Consultants should demonstrate their ability to conduct informal training before being authorized to conduct it on their own. That demonstration may involve a mentoring process, where the consultant observes an experienced consultant conduct informal training and demonstrates to the satisfaction of the Consultation Program Manager an understanding of the principles of the informal training process. The Consultation Program Manager should maintain records which will allow the Region to track who

is authorized to conduct training during the biannual on-site monitoring.

- B. **Formal Training.** To be qualified to deliver formal training, the consultant must meet all of the requirements for providing informal training in addition to all of the following:
1. Be selected by the Consultation Project Manager to deliver formal training; and
 2. A minimum of 2 years previous experience conducting formal training for adults, or be trained as a trainer by an accredited institution.

V. **Trainer's Qualifications Waivers.**

Based on the consultant's prior work history and skill set, the Regional Administrator has the discretion to waive the requirements listed above in paragraphs IV.A – Trainer's Qualifications: Informal Training and/or IV.B – Trainer's Qualifications: Formal Training. To obtain such a waiver, the Consultation Program Manager must submit a written request to the Regional Administrator.

VI. **Resource-Related Considerations.**

- A. **Economies of Scale.** Off-site training leverages resources when one consultant can address a common training need for multiple employers.
- B. **Training Coordination.** To avoid duplication of effort and to ensure the most efficient use of limited consultation resources, requests for off-site training approved by the Consultation Project Manager should be coordinated with other providers of similar or related training. In particular, the Consultation Project Manager should coordinate with Susan Harwood grantees, the OSHA Training Institute, OSHA Strategic Partnership Participants, Alliance members, and Small Business Development Centers. The Consultation Project Manager should also coordinate with OSHA's Compliance Assistance Specialists and other regional or State personnel to assure that joint training sessions are conducted where appropriate. In addition, the CPM should maintain a log of the training that has been scheduled for review by the Regional Office.
- C. **Over Reliance on Consultants by Employers.** Consultants should always encourage employers to develop their own training programs in order to reduce reliance on consultants and to ensure that the employer establishes a training capability for any new employees and/or annual employee refresher training.

Chapter 6

Documenting Consultation Services

- I. **The Written Report to the Employer (Written Report).** The Written Report to the employer must be prepared at the conclusion of any initial visit and must include field sampling results (including a copy of laboratory results, if applicable) for any sampling performed. Visits other than initial visits do not require a written report, but these visits must be concluded with a letter to the employer summarizing the activity. The information contained in the consultation written report is confidential and should only be disclosed to the employer for whom it was prepared, as provided for in 29 CFR 1908.7(a)(3). Any inappropriate disclosure would adversely affect the operation of the OSHA Consultation Program and is forbidden except as allowed or required by 29 CFR 1908, 29 CFR 1910.1020, or other applicable OSHA standards or regulations.
 - A. **Timing of the Written Report.** The Written Report must be sent to the employer as soon as possible but not longer than 20 calendar days after the closing conference. If laboratory results are not received by this date, the written report should be sent to the employer without the results and include any hazards identified that are not dependent on laboratory results. As soon as the laboratory results are received, they must be sent to the employer as an addendum to the written report. Consultants may not delay conducting the closing conference in order to give themselves more time to complete the Written Report or to wait for laboratory results.
 - B. **Responsibility for Preparing the Written Report.** The consultant who conducted the initial visit is responsible for the preparation of the written report. If one safety and one health consultant conduct two visits, the consultant to whom the visit was initially assigned is responsible for preparing the written report and obtaining input from the other consultants. See also Chapter 3.II.E of this Manual.
 - C. **Required Elements of the Written Report.** Projects are encouraged to use the report template provided by OSHA. However, projects that desire to create and use their own template must include the following information:
 1. Executive Summary. This section must include all of the following:
 - a. A summary of the employer's request;
 - b. The scope of the services provided;
 - c. The name of the consultant(s) conducting the visit;
 - d. Items of importance covered in the opening conference;
 - e. A description of the workplace and the working conditions;
 - f. A comparison of the site's DART and TRC rates to the national industry average; and
 - g. Items of importance covered in the closing conference.

2. Employer's Obligations and Rights. The report must include the information outlined in "Communicating Employer Obligations and Rights," located in Chapter 3, Section II, of this manual.
3. Hazards Identified. This is an itemization of all the hazards identified during the visit, the classification of the hazard, a correction due date for each serious hazard, and recommended methods to eliminate or control the hazard. If a hazard is corrected on the spot, the report must describe the method used to correct the hazard.

If a Standard Element Paragraph (STEP) is used, it must be modified to meet the specific conditions of the employer's worksite. Other-than-serious hazards and violations of OSHA regulatory standards must be brought to the attention of the employer. The consultant must inform the employer that these hazards and standards violations must also be corrected in the shortest feasible time frame. Failure to correct these hazards and regulatory standards can be cited by OSHA.

4. Evaluation of Safety and Health Management System. In this section of the report, consultation projects are to refer the reader to the safety and health program assessment worksheet in Appendix J of the written report. Consultation Projects may also utilize this section of the written report to summarize or provide additional information of the employer's overall safety and health management system. If Projects do not customize this section, the following language shall be utilized.
 - a. Safety and Health Management Systems (SHMS) are universal interventions that can substantially reduce the number and severity of workplace injuries and alleviate the associated financial burdens on U.S. workplaces. Most successful programs are based on a common set of key elements. These include: management leadership, worker participation, hazard identification, hazard prevention and control, education and training, and program evaluation and improvement. Because of the importance of these programs, OSHA requires consultation projects to assess some SHMS elements during General Industry consultation visits. A complete program assessment can also be requested when an employer desires. OSHA encourages all employers to work toward implementing an effective SHMS to protect their workers and recognizes employers who do so through SHARP. For more information on the specific items that consultants assessed in your workplace, please review your customized Worksheet in Appendix J.
5. Training Provided. A summary of both the formal and informal training which was conducted during the visit must be included in the report.
6. Sampling Data. If sampling has been conducted, the appropriate template should be selected, including tables, forms, and charts, to display the results.

7. Other Findings. In this section, the consultant must list and discuss any other safety and health issues that are subject to the General Duty Clause and which, if found by enforcement, would be cited.
8. Safety and Health Program Assessment Worksheet (Worksheet). If the use of a Worksheet was required, it must be included as an appendix to the report. See Chapter 4 and Appendix J.

- D. **Cover Letter.** Every Written Report must be sent with a cover letter. Templates provided by OSHA include two types of letters: one for when no hazards were observed, and another for when serious hazards were observed. When serious hazards are observed, the Consultation Project Manager must ensure that the cover letter transmitting the Written Report includes the following paragraph:

Accompanying this report is a List of Hazards which includes a description of the serious hazard(s) and the date by which we mutually determined that the hazard(s) would be corrected. This List of Hazards must be posted, unedited, in a prominent location where it is readily observable by all employees for three (3) working days or until the hazard(s) have been corrected, whichever is later. If we approve an extension to the correction due dates, a new List of Hazards will be sent to you showing the revised date(s)

- II. **List of Hazards.** The List of Hazards must accompany the consultant's Written Report. The consultant must also send the employee representative a copy of the List of Hazards and any modifications and/or extensions to correction due dates, using the contact information obtained during the "Opening Conference." The first page of the List of Hazards should be printed on the Consultation Project's letterhead. See Appendix B for a sample List of Hazards in the preferred format.
- III. **Case File.** Case Files must be maintained in a defined, uniform format, whether in a format acceptable to the Region, or in accordance to the requirements in Appendix H. A project may organize files in a different manner than Appendix H, as long as all contents listed in Appendix H are included in a consistent and organized fashion.

Chapter 7

Relationship to Enforcement

- I. **General.** The On-site Consultation Program is completely separate from OSHA's enforcement efforts and does not issue citations or propose penalties. However, the Consultation Program depends on having an effective OSHA Enforcement Program to compel employers to achieve compliance. Additionally, the Consultation Program relies on enforcement as a deterrent to ensure that employers rectify all identified hazards.
 - A. **On-site Consultation Visit Priority.** A consultation visit-in-progress has priority over OSHA compliance inspections pursuant to 29 CFR 1908.7(b), except in those instances provided below at Section III H. (1-4). 29 CFR 1908.7(b)(2)i-iv.
 - B. **Visit-in-Progress.** A consultation visit-in-progress is defined as a Consultation on-site visit in regards to the working conditions, hazards, or situations covered by the visit from the beginning of the opening conference through the end of the correction due dates and any extensions. 29 CFR 1908.7(b)(i).
 - C. **Enforcement Activity.** OSHA may assign a lower priority for programmed enforcement activity to those worksites for which on-site consultation visits are scheduled. See Sections II and III of this Chapter.
- II. **Scheduling**
 - A. **On-site Visit Request.** Employers seeking an on-site consultation visit must request and schedule an opening conference directly with the Consultation Project in the State in which the worksite that will undergo the on-site visit is located.
 - B. **On-site Visit Scheduling.** Once the employer has requested an on-site consultation visit, the scheduling of the on-site visit shall be based upon the nature of the employer's request and the employer's placement within the Project's prioritization schedule. See Chapter 3.
 1. Current Federal/State Inspection Activity. Consultation personnel must ask the employer whether or not any Federal or State OSHA inspection/enforcement activity is currently taking place at the worksite. If the employer answers in the affirmative, then Consultation personnel should explain to the employer that no on-site consultation can take place until the OSHA inspection/enforcement activity is final and/or any cited item(s) have become final order(s).
 2. Visit Date Confirmation. If an employer's requested visit is scheduled 30 days or more after the request date, Consultation personnel should contact the employer within 5 working days of the scheduled visit to confirm the visit date. When the employer is contacted to confirm the scheduled visit, Consultation personnel must once again verify that no Federal or State OSHA inspection activity is underway.
- III. **On-site Consultation Visits and Enforcement.** On-site Consultation Projects shall determine the scope of the on-site consultation visit based upon the employer's request.

An employer's worksite cannot be subject to concurrent consultation- and enforcement-related visits. Enforcement may assign a lower priority to worksites receiving a consultation visit until the completion of the correction due dates and any extensions or the consultation closing conference, see 29 CFR 1908.7(b).

- A. **Full-Service Both On-site Consultation Visits.** If a worksite is undergoing a full-service both on-site consultation visit, which provides a complete safety and health hazard survey of all working conditions, equipment, processes, and OSHA-mandated safety and health programs at the worksite, programmed enforcement activity may not occur until after the end of the worksite's visit-in-progress status. See Chapter 1. Section VII.GG.
- B. **Full-Service Safety, Full-Service Health, and Limited-Service On-site Consultation Visits.** An on-site consultation visit-in-progress status is discipline related. If a worksite is undergoing a full-service safety, full-service health, or a limited service visit, programmed enforcement activity may only proceed under the working conditions, equipment, processes not under the visit-in-progress status. See Chapter 1. Section VII.GG.
- C. **Enforcement Follow-up and Monitoring Inspections.** If an enforcement follow-up or monitoring inspection is to be conducted while a worksite is undergoing an on-site consultation visit, the inspection shall not be deferred; however, its scope shall be limited only to those areas required to be covered by the follow-up or monitoring inspection. In these instances, the consultant must halt the On-site Consultation Visit until the enforcement inspection has been completed. In the event OSHA issues a citation as a result of the follow-up or monitoring inspection, an on-site consultation visit may not proceed regarding the newly cited item(s) until they have become final order(s).
- D. **On-site Consultation Follow-up and/or Training and Assistance Visits.** On-site consultation follow-up and/or training and assistance visits must be deferred if an OSHA enforcement inspection is to be conducted. The consultant may continue with follow-up and/or training and assistance activity only after enforcement inspection activity at the worksite is final and any cited item(s) have become final order(s).
- E. **Fatality/Catastrophe during Visit.** If a fatality or catastrophe (an incident involving the hospitalization of 3 or more employees) occurs during an on-site consultation visit, the consultant shall immediately terminate the visit. If on-site conditions permit, the consultant should remind the employer of their obligation under 29 CFR 1904.39 to notify OSHA enforcement of the incident.
- F. **Severe Violator Enforcement Program (SVEP).** A company identified on OSHA' Severe Violator Enforcement Program (SVEP) list may still receive On-site Consultation Services. Although the company is receiving consultation services, in this situation Consultation visit-in-progress status does not block enforcement from performing an inspection.
- G. **Requirements of Visit-in-Progress Status.** A consultation visit shall be considered to be a visit-in-progress from the beginning of the opening conference to the end of the correction due dates (including extensions). To maintain the status of visit-in-progress, the employer must meet the following conditions:

1. Posting the List of Hazards. Employers must prominently post the List of Hazards, once received, in a location where it can be readily observed by all affected employees. Employers must prominently post the List of Hazards for a minimum of three (3) working days and should not remove it until the hazards identified on the list are corrected. For the visit to remain a visit-in-progress, identified hazards may not remain uncorrected past their correction due date (past the original due date or the extended due date). See 29 CFR 1908.6(e)(8).
2. Hazard Correction. Employers must take action to eliminate exposure to hazards which, in the judgment of the consultant, present an imminent danger as well as to correct all hazards identified as serious in order to maintain the visit-in-progress status. The employer must also provide documentation of the action(s) taken to eliminate or control the identified hazards to the On-site Consultation Project by fax, letter, or e-mail.

H. **Termination of Visit-in-Progress Status.** Regardless of the scope of a visit-in-progress, a consultation visit is terminated when OSHA enforcement initiates any of the following:

1. Imminent danger investigation,
2. Fatality/catastrophe investigation,
3. Complaints, or
4. Other critical inspections as determined by the Assistant Secretary.

Note: Referrals are included under other critical inspections as determined by the Assistant Secretary.

IV. **Post-Visit Hazard Correction and Verification.**

- A. **Hazard Correction.** Consultants must inform the employer that all serious hazards must be corrected in accordance with mutually agreed upon correction due dates and that they must provide to the CPM documentation of the action(s) taken to eliminate or control the hazards identified on the List of Hazards. In addition, consultants must inform employers that they should correct other-than-serious hazards and regulatory violations in a timely manner, but employers are not required to send verification of the correction of these hazards to the CPM. Consultants also must inform employers that they may be cited for any serious hazards, other-than-serious hazards, and/or regulatory violations identified during an OSHA enforcement inspection.
- B. **Correction Due Dates.** The consultant will recommend suggested correction due dates to the employer. The correction due dates must be the shortest interval within which an employer can reasonably be expected to correct the hazard. Factors such as an employer's economic and work capability may be considered in devising correction due dates. The correction due dates must be discussed and agreed upon during the closing conference. Any dispute regarding a correction due date needs to be directed to the CPM.

C. **Extending Correction Due Dates.** An employer may request, and the CPM may grant, an extension of the time frame established for the correction of hazards identified on the List of Hazards. This extension may only be granted when the employer has met all of the following criteria: (1) demonstrated that a good faith effort has been made to correct the hazard within the established time frame, (2) shown evidence that correction has not been completed because of factors beyond the employer's reasonable control, and (3) shown evidence that the employer is taking all available interim steps to safeguard affected employees against the hazard during the correction period. Extensions to correction due date(s) will be approved for the shortest reasonable period of time.

1. Requests for extensions must:

- a. Be in writing. If the extension was initially requested by phone, a confirmation of the request must be received either via fax, postal or electronic mail;
- b. Contain the reason(s) why the hazard has not been corrected;
- c. Contain the number of days needed for the extension; and
- d. Describe and provide documentation of the interim protection provided to affected employees to protect them from the particular hazard(s).

2. Whenever an extension to a correction due date(s) is granted, a **new** List of Hazards must be prepared by the On-site Consultation Project indicating the hazards granted an extension and the revised date(s) of correction. Employers must prominently post the new List of Hazards for a minimum of three (3) working days and should not remove it until the hazards identified on the list are corrected. Any hazards that have previously been corrected do not have to be included in the new list. See chapter 3.

3. For any hazard correction due date, whether initial or extended, of 90 days or greater, the On-site Consultation Project may require the employer to submit a Protection Plan of Action for each serious hazard.

D. **Interim Protection(s).** Where a serious hazard(s) is identified and is not immediately corrected in the presence of the consultant, employers must provide effective interim protections when appropriate for affected employees at the worksite while the identified hazard(s) are being corrected. Interim protections include, but are not limited to, the following:

1. Engineering Controls. Engineering controls consist of, but are not limited to, substitution, isolation, ventilation and equipment modification.
2. Administrative Controls. Any procedure that significantly limits daily exposure by control or manipulation of the work schedule or manner in which work is performed is considered a means of administrative control. The use of personal protective equipment (PPE) is not considered a means of administrative control.
3. Work Practice Controls. Work practice controls are one type of administrative control in which the employer modifies the manner in which the employee

performs assigned work. Such modification may result in a reduction of exposure through such methods as changing work procedures, improving sanitation and hygiene practices, or making other changes in the way the employee performs the job.

4. Personal Protective Equipment (PPE) and/or Clothing. Providing the proper PPE to all affected employees and training them in the proper selection, use, and maintenance of the required PPE.

E. **Protection Plan of Action.** In circumstances where a consultant determines that an identified serious hazard(s) requires a complex correction solution(s) that may take more than 90 days to institute, the employer is required to submit an Action Plan. These plans need to be discussed with the Region and approved by the Regional Administrator. Circumstances that may require such an Action Plan may include, but are not limited to, (a) extensive redesign requirements, such as the installation of a ventilation system; (b) factors delaying correction that are beyond the employer's control; (c) or both.

1. The date for submitting the Action Plan will be established by On-site Consultation personnel. A separate Action Plan must be submitted for each identified hazard.
2. The Action Plan, where appropriate, should:
 - a. Identify the hazard and steps to be taken to correct it,
 - b. Outline the anticipated long-term hazard correction procedures,
 - c. Include milestones (or a schedule) for correcting the hazard, and
 - d. Include information regarding how affected employees will be protected from the hazard or hazardous condition in the interim until hazard correction is completed.
3. The employer will provide written periodic progress reports on the status of the hazard correction process. The frequency of the reports is to be determined by the On-site Consultation Project, but not more than quarterly.

F. **Verification of Hazard Correction.**

1. Imminent Danger. Consultants shall ensure that all hazards that present an imminent danger to employees are corrected immediately. If not corrected immediately, the consultant shall refer the employer to enforcement.
2. Serious Hazards. Consultants shall verify that all hazards identified as serious are corrected within the time set forth in the correction due date(s).
 - a. The CPM will employ a tracking system to assure the timely verification of serious hazard corrections.
 - b. Serious hazards must be verified as having been corrected or eliminated within the correction due dates identified in the written report to the employer and the List of Hazards, or as outlined in the Action Plan.

3. Verification Methods. The following are the recognized verification methods:
 - a. On-site Verification. When a hazard correction has been witnessed by a consultant during the visit, the hazard will be considered corrected, noted accordingly in the written report to the employer, and appropriately documented in OIS and the case file. Consultants are required to provide a narrative and/or picture(s) to support the verification of the hazard correction.
 - b. Off-site Verification. When a consultant is unable to verify the correction of a serious hazard before the conclusion of the visit, the consultant must inform the employer that they are required to provide written confirmation of the hazard correction along with full documentation to the On-site Consultation Project. Written verification may be faxed or sent via postal or electronic mail to the On-site Consultation Project. Documentation from the employer must include a certification by the facility manager of the date that the hazard(s) was corrected or eliminated and a description and/or picture (s) of the corrective method employed. The employer may also include copies of receipts for purchased equipment or services and any other proof of hazard correction.
 - c. Follow-up Visit. In addition to the above methods, On-site Consultation Projects may at their discretion conduct a follow-up visit to the worksite to verify the correction of those hazards identified on the List of Hazards. Consultants who identify new serious or imminent danger hazards during follow-up visits will use the initial visit activity number to record additional hazards.
4. Initiation of an OSHA Enforcement Inspection. On-site Consultation Projects must implement the following procedures after the termination of a consultation visit due to the initiation of an OSHA enforcement inspection, in accordance with the requirements in 29 CFR Part 1908.7, Relation to Enforcement:
 - a. Once an On-site Consultation Project is informed that an enforcement inspection will be initiated in accordance with 29 CFR 1908.7(b)(2), the Project must terminate the visit and change the verified/referred code in the hazard resolution tab within OIS for any unabated/outstanding hazards to “awaiting verification after interruption of visit-in-progress status.” Although the visit is terminated, the employer is still responsible for abating any hazards that were identified during the consultation visit. After notifying the Regional Administrator, the Consultation Project will send a letter to the employer, informing them of any hazards which were not verified as abated prior to the termination of the consultation visit. This letter must include a list of the unabated hazards and expected hazard correction due date(s).
 - b. The abatement of all hazards identified during the consultation visit must continue to be verified through the agreed-upon hazard correction period following the procedures within this Manual. The employer is required to provide certification of abatement to the On-site Consultation Project. It is important to note that, with the termination of the visit-in-progress

status at the employer's worksite, the employer is no longer exempted from programmed enforcement activities of any kind.

- c. If the employer fails to take the action necessary to correct hazards within the agreed upon time frame or any extensions thereof, the Consultation Program Manager shall notify OSHA enforcement and provide the relevant information for a referral.

G. **Referral to Enforcement.** An employer's refusal or failure to correct an imminent danger situation and/or identified serious hazards shall result in a referral to OSHA enforcement or the appropriate State plan enforcement office.

1. Referral to OSHA Enforcement or the appropriate State plan enforcement office will occur for the following:

- a. Failure to Immediately Correct an Imminent Danger. If, during the course of conducting an on-site consultation visit the consultant observes an imminent danger situation, he/she must immediately inform the employer. If the employer refuses to correct or fails to eliminate the hazard immediately, the consultant will terminate the visit immediately and then make a referral to OSHA enforcement.
- b. Serious Hazard(s) Not Corrected. When it is determined that an employer is no longer acting in good faith and/or is refusing to correct or eliminate a serious hazard within the established due date, including any extensions, a referral to enforcement must be made at that time.

2. Process for referral to OSHA Enforcement or the appropriate State plan enforcement office:

- a. Consultant. The consultant conducting the visit shall notify the CPM immediately upon an employer's:
 - i. Refusal to correct or eliminate an imminent danger, or
 - ii. Refusal to correct or eliminate a serious hazard.
- b. Consultation Project Manager. Upon determining that an employer is no longer acting in good faith and/or is refusing to correct identified hazards, the CPM will immediately notify the Regional Office.
- c. Regional Administrator. The Regional Administrator will determine whether the employer is to be referred for enforcement action within five (5) days of the notification of hazard violation or within one (1) day if there is an imminent danger situation. The Regional Administrator will also notify the OSHA Area Director of the worksite's loss of visit-in-progress status.

To assist the Regional Office in its determination, On-site Consultation Projects shall forward information regarding the worksite's identified hazards and the circumstances of the employer's refusal.

H. Deletions and Deferrals.

1. Pre-SHARP. If a worksite is in pre-SHARP status, that is, is in the process of meeting the criteria for SHARP, OSHA programmed inspections at the site may be deferred for up to 18 months while the employer is working to achieve recognition and exemption status. See 29 CFR 1908.7(b)(4)(i)(A).
2. SHARP. If a worksite achieves SHARP status, it is to be removed from OSHA's programmed inspection schedule for a period established by the On-site Consultation Project and approved by the Regional Administrator. Deletions/deferrals from OSHA's programmed inspection schedule for worksites that have achieved SHARP recognition may be up to two (2) years upon initial approval or three (3) years for subsequent renewal periods. See 29 CFR 1908.7(b)(4)(i)(B).

Chapter 8

OSHA's Safety and Health Achievement Recognition Program (SHARP) Pre-SHARP, and SHARP Pilots

I. **Safety and Health Achievement Recognition Program.** SHARP is an exemption and recognition program administered by OSHA's On-site Consultation Projects that recognizes the safety practices of small employers that operate an exemplary safety and health management system. Employers who meet the qualifications for SHARP are removed from OSHA's programmed inspections schedule for up to two (2) years upon initial approval or for three (3) years for subsequent renewal periods. See 29 CFR 1908.7(b)(4). Pre-SHARP is a deferral program granted to employers actively progressing toward the achievement of SHARP status and is also administered by the On-site Consultation Program.

A. **Employer Eligibility.** The size requirements for employer participation in SHARP are 250 or fewer on-site employees and fewer than 500 corporate-wide employees. The upper corporate size limit does not apply to individual franchisees. There may be sites that are a part of holding companies where one would not expect the parent company to provide safety and health resources to the site. DCSP would expect to address such situations on a case-by-case basis. OSHA recognizes that States and projects may choose to offer larger worksites SHARP recognition using 100% State overmatch funds.

To begin this SHARP process, Consultation Projects must inform employers that they must:

1. Request a consultation visit that involves a Full-service both visit that provides a complete safety and health hazard survey of all working conditions, equipment, processes and OSHA-mandated safety and health programs at the worksite, including a comprehensive assessment of the worksite's safety and health management system; and
2. Have at least one (1) year of operating history at the particular worksite for which the employer is seeking SHARP participation.

B. **Program Requirements.** Consultation Projects should inform employers seeking SHARP approval that their worksites must:

1. Receive a Full-service both safety and health consultation visit and a comprehensive review of their safety and health management system with all hazards found by the consultant(s) corrected;
2. Receive a score of at least "2" on all 50 basic attributes of the Form 33. Additionally, all "stretch items" of the Form 33 must be scored. "Stretch items" are the safety and health attributes above the basic attributes of a foundational safety and health management system, such as employee participation in hazard prevention and control activities within the worksite;
3. Agree to notify the CPM and request a subsequent on-site consultation visit when changes in working conditions or work processes occur that may introduce new hazards into the workplace;

4. Have injury and illness rates for the preceding year that meets the requirements outlined in subparagraph D, Injury and Illness Rates, below;
 5. Not have rate-based incentive programs that discourage employee reporting of work-related injuries and illnesses or safety and health hazards; and
 6. Submit a request for SHARP participation to CPM after receiving their full service visit and correcting all the identified hazards.
- C. **1989 Safety and Health Program Management Guidelines.** Consultation Projects reviewing SHARP applicants should ensure that applicants implement, demonstrate, and maintain a safety and health management system. At a minimum, consultants should ensure that the major elements of the 1989 Safety and Health Program Management Guidelines (as measured by the Form 33) have been addressed. Although not a requirement for participation in SHARP, a written safety and health management system as described in the 1989 Safety and Health Program Management Guidelines should be recommended by consultants.
- D. **Injury and Illness Rates.** In order to establish the DART and TRC rates at their worksite, SHARP applicants must have at least one (1) year of operating history at the particular worksite for which SHARP approval is requested. Employers who fall below the threshold for keeping OSHA 300 records and/or are in an industry that is exempted from keeping OSHA logs should also have their injury and illness rates assessed as part of their SHARP application process. In these cases, the consultant estimates the employer's injury and illness rates, using available employer data that is similar to the OSHA 300, for one (1) year and records the resulting data into the OIS. This section establishes the methods for calculating DART and TRC rates as well as the rate requirements for SHARP participants.
1. For all applicants, DART and TRC calculations will be based on the OSHA Form 300 information for the last full calendar year preceding the on-site evaluation. The calculated DART and TRC rates will be compared against the most recently published Bureau of Labor Statistics (BLS) rates for that industry. To qualify for SHARP, the applicant's DART and TRC rates must be below the published BLS industry average. See Appendices C and D for rate calculation formulas and examples.
 2. Worksites that are exempt from maintaining OSHA Form 300 logs must be able to provide rates comparable to the OSHA 300 injury/illness log for their site before being considered for SHARP.
 3. The following alternative calculation methods are available for those applicants whose calculated injury and illness rates are above the published BLS average if the calculation method above is used.
 - a. Where the applicant has at least three (3) years of operating history, the DART and TRC rate calculations may be based on the OSHA Form 300 information for the most recent three (3) full calendar years preceding the on-site evaluation. The calculated average DART and TRC rates for the last three (3) years will be compared to the most recently published BLS national average for that industry. To qualify for SHARP, the applicant's average DART and TRC rates must be below the most recently published

BLS industry averages. See Appendices C and D for rate calculation formulas and examples.

- b. For SHARP applicants for whom a single or a relatively small number of incidents would cause the applicant to be disqualified from SHARP when using the three-year rate calculation described above, DART and TRC rates may be calculated using the best three out of the most recent four full calendar years injury and illness data preceding the on-site evaluation. In determining whether an employer qualifies for the best three out of four year calculation method, Consultation Projects must do the following:
 - i. Using the most recent employment statistics (hours worked at the site in the most recent calendar year, including overtime hours), calculate hypothetical TRC and DART rates for the employer assuming that the employer had two cases during the year;
 - ii. Compare the hypothetical rate to the three most recently published years of BLS combined injury/illness rates for the industry; and
 - iii. If the hypothetical rate (based on two cases) is equal to or higher than the BLS average for the employer's industry for any of the most current BLS published rates, the employer qualifies for the best three out of four years calculation method.
4. CPMs may propose, and either Regional Administrators (RA) or the appropriate state official may approve, SHARP status in those rare instances where an applicant has rates equal to or slightly greater than the industry average after using the calculations above at I.D.1-2. In determining whether to grant an employer approval, the RA or state official in a State-plan state must consider the following factors:
 - a. Employer is currently a SHARP participant; and
 - b. Employer has a score of at least "2" on all 50 basic attributes of the Form 33, and the employer's score on all "stretch items;" and
 - c. Employer qualifies for the rate calculation at I.D.2(b) above, but fails to meet either the DART or TRC rate requirements; and
 - d. The employer's history with the On-site Consultation Program.
5. Employers who meet all of the SHARP requirements, with the exception of the rate requirements, may be recommended for Pre-SHARP status.

F. **Employer Incentive Programs.** OSHA's goal is the use of safe work practices all day, every day. This is also a goal for the companies that have worked very hard to get into SHARP and to stay there. SHARP sites have the opportunity to lead the way by example and to inspire positive and creative change throughout their industries. By working cooperatively, OSHA, On-site Consultation Projects, and SHARP participants can demonstrate that incentive programs, which emphasize positive worker involvement in safety and health activities and conscientious hazard

reporting and correction, can be one element in an effective injury and illness prevention program.

1. Workplace incentives that promote safety awareness, injury and illness reporting, and worker involvement are an acceptable part of a SHARP injury and illness prevention program. A positive incentive program encourages or rewards workers for reporting injuries, illnesses, near-misses, or hazards and for involvement in injury and illness prevention programs. Examples of positive incentives include providing tee shirts to workers serving on safety and health committees, offering modest rewards for suggesting ways to strengthen safety and health, or throwing a recognition party at the successful completion of a company-wide safety and health training.
2. Incentives that discourage injury and illness reporting and worker involvement are not acceptable. Companies with incentive programs that have the potential to discourage reporting of workplace injuries and hazards do not meet the injury and illness prevention program requirements to qualify as a SHARP participant. An incentive program that focuses on injury and illness numbers often has the effect of discouraging workers from reporting an injury or illness. When an incentive program discourages workers reporting injuries or hazards or (in particularly extreme cases) disciplines workers for reporting injuries or hazards, problems remain concealed, investigations do not take place, nothing is learned or corrected, and workers remain exposed to harm. Disincentives to reporting may range from awarding paid time off or other benefits and forms of recognition to a unit that has the greatest reduction in incidence rates to rewarding workers with a pizza party for achieving an injury/rate reduction goal or maintaining an injury and illness free worksite for a period of time.
3. Incentives that may discourage workers from reporting injuries and illnesses include corporate bonuses. Note that executive level bonuses based on injury and illness rates or reductions are outside the scope of this manual and are not a basis for excluding a site from participating in SHARP. The primary area of concern involves bonuses for front line workers. For this group, incentives based on injury and illness rates or reductions would be considered unacceptable. Bonuses for lower level management that are based on injury and illness rates or reductions would be evaluated on a site-by-site basis.

G. Consultation Project Responsibilities.

1. Verification of Employer's Eligibility. The Consultation Project must ensure that the employer satisfies all SHARP participation criteria and that all elements of an effective safety and health management system are fully operational. If hazards are found during the on-site evaluation, which reflect significant deficiencies resulting in a rating of 0-1 on the Form 33 evaluation of the employer's safety and health management system, the site cannot be recommended for SHARP approval. CPM's may not recommend SHARP approval until the deficiencies have been corrected and the CPM is confident that a worksite's safety and health management system will operate effectively.
2. Emerging Hazards and Areas of Emphasis. It is important for Consultation Projects to work with Pre-SHARP and SHARP employers to address emerging hazards and areas of emphasis. These efforts may include the Projects following up with an on-site verification visit.

3. Review of Employer's Incentive Program
 - a. Applicant for SHARP participation. The CPM must ensure that a SHARP applicant's incentive program does not contain provisions that could discourage injury and illness reporting, worker participation, or both. The CPM must advise the applicant of OSHA's position and SHARP policy. The applicant may choose to make an immediate change to its incentive program that will bring the program in line with SHARP policy. If the applicant needs 90 days or less to eliminate the disincentive, to revise its program, or both, the CPM should reappraise the site once the change to the applicant's incentive program takes place. If an applicant for SHARP status refuses to make the needed change, the CPM will inform the site that they are not currently eligible for SHARP participation.
 - b. Current SHARP participant. If a site has already been awarded SHARP status, the CPM must advise the participant of OSHA's position and SHARP policy and confirm that the existing incentive program complies with Agency policy. To confirm that an incentive program does not contain provisions that could discourage injury and illness reporting, incorporate this element into the review criterion when participants submit interim year self-evaluations, enter the reapplication processes, and provide other reports. If disincentives are found, the CPM will assist the SHARP participant in reaching compliance with OSHA's position and SHARP policy.
 - i. The participant may choose to make an immediate change to its incentive program that will bring the program in line with the SHARP policy. If the participant needs time to eliminate the disincentive, revise its program, or both, designate this needed improvement as an item on the Action Plan. The participant will be given the opportunity to bring its incentive program in line with OSHA policy consistent with a 90-day item. Following the 90-days, the CPM will assess progress in completing this action item. Extensions beyond 90 days require approval from the Regional Administrator. The CPMs will monitor SHARP participants' progress and report the status to the Region as indicated in the extension.
 - ii. Refusal to make the recommended improvement to an incentive program is grounds to terminate a participant from the SHARP. Failure to demonstrate effective implementation of incentive program changes during agreed upon time frames (90-day action item, Regional Administrator approved extensions, or both) is also grounds to terminate a SHARP participant. The established termination procedures will apply, including the Regional Administrator's written notice of intent to terminate and the participant's right to appeal in writing to the Assistant Secretary.
4. Submission of SHARP Requests for Approval. CPMs may not recommend SHARP approval until deficiencies have been corrected, and the CPM is confident that a worksite's safety and health management system will operate

effectively. After ensuring that the employer has met all of the requirements, the CPM must confirm the employer's interest in SHARP participation. Then the CPM submits the request for SHARP approval to the Region using OIS. Requests will include the following items:

- a. The CPM's recommendation for SHARP approval;
 - b. The site's DART and TRC rates, and the BLS national averages for that industry;
 - c. The date and type of each consultation visit conducted during the time the employer was working toward SHARP approval or renewal;
 - d. A copy of the completed Form 33, Safety and Health Program Assessment Worksheet, for the worksite's Full-service safety and health visit;
 - e. A copy of a mutually agreed upon Action Plan, which will provide an outline for the continuous improvement of the employer's safety and health management system;
 - f. Employer verification of the number employees at the worksite and corporate-wide; and
 - g. Verification of the employer's request for SHARP participation.
5. Notification of Approval. If the SHARP request is approved, the CPM must inform the employer of the duration of the deferral period.
6. Referrals Related to SHARP Sites. Referrals received by OSHA related to sites that are working toward or have achieved SHARP status will be transferred to the Consultation Projects for response. Such visits should be treated by the Project as a high priority.

H. **Regional Office Responsibilities**. For this Chapter, the terms Regional Office, or Regional Administrator, also include the appropriate State Official, for those sites operating in State-Plan states. Upon receipt of a completed SHARP application, containing verification that the employer has met all of the SHARP program requirements, the Regional Office will:

1. Provide the SHARP certificate to the employer. The certificate will include the company's name, location, and period of deletion/deferral from OSHA's Programmed Inspection Schedule;
2. Notify the appropriate OSHA Area Office of the worksite's status and facilitate the removal of the worksite from OSHA's Programmed Inspection Schedule for the approved deletion/deferral period; and
3. Provide a copy of the certificate and the transmittal letter to the CPM for the case file.

I. Duration of SHARP Status.

1. All initial approvals of SHARP status will be for a period of up to two (2) years, commencing from the date the Regional Office approves an employer's SHARP application. After the initial approval, all SHARP renewals will be for a period of up to three (3) years.
2. The period of deletion/deferral from OSHA's Programmed Inspection Schedule will begin on the date that the Regional Office approves the employer's participation in SHARP.
3. During the participation period, participating employers must submit the following to the CPM:
 - a. A copy of the worksite's OSHA 300 log,
 - b. A copy of the worksite's Injury and Illness incident reports, and
 - c. Information regarding the completion of item(s) set forth in the Action Plan.

NOTE: A site self-evaluation template is available at Appendix E; worksites will find this template a useful tool for documenting their progress in meeting their Action Plan.

J. Renewal Requirements. Consultation Projects must inform employers seeking a SHARP site renewal that they must request a renewal visit within 180 days of expiration of the recognition and exemption program status. The CPM may begin to process the employer's request for SHARP renewal provided that the steps outlined above, and the following steps have been taken:

1. The Consultation Project has provided a full service safety and health visit and conducted a comprehensive program assessment to ensure that the safety and health management system has been effectively maintained or improved,
2. The Consultation Project has verified that the employer continues to meet all eligibility and program requirements, and
3. The Consultation Project has received the employer's interim-year self-evaluation (see Appendix E) and OSHA 300 log data. The employer's interim-year self-evaluation is required as verification of the employer's continued eligibility, during renewal years.

K. Renewal Approval. Renewal for SHARP participation must be approved by the Regional Office prior to the expiration of SHARP status to assure continued eligibility for deferral from OSHA's Programmed Inspection Schedule. It is the responsibility of the CPM to ensure that renewal of SHARP status occurs before expiration of deferral status. If a SHARP site fails to request a renewal visit within 180 days of expiration of the deferral status, they can still receive a renewal at the Regional Administrator's discretion.

L. OSHA Inspection(s) at SHARP Worksites. As noted above, employers that meet all the requirements for SHARP status will have the names of their establishments deleted/deferred from OSHA's Programmed Inspection schedule. However, pursuant to

29 CFR 1908.7(b)(4)(ii), the following types of incidents can trigger an OSHA enforcement inspection at SHARP sites:

1. Imminent danger,
2. Fatality/Catastrophe, or
3. Formal complaints.
4. Note: Referrals received by OSHA related to sites that have achieved or are working towards SHARP recognition will be transferred to the Consultation Project for response and treated as a high priority visit.

II. **Pre-SHARP Status.** Those employers who do not meet the SHARP requirements, but who exhibit a reasonable promise of achieving agreed-upon milestones and time frames for SHARP participation, may be granted Pre-SHARP status. Upon achieving Pre-SHARP status, employers may be granted a deferral from OSHA Programmed Inspections.

A. **Employer Eligibility.** Employers who request a consultation visit may be considered for participation in Pre-SHARP. In order to begin this process, Consultation Projects must inform employers that they must:

1. Request and receive a full-service both visit that provides a complete safety and health hazard survey of all working conditions, equipment, processes and OSHA-mandated safety and health programs at the worksite, including a comprehensive assessment of the worksite's safety and health management system;
2. Have at least one (1) year of operating history at the particular worksite for which the employer is seeking Pre-SHARP participation.

B. **Pre-SHARP Requirements.** Consultation personnel shall inform employers that the following criteria must be met prior to **and** following the granting of Pre-SHARP status.

1. Initial Requirements.

- a. Receive a full-service both visit that provides a complete safety and health hazard survey of all working conditions, equipment, processes and OSHA-mandated safety and health programs at the worksite. including a comprehensive assessment of the worksite's safety and health management system;
- b. Post the List of Hazards identified by the consultant(s);
- c. Provide information regarding all hazards identified by the consultant(s) to employees;
- d. Correct all hazards identified by the consultant(s);
- e. Submit hazard correction verification to the Consultation Project;
- f. Inform employees of hazard correction(s); and

- g. Provide evidence of having the foundation of a safety and health management system.

2. Post Pre-SHARP Status Requirements.

- a. Implement the Action Plan developed with the consultant outlining the necessary achievements and time frames required for the employer to achieve SHARP status. The employer must provide timely progress reports to the Consultation Project Manager;
- b. Upon receipt of an approval letter from the Regional Administrator or CPM granting Pre-SHARP status, the employer must post the letter in a conspicuous area. At sites having recognized employee representative(s), the employer must notify the employee representative(s) of the employer's intention to participate in Pre-SHARP and involve the recognized employee representative in the process;
- c. Involve employees in the safety and health management system, including the implementation of the Action Plan;
- d. Agree to notify the Consultation Project Manager prior to making any changes in working conditions or work processes that might introduce new hazards into the workplace; and
- e. Agree to a full service, comprehensive consultation visit for safety and health at the end of the Pre-SHARP deferral period, which initiates the SHARP application process.

C. **Deferral Time Frame.** The deferral time frame recommended by the Consultation Project Manager must not exceed a total of 18 months from the expiration of the latest hazard correction due date(s), including extensions.

D. **Consultation Project Responsibilities.** The Consultation Project personnel must:

- 1. Assure verification of hazard correction of all hazards and compliance with requirements to post the List of Hazards and other employee information;
- 2. Assist the employer in the development of an Action Plan to be implemented by the employer. The Action Plan must outline a goal, recommended method of correction, and an expected completion date for the 50 basic attributes of the Form 33 that received a score of less than "two;"
- 3. Determine if the employer is capable of meeting all SHARP requirements within the deletion/deferral period, including DART rate and TRC requirements;
- 4. Provide a signed notice of intent to participate in Pre-SHARP, to be posted by the employer;
- 5. Provide to the Regional Office a letter or e-mail certifying that the employer exhibits reasonable promise of achieving the agreed-upon milestones within the deferral period;

6. Provide to the Regional Office a copy of the employer's Form 33 evaluation, including an Action Plan;
 7. Recommend a deferral period (not exceeding a total of 18 months, including extensions, from the end of the latest hazard correction due date) to the Regional Office; and
 8. Request that the Regional Office terminate the employer's Pre-SHARP status if the employer fails to maintain Pre-SHARP requirements or fails to meet SHARP requirements within the established time frame.
- E. **Regional Responsibilities.** The Regional Administrator may grant a deferral from OSHA programmed inspections for the period recommended by the Consultation Project Manager and notify the appropriate Area Office of the deferral. Prior to granting a deferral, the Regional Administrator must concur that:
1. The worksite has met or is likely to meet the applicable DART and TRC rate requirements;
 2. The employer has in place the foundation of a safety and health management system; and
 3. The Action Plan adequately outlines the goal, recommended method of correction, and an expected completion date for each attribute of the Form 33 that received a score of less than "two."
- F. **OSHA Inspection(s) at Pre-SHARP Worksites:** As noted above, employers that meet all the requirements for Pre-SHARP status may be granted a deferral from OSHA programmed inspections; however, the following types of incidents can trigger an OSHA enforcement inspection at Pre-SHARP sites:
1. Imminent danger,
 2. Fatality/Catastrophe, or
 3. Formal complaints.
 4. Note: Referrals received by OSHA related to sites that have achieved or are working towards SHARP recognition will be transferred to the Consultation Project for response and treated as a high priority visit.

III. **General Employer and Consultation Project Obligations.**

- A. **Fatalities or Catastrophes at SHARP or Pre-SHARP sites.** Consultants should advise employers that in the case of a fatality or catastrophe at a SHARP/Pre-SHARP site, the employer must notify the OSHA Area Office within eight (8) hours of the incident as required in 29 CFR 1904.39. Consultants must also inform employers that they must notify the CPM as soon as possible after notification of the incident. See Appendix M, Fatalities and/or Catastrophes at Pre-SHARP and SHARP Workplaces. Until all citations have been issued, Consultation personnel are not permitted to discuss with the employer any issues related to the fatality or catastrophe or an OSHA enforcement inspection. After the enforcement investigation is concluded and/or all citations have been issued, the CPM must evaluate the SHARP/Pre-SHARP status of the worksite using the following criteria:

1. If no citation is issued, an on-site visit must be conducted to ensure that all elements of the safety and health management system continue to be effective.
2. If a serious or repeat citation is issued, a consultant must conduct an on-site visit to ensure that the alleged hazardous condition(s), which amounted to violation(s), have been corrected and that the safety and health management system is operating effectively.
 - a. If the CPM believes that a serious or repeat citation is connected to a diminution in the effectiveness of the company's safety and health management system, the CPM will recommend the employer's withdrawal from SHARP/Pre-SHARP.
 - b. If the CPM believes that there is no connection between the serious or repeat citation and the effectiveness of the employer's safety and health management system, the employer must be counseled on how to prevent a recurrence.
3. If a willful citation is issued or there is evidence that the site's application or interim self-evaluation is inaccurate, the employer will be asked to withdraw from the program. If the employer does not withdraw voluntarily within 5 working days, participation must be terminated. The employer may re-apply to the program 12 months after withdrawal or termination.

B. Changes that May Affect a SHARP or Pre-SHARP Employer's Eligibility.

1. **Relocation.** Consultants must inform employers planning to relocate their facilities that they must notify the Consultation Project sixty (60) days in advance of the move. Consultants must also visit the new site within thirty (30) days after the new site becomes operational to ensure that an effective safety and health management system is in place and that the employer still meets all the requirements for participating in a recognition program and/or deferral from programmed inspections. If this is not the case, the CPM must ask the employer to withdraw from the SHARP or Pre-SHARP.
2. **Change in Ownership and Organizational Changes.** Whenever ownership or major organizational changes occur that may impact the effectiveness of the company's safety and health management system, the employer or employer representative must notify the consultation project. The CPM must then discuss the changes with the employer and schedule an on-site visit, if necessary.

C. Failure to Maintain SHARP or Pre-SHARP Requirements. If an employer fails to maintain the participation criteria outlined in this Chapter, the CPM should give the employer the opportunity to voluntarily withdraw from the program.

1. **Voluntary Withdrawal from the Program.** Any approved SHARP/Pre-SHARP participant may withdraw at any time. Withdrawal may occur as a result of plant closing, economic difficulty, change in management, or at the request of the employer or CPM. To withdraw, the employer must send a letter explaining the withdrawal and/or return the SHARP certificate to the CPM. The withdrawal is effective immediately upon receipt of the letter. The CPM will notify the Regional Office of the employer's withdrawal from SHARP/Pre-SHARP. Withdrawal from the Program will result in all program benefits, including

deletion/deferral from OSHA's programmed inspection schedule, being withdrawn.

2. **Termination of Deletion or Deferral.** If an employer fails to maintain the participation criteria outlined in this Chapter and refuses the opportunity to voluntarily withdraw from the program, the CPM must request that the Regional Administrator terminate the employer's participation in Pre-SHARP and/or SHARP. The employer and the Area Office must be notified in writing when Pre-SHARP and/or SHARP participation is terminated. The written notice to the employer must contain the reason(s) for the termination and outline the requirements for re-entry into the program.

IV. **SHARP Pilots.** SHARP Pilots enable OSHA to work with companies and industries to demonstrate the effectiveness of methods for achieving excellence in safety and health management systems that are potential alternatives to current SHARP requirements. All SHARP Pilot Programs must conform to the requirements of 29 CFR 1908.

- A. **Framework.** SHARP Pilots must be designed to meet one of the following requirements:
 1. Test alternatives which, if successful, will allow previously ineligible sites to participate in SHARP.
 2. Explore the application of SHARP in industries where OSHA lacks substantial experience.
 3. Test alternative approaches that could improve current standards in safety and health management.
 4. Explore other opportunities to develop innovations and improvements in safety and health management.
- B. **Duration.** SHARP Pilots will be approved for an agreed upon time period not to exceed 5 years.
- C. **Process Overview.** SHARP Pilots are designed in two parts. Pilots must be created by individual Consultation Projects and be submitted for review and approval by the Regional Administrator who has jurisdiction over that Consultation Project. If the Regional Administrator chooses to approve the Pilot, they will, in consultation with DCSP, administer the Pilot Program, and the approval of individual sites to the pilot. The Consultation Project will be responsible for collecting appropriate data, according to the structure of the Pilot, and submitting it to the Regional Administrator.
- D. **Proposal Development.** Parties interested in developing proposals must work with the Regional Administrator. The proposal should delineate the policies that will run the program, explain what data gathering techniques will be utilized to evaluate the program, and explain how the pilot program will diverge from the standard requirements of SHARP. The proposal should be then be submitted for approval to the Regional Administrator who will have jurisdiction over the Pilot.
- E. **Approval of Applicants.** Once a SHARP Pilot Program has been approved by the Regional Administrator in consultation with DCSP, the Regional Administrator will have the authority to accept individual sites into the SHARP Pilot. All SHARP requirements

except those specifically waived in the SHARP Pilot should be prescribed for all applicants and SHARP Pilot members, including on-site evaluations, periodic annual reviews etc. In addition, quarterly data collections and other monitoring techniques should be applied. SHARP Pilot members will receive the same benefits as other SHARP sites (including deletion/deferral from programmed inspections). SHARP Pilot members will receive deletions/deferrals for a period of up to one (1) year from programmed inspections.

- F. **Outcome of a SHARP Pilot.** Once a SHARP Pilot is terminated, the Regional Administrator will direct an assessment of the goals of the pilot, including injury and illness information, the effect of various policy changes and other pertinent information. The Regional Administrator will share those findings with DCSP, as well as a recommendation as to whether the Pilot should be included in the general criteria for SHARP participation.

Chapter 9

Monitoring of Consultation Projects

- I. **Purpose.** Regions should submit individual Regional Annual Consultation Evaluation Reports (RACER) monitoring and evaluating the 21(d) On-site Consultation Programs in all states, federal or state-plan, which receive 21(d) private sector On-site Consultation Program funding. Public sector consultation and the private sector consultation programs in three jurisdictions (Kentucky, Washington and Puerto Rico) should be evaluated through the Federal Annual Monitoring and Evaluation (FAME) Reports. All RACERs must be completed by the Regions according to the guidelines outlined in this Manual and submitted to the Directorate of Cooperative and State Programs no later than April 30 of each year. The purposes of monitoring and evaluating Consultation Projects are as follows:
 - A. Ensure and demonstrate the continued effectiveness of consultation services provided to employers,
 - B. Ensure Consultation Projects' compliance with the requirements of the OSH Act, 29 CFR 1908, CPPM, and other policy issuances,
 - C. Discover improvement areas, track progress in addressing previously identified opportunities for continuous improvements, and highlight best practices, and
 - D. Provide evidence-based findings for future policy development.
- II. **Evaluation Parameters.** The process is based on the following principles:
 - A. The focus of monitoring and evaluation is measuring a Project's results against the targets set in its Consultation Annual Project Plan (CAPP) and its contribution to the achievement of federal or state annual performance goals (see Chapter 10).
 - B. Completion of Consultation visits including all required documentation in accordance with appropriate standards.
 - C. Project performance parameters captured by Mandated Activity Report for Consultation (MARC) standards.
 - D. Effectiveness of a Project's Internal Quality Assurance Program.
 - E. The monitoring and evaluation process will be performed jointly by the Projects and Federal OSHA. The process described in this manual identifies those activities which will be performed by Consultation Projects and those which will be performed by Federal OSHA. The monitoring process requires coordination between Regional consultation monitoring staff and State plan monitoring staff to ensure that Consultation Projects in State plan states are not subject to two different sets of monitoring requirements.
- III. **Framework of the Monitoring/Evaluation Process.** The monitoring and evaluation of a Consultation Project's performance will be assessed through the following means:
 - A. **Quarterly Discussions.** Federal and Project representatives must meet (or confer by telephone) at least once in every quarter to review the Project's progress on the CAPP (discussed further in Chapter 10) and the MARC, and address any issues or problems that

arise. The Region must document the issues discussed and any commitments made during the quarterly discussions.

1. Purpose. Quarterly discussions provide an opportunity to assess Project performance on an ongoing basis. This method of sharing information and conducting joint reviews of Project performance targets on a quarterly basis facilitates the annual evaluation process and permits early identification of potential issues or performance problems. It also identifies successful strategies that could be shared with other Projects.
2. Frequency and Timing of Quarterly Discussions. Scheduling of quarterly discussions should take into account the availability of quarterly data, the extent of any preliminary review needed, and submission deadlines for annual performance plans and evaluation reports. Discussions must occur at least quarterly; however, communication should not be limited to the quarterly discussions. Informal discussions, working sessions, and other meetings for a variety of purposes, including development of CAPPs, should be held as necessary. Quarterly discussions may take place in person or via telephone.
3. Focus of the Quarterly Discussions.

Quarterly Meeting	Timing	Agenda Items
First	October- November	<p>Discuss end-of-year data for the previous fiscal year, if available</p> <p>Review the details of and make any necessary adjustments to the Project's CAPP</p> <p>Review the Project's Internal Quality Assurance Program</p> <p>Agree upon a schedule for the year's quarterly discussions and upon due dates that permit submission of the CAPR to the National Office by January 15</p> <p>Coordinate the annual evaluation process and begin discussing evaluation reports for the previous fiscal year</p>
Second	January- February	<p>Review first quarter performance and mandated activities data to assess the Project's year-to-date progress toward its annual performance targets</p> <p>Discuss any new or previously unresolved issues/concerns</p> <p>Discuss the findings of the evaluation reports for the previous fiscal year</p>

Third	April-May	<p>Discuss second quarter data, assessing the Project's year-to-date progress toward its annual performance targets</p> <p>Discuss any new or previously unresolved issues/concerns</p> <p>Begin planning the targets and strategies to be included in the following year's CAPP</p>
Fourth	July-August	<p>Discuss third quarter data, assessing the Project's year-to-date progress toward its annual performance targets</p> <p>Finalize next fiscal year's CAPP</p> <p>Discuss any new or previously unresolved issues/concerns</p>

4. Quarterly Discussion Topics. Examples of discussion topics include:
- a. Progress in meeting annual performance targets. (Special attention should be paid to activities supporting the agency's mission thorough special emphasis programs (i.e., NEPs, LEPs, or targeted industries).
 - b. Status of federal and state strategic or annual performance plans.
 - c. Review of mandated activity reports.
 - d. Results of an on-site review or follow-up on issues arising from an on-site review.
 - e. Project's Internal Quality Assurance Program.
 - f. Issues that may relate to the Project's assurances or quality assurance program.
 - g. Effect of state policies and procedures or other impact factors.
 - h. Status of Project responses to prior evaluation reports.
 - i. Appropriate use of resources.
 - j. Upcoming federal or state training courses.
 - k. Follow-up on commitments made during the previous quarterly discussion.
 - l. Any other issues of concern to either party.
5. Documentation. The Regional Consultation Project Officer (RPO) must maintain a written record of each quarterly discussion indicating the date, location, and persons in attendance, a summary of the significant issues discussed, and the conclusions reached. Commitments made by either party, such as to supply

information or assistance, should also be documented. The RPO must provide copies of quarterly discussion reports to the Project.

- B. **Mandated Activity Report for Consultation (MARC) Report.** Consultation mandated activities are tracked via the Mandated Activity Report for Consultation (MARC) report. (See Appendix G for a complete list of the measures included in the MARC.) The MARC consists of the performance indicators; the expected performance standard, where applicable; and the Project's performance data.
1. Frequency. The MARC report is also available as an OIS report to be run independently at any time by a Consultation Project Manager. For the National Office and Regional Office liaison calls, the MARC report is run quarterly for each Project and includes data for the most recent quarter and fiscal-year-to-date.
 2. Data Source. Most of the Project Performance data will be obtained from OIS; however, in some instances, the Consultation Project Manager will be required to submit data to the Regions.
 3. Measurement Standard or Reference. A Project's performance is compared to criteria established by regulation or policy. These criteria are listed in the "Reference" column in the MARC report.
 4. Guidelines for Use. Regional and Project staff should jointly review the Mandated Activity Report for Consultation (MARC) reports quarterly and discuss performance that does not meet the standard. Initial review by designated federal and Project officials should take place before the quarterly discussion.
 - a. Initial Review. Any potential problem or shortfall in performance found during the initial review of the MARC data should be investigated by both federal and Project reviewers to determine its significance, cause, and any necessary corrective actions.
 - b. Discussion of Findings. OSHA or, in the case of a joint review, OSHA and the Project, should present the findings and possible causes of any performance variances at the quarterly discussion. If additional analysis is required, OSHA and the Project should agree on how this will be done.
 - c. Further Review. Data collection and its review should be considered a joint responsibility whenever possible. The data sources to be used and the method of evaluation should be discussed at the quarterly discussion, as should issues of potential data accuracy, where appropriate.
 - d. Follow-up Action. If remedial action is required, OSHA and the Project should agree upon possible courses of action.
- C. **Annual Assurances (OSHA Restrictions and Conditions).** Maintenance of the fundamental program requirements must be assured through an annual commitment from the state, to be included in the On-site Consultation Cooperative Agreement. Effective implementation of the assurances is monitored by the Consultation Project through sound management practices that include an internal quality assurance program use of data obtained from the OIS and other available information. In the event that an activity or

program element assured by the Project is not observed, the Region may conduct appropriate monitoring activities.

- D. **On-site Review.** An on-site review is a routine monitoring activity conducted by the Region to assess the quality of a Project's services and its quality assurance program. The Region must conduct a minimum of one (1) on-site review every two (2) years. Additional reviews may be conducted when a Project is experiencing program difficulties or for other reasons determined by the Regional Administrator.
1. Problems or potential problems in the general operational system identified during the On-site Review should be discussed during the On-site Review. The Region may interview the Consultation Project Manager and consultants regarding any concerns or apparent problems arising out of the On-site Review. (See Appendix I, Checklist for On-site Review.)
 2. Review of Operational Elements. The On-site Review should include a review of:
 - a. Training received by consultants,
 - b. On-the-job evaluations,
 - c. Lapse time from request to delivery of service,
 - d. Management reports (i.e., pending written reports, pending hazard corrections, number of requests, and pending visits),
 - e. Hiring and vacancies,
 - f. The Project's budget (i.e., project expenditures - this is not an audit),
 - g. Recent consultation project developments,
 - h. Verification of the monitoring of consultants' performance,
 - i. Promotion of the Project's recognition and exemption program (SHARP),
 - j. Marketing initiatives,
 - k. The Project's internal quality assurance programs,
 - l. The appropriate use of the Safety and Health Program Worksheet by consultants,
 - m. The Consultant Function Competency Statements (Appendix K) can be another tool utilized to verify the performance, and training received by Consultants, and can be utilized both by the Consultation project for identification purposes, and by Federal OSHA for verification purposes, and
 - n. The selection and use of proper PPE.

3. Case File Review. Files should be selected randomly from all closed cases with closing conference dates in the nine (9) months preceding the current on-site review.
 - a. Sample Size. The sample must include a minimum of 3 initial case files per consultant, up to a total of 36. If a Consultation Project has more than one office and/or more than 12 consultants, additional case files can be reviewed as appropriate. The sample should include consultants who have the least experience as well consultants with seniority on the job. At least two (2) of the three (3) case files selected per consultant must be cases where serious hazards were found. For Projects where case files are retained in field offices, the sample must be selected so that all field offices are represented in proportion to the number of case files they contribute to the total population.
 - b. Selecting the Sample. In order to determine the sample, some useful reports include the scan report detail, the consultation report, and the standards frequency report, all of which are available in the OIS reports. Selection should be made as follows: first, determine the total number of recognition-program cases; then:
 - i. If the total number of recognition-program case files is more than ten (10), randomly select ten (10) of the recognition-program case files and then randomly select the remainder of the sample from the non-recognition-program case files.
 - ii. If the total number of recognition-program case files is less than ten (10), select them all, and then randomly select the remainder of the sample from the non-recognition-program case files.
 - iii. If the randomly selected non-recognition-program case files do not include at least five (5) training and assistance case files, the sample should be increased by as many randomly selected training files as needed to total five (5).
4. Focus of the Case File Review. The quality of the following services provided by the Consultation Project should be evaluated on the basis of the case files. (See Appendix I for the criteria applying to Case File Review.) The Region must review and discuss the findings of the Case File Review with the Consultation Project Manager including:
 - a. Safety and health program assistance,
 - b. Identification and classification of hazards,
 - c. Recommendations for hazard correction and control,
 - d. Relationship of hazards found to deficiencies in the employer's safety and health management system,
 - e. Training and education,

- f. Recognition and achievement program evaluations,
 - g. Written reports to employers, and
 - h. Procedures for extension processing.
5. Review of Recent Consultation Project Developments. The Region must review recent developments, which may include:
- a. Changes in staffing,
 - b. Recent developments within the Consultation Project or its larger organization (for example, State government or university) which may impact on the working conditions and staffing of the Consultation Project,
 - c. The progress of consultants and the Project in meeting the goals of their annual training plans,
 - d. Whether on-the-job evaluations are being conducted according to the schedule established in the On-site Consultation Cooperative Agreement,
 - e. Budgetary issues, and
 - f. The status of previously discussed, analyzed, or corrected performance issues.
6. Closing Conference. A closing conference must be held with the CPM, in person or by telephone, to discuss the results of the On-site Review and to reach agreement on actions to be taken by the Project to correct any deficiencies. OSHA must inform the CPM that the findings will be reported in the Regional Annual Consultation Evaluation Report (RACER) and may provide a written list or summary of any deficiencies and recommendations for improvement with the CPM at the closing conference.
7. Documentation of the On-site Review. OSHA's documentation of the On-site Review must include a record of the total number of case files available for review, a list of the case files contained in the sample, and a copy of the summary letter sent to the Consultation Project Manager.
- a. Summary Letter/Summary Report. Within 45 calendar days after the On-site Review, OSHA must send the Consultation Project Manager a letter or a report documenting any deficiencies, recommendations, and time frames for addressing them. As appropriate, OSHA may send a summary report in order to include all the optional elements listed previously. As a courtesy, a draft of this letter should be sent to the Consultation Project Manager prior to the official transmission so that the Consultation Project Manager may have a sufficient period to comment on the draft.
 - b. Final Findings. Final findings must be included in the Regional Annual Consultation Evaluation Report.

- c. Follow-up to the On-site Review. Subsequent quarterly discussions with the Project should include appropriate follow-up to any issues raised in the On-site Review. Resultant programmatic changes or improvements to the program should be discussed and documented as part of the quarterly discussion.

E. **Other Evaluation Tools.** Additional evaluation tools, including Federal OSHA interviews with Consultation Project staff, case file reviews, and further analysis of issues identified in routine monitoring may be used as needed to address questions of Consultation Project performance in relation to its approved targets or its mandated responsibilities.

IV. **Annual Evaluation Reports.** Annual evaluation reports, described below, should be submitted via electronic methods (i.e., e-mail, file transfer protocols, etc.).

A. **Consultation Annual Project Report (CAPR).** Each Consultation Project must prepare a CAPR to summarize and analyze the progress made in attaining the targets it set out in its Consultation Annual Project Plan (CAPP). It may include a summary and evaluation of the Project's outcome data, including a summary of its quarterly progress updates, discussion of obstacles faced, and the reasons for not meeting projected targets. The CAPR is prepared after the end-of-year data have been compiled and is due annually on January 15. The CAPR will be used by OSHA's National Office when it prepares its annual report to the Congress in which the results of all of the Consultation Projects will be aggregated to summarize the national success of the Consultation Program. (For further details regarding preparation of the CAPR, refer to the current year's guidance and instructions.)

1. Due Date. The Consultation Project Manager must submit the CAPR to the Regional Administrator by December 1 of each year. The Regional Administrator must forward all of the CAPRs in the Region to the National Office by January 15 of each year.
2. Contents. The CAPR must include the following elements:
 - a. Executive Summary. The Executive Summary should highlight key contributions, put results into context with the State/Federal strategic plan and program budget, clarify program rationale and relationships between major program activities and intended results, identify successful and unsuccessful efforts, and the methods with which the program will revise strategies to achieve the desired results.
 - b. Discussion of Results in Achieving CAPP Performance Goals. The discussion of results in achieving CAPP performance goals should include:
 - i. For each Federal or State annual performance goal addressed in the CAPP, the CAPR should contain a summary of results achieved by the Consultation Project. The strategies and activities used to achieve the targets set in the CAPP should be evaluated. Did these strategies work and were the activities used to implement these strategies effective? What modifications need

to be made to the strategies and activities to more effectively reach the goals? Were there situations where external factors affected performance? Are there ways to coordinate with others or leverage resources or knowledge that would help to achieve the goals?

- ii. Any specific performance measures relating to the Consultation Program or performance measures developed by the Consultation Project Manager should be analyzed in the CAPR. Did the results exceed expectations? By how much? Did activities and effort fall short of expectations? By how much?
- iii. Finally, the measures themselves should be evaluated. Did the program evaluate the right things, did they measure things that they had direct control over, and were the data elements essential to measuring the effectiveness of the strategic goal, strategies and activities? What measurements were effective in gauging performance and which measurements were simply counts of activity? Did the project use the measurements to evaluate progress and adjust future implementation strategies?

c. Special Accomplishments. These may be results that were far beyond expectations, successes that were achieved in areas, issues, or constituencies that had formerly been considered difficult or unlikely. These may also outline the successes of a new methodology or activity that could be implemented in other states.

d. Other Issues or Adjustments. Comment on these issues and describe proposed actions or adjustments:

- i. Results relating to any state-specific initiatives, if there were any.
- ii. Any areas where annual Project goals have not been met or other new issues have evolved.

e. Internal Quality Assurance Program (IQAP). Describe the findings on each element of the internal quality assurance plan and discuss the status of planned and/or completed measures taken or that will be taken to make any needed improvements. See Paragraph IV., above, for the required elements of the IQAP.

B. **Regional Annual Consultation Evaluation Report (RACER)**. This report is prepared by each Regional Office in conjunction with Consultation Project staff. The RACER analyzes the results attained by the Project and evaluates the Project's performance of its mandated activities. It includes documentation of any significant issues and recommendations for addressing them, as well as a summary of the reports of quarterly discussions. For further details regarding preparation of the RACER, the RPO should refer to the current year's guidance on the On-site Consultation Program Limited Access Page.

1. Due Date. The Regional Office must submit each Project's RACER to the Directorate of Cooperative and State Programs by April 30 of each year.
2. Contents. The RACER must include the following elements:
 - a. Executive Summary. This section provides a bullet-point summary of the performance of the Consultation Project and any items on which the Project must take action for continuous improvement.
 - b. Assessment of the Consultation Project's Annual Performance in Relation to its Consultation Annual Project Plan. This section should include an analysis of the Project's performance as it relates to the projections and goals outlined in the Consultation Annual Project Plan. The Region's analysis should include evaluation of the Project's results presented by the Project in its CAPR. It may also include documentation of any significant issues and recommendations for addressing them, as well as a summary of the reports of quarterly discussions.
 - c. Assessment of Project's Performance of Mandated Activities. This section should evaluate the Project's continued performance of its mandated activities, as determined by a review of MARC reports, the Project's Internal Quality Assurance Program, and, if an On-site Review was conducted that year, by the results of the On-site Review.
 - d. Other Issues (Optional). The Region may wish to address or highlight additional issues regarding the Project's performance that were not included in the previous sections of the report.

V. **Dispute Resolution Process**. Regions and Consultation Projects should resolve differences at the lowest organizational level possible. In the event that a Project and Region cannot agree on the resolution of an issue relating to program administration or the monitoring and evaluation system, either may seek resolution by the Assistant Secretary for Occupational Safety and Health through established channels.

VI. **Development, Review, and Monitoring of Consultation Annual Project Plans**. The primary focus of monitoring and evaluation is the Consultation Annual Project Plan (CAPP), which identifies the strategies and activities to be undertaken by the project to support the strategic and annual performance plans of Federal or State OSHA in which it operates. CAPP details are discussed in Chapter 10.

VII. **Criteria for Acceptable Performance by the Consultation Project**. The following criteria will be used by Federal OSHA Regional monitoring staff to determine whether a Project's performance falls within the range of acceptability:

- A. Monitoring must focus on evaluating a Project's performance against its own established performance targets outlined in the CAPP. An individual Project's performance should not be compared to the performance of other Projects.
- B. In the absence of outcome-level data, the Region and the Project should jointly review resource information in conjunction with areas likely to provide an impact to determine the effectiveness of the Program.

- C. All Projects are expected to achieve target goals outlined in the CAPP. In certain circumstances, substantial progress toward performance targets may constitute acceptable performance. Where progress has not been to an acceptable degree, either or both evaluation reports (see below) must contain an analysis of the factors contributing to the unexpected outcome and identification of necessary changes in strategy or project operations.

VIII. Required Elements of an Internal Quality Assurance Program (IQAP). Consultation Projects must operate internal quality assurance programs to ensure the maintenance of program requirements that are covered by assurances in the Project's On-site Consultation Cooperative Agreement. A comprehensive quality assurance program must include systems to ensure:

- A. Training and supervising consultants through the use of:
 - 1. On-the-job evaluations,
 - 2. Review of work products,
 - 3. Training requirements established in the current year's On-site Consultation Cooperative Agreement and mentoring for all new hires,
 - 4. Technical links found on the OSHA website, and
 - 5. In addition, the Consultation Function Competency Statements should be adhered to for training and orientation purposes. See Appendix K.
- B. Communicating (verbally or in writing) to employers:
 - 1. Employer's obligations;
 - 2. Relationship of Consultation Programs to enforcement; and
 - 3. Program, state, or other policies and procedures.
- C. Ensuring that hazards are identified, correction advice is offered to employers, and abatement is verified.
- D. Program management that includes:
 - 1. Clearly written and regularly communicated policies and procedures;
 - 2. Use of data and other information to effectively manage the program;
 - 3. Individual accountability;
 - 4. Maintenance of program uniformity through regular communication, updates, and meetings;
 - 5. Promoting and marketing of consultation services to targeted employers and stakeholders; and

6. Evaluating service delivery using random audits (and other optional evaluative tools, such as surveys, questionnaires, focus groups, or training evaluations) to check for broad, programmatic trends in service delivery.
- IX. **Evaluation Reports.** Each year, the Region and the Consultation Project prepare reports documenting the Project's results with respect to its Consultation Annual Project Plan and its mandated activities. The Project prepares the Consultation Annual Project Report (CAPR), and the Region prepares the Regional Annual Consultation Evaluation Report (RACER). The results reported in the CAPRs are aggregated by the National Office into a summary of Consultation Projects' activity, intermediate outcome, and outcome data and are included in Federal OSHA's annual GPRA performance report to the Congress.
- X. **Further Analysis.** Issues identified for further analysis in the course of routine monitoring should be examined in terms of their impact on the effectiveness of a Consultation Project's operations. In addition to MARC, customized OIS reports with limited selection criteria may be useful. Other approaches available to the Regional Administrator or State Designee include:
- A. **Interview.** An interview is a planned discussion to obtain information from specific Project staff, employers, employees, or other persons, apart from personal communication that occurs in the conduct of an On-site Review or as part of day-to-day communication with staff.
 - B. **Non-Routine Case File Review.** A non-routine case file review may be conducted to examine the documentation relating to a specific consultation visit. If a case file review is used in conjunction with an interview, it may serve to verify the observed consultation project activity.
 - C. **Other Sources of Information.** Sources of information other than those specified in this Chapter may include, but are not limited to, attendance at training sessions, examination of Project documents other than case files, review of equipment or laboratory facilities, and evaluation of sample analyses. The Region and the Project may determine other sources of information that may need to be accessed.
- XI. **Studies Initiated by the Assistant Secretary.** The Assistant Secretary for Occupational Safety and Health may initiate special studies of a Consultation Project to review recent activities or the implementation of consultation policies and procedures.

Chapter 10

Consultation Annual Project Plan (CAPP)

- I. **Purpose.** This Chapter describes the Consultation Annual Project Plan (CAPP) that must be developed and submitted by a Consultation Project, in coordination with its Regional Offices, along with its annual On-site Consultation Cooperative Agreement Application. The Chapter also discusses a CAPP's required components and the procedures and responsibilities for its development.
- II. **General Description.** The CAPP is a narrative that details the methods and specific activities a Consultation Project will implement in support of the OSHA Strategic Management Plan (SMP) and/or State Annual Strategic Performance Plan during the forthcoming year. It also documents the anticipated impact of these activities.
 - A. **CAPP.** The CAPP is the benchmark for the evaluation of a Consultation Project. The evaluation of a Project's performance is measured by its fulfillment of projected activities and its achievement of intended impact.
 - B. **Development Process/Procedures.** The development of the CAPP requires the cooperation and coordination of the Consultation Project Manager and OSHA Regional and/or Area Office. The process requires extensive coordination and should be started early in the fiscal year to ensure its completion before the National Office due date.
- III. **Responsibilities.** Both Consultation Project Managers and Regional Officials have clear responsibilities during the CAPP development process. They are as follows:
 - A. **Consultation Project Manager.**
 1. Coordinate with Area or Regional officials to establish an agreed upon schedule for the submission of the CAPP and On-site Consultation Cooperative Agreement Application.
 2. Negotiate the elements of the CAPP with the Area or Regional official before its development.
 3. Develop the CAPP to include all agreed upon elements with the Area or Regional official.
 4. Submit a draft of the upcoming year's CAPP along with the draft On-site Consultation Cooperative Agreement to the Regional Office in the third quarter of each fiscal year.
 5. Revise the draft CAPP as necessary after the receipt of comments from the Regional Office.
 6. Submit the final CAPP along with the On-site Consultation Cooperative Agreement to the Regional Office on or before the established due date.

- B. Area or Regional Project Officer.**
1. Establish a schedule with the Consultation Project Manager that permits the timely submission of the On-site Consultation Cooperative Agreement Application to the National Office.
 2. Establish consensus on the elements of the CAPP with the CPM.
 3. Review and provide feedback for the draft of the upcoming year's CAPP and On-site Consultation Cooperative Agreement.
 4. Review the final CAPP along with the On-site Consultation Cooperative Agreement.
 5. Submit the CAPP and complete the On-site Consultation Cooperative Agreement application to the National Office along with a letter of endorsement.
- IV. Due Dates.** Each year, Consultation Project Managers and their Area or Regional officials must agree upon a schedule that permits sending the On-site Consultation Cooperative Agreement Application to the National Office by the due date.
- V. Establishment of Strategy and Activities.** The Consultation Project's activities are determined by the following:
- A. Projects under Federal jurisdiction, the CAPP must support Federal OSHA's strategic and annual performance plan.
 - B. Projects in State Plan states, the CAPP must support the state's strategic and annual performance plan. It may also support Federal OSHA goals not covered by the State plan.
- VI. Content and Organization of the CAPP.** Each CAPP must include the following essential elements. For detailed descriptions and examples, refer to the current year's On-site Consultation Cooperative Agreement.
- A. **Overview of the Consultation Project.** Consultation Projects must submit a narrative of their program that must include the following items:
 1. Organizational Chart. The chart must detail the entire Consultation Project personnel chart.
 2. Staffing Chart. A staff chart must contain the number of full and part-time staff employed by the Consultation Project, expressed in full-time equivalents (FTEs), for each category of staff. All Projects must have at least four (4) professional, full-time equivalents (FTE) – two (2) full-time safety specialists and two (2) full-time industrial hygienists or their equivalents – in each Project's personnel plan, in addition to managerial and support personnel. All of the Project's consultants must be employed at least 50 percent of their time in the On-site Consultation Program and must spend at least 50 percent of their time engaged in consultation activity. Any deviation from this minimum must receive prior approval from the Director of DCSP.

3. Change(s) in Project's Status. Discuss any changes in the status of the Project, such as the organizational unit within which the Consultation Project is located or the structure of the unit or organization.

B. **Operational Description by Strategy, Activities, and Impacts.** List and discuss each of the applicable federal or state annual performance goals to be supported by the Project, local emphasis programs, and special initiatives, including a description of each of the following elements:

1. Strategies. Describe the specific strategies that will be used to target results for that performance goal (for example, developing and promoting a Web-based chat room for discussion of safety and health program issues, or partnering with other state agencies to promote training around the state).
2. Activities. List the type and projected number of activities. These should correspond to the activities listed in the Projected Activity Chart.
3. Impacts. Describe the anticipated impact of performing the activities described.

The tabular format in "Operational Description by Strategy, Activities, and Impacts" contains all of the required information categories. (See the current year's On-site Consultation Cooperative Agreement.)

C. **Projected Program Activities and Visits.** Estimate the total number of consultation activities to be performed during the year covered by the project plan. The total number should detail the number of construction and non-construction visits, identifying whether it will be a health or safety visit. Additionally, the projected visit estimates should be further subdivided by the emphasis industry and health and safety hazards. An estimate of the new, renewal, and Pre-SHARP sites must also be provided. The tabular format of the "Operating Plan" contains all of the required information categories. For a sample "Operating Plan," refer to the current year's On-site Consultation Cooperative Agreement.

D. **Strategy and Target(s) for Recognition and Exemption Program.** Describe the strategy for promoting the recognition and exemption program and identify the target number of participants agreed upon with the Region.

E. **Changes to the Internal Quality Assurance Program.** Provide a detailed description of any changes to the means by which the Consultation Project ensures consistent and reliable consultation services. See Chapter 9, Section VIII, Required Elements of an Internal Quality Assurance Program.

B. **State Annual Performance Plan.** If the Consultation Project supports a State annual performance plan, attach a copy of the State's Annual Performance Plan.

VII. **Changes to the Consultation Annual Project Plan.** Once a CAPP is approved, formal revisions to it need not be made. However, modifications, including those to emphasis, strategy, or targeting, must be discussed in quarterly discussions and documented in the Regional Annual Consultation Evaluation Report.

Appendix A

Sample Letter to Employers Receiving Low Priority

Dear Employer:

Thank you for requesting an occupational safety and health consultation visit and for your interest in improving the worksite safety and health for your employees. Unfortunately, we are unable to provide consultation services to your company at this time. Our policies specifically require us to give first priority to requests from the smallest employers with the most hazardous conditions. However, we will keep your request on file in the event that we are able to provide services to you in the future.

Even though we are unable to provide services to you at this time, you are still responsible for providing a safe and healthful workplace for your employees. Therefore, I would encourage you to seek other sources of safety and health assistance available to employers in your industry (e.g., your insurance carrier).

OSHA provides several resources to assist employers achieve compliance. Compliance assistance information is posted on OSHA's website (www.osha.gov) which all employers can quickly access at no charge. A great number of OSHA publications and posters are available for downloading and/or mail order. The text of regulations and standards are readily available, as well as Letters of Interpretation, Fact Sheets, Frequently Asked Questions (FAQs), and Small Entity Compliance Guides.

OSHA also offers many publications that address specific hazards, standards, and industries. One of our most popular publications is OSHA's Small Business Handbook. Among its many features, the handbook contains an industry-specific checklist to help employers meet requirements of the *Occupational Safety and Health Act* of 1970.

Thank you for requesting assistance from the [name of consultation service]. If we can provide any further information, please feel free to contact us.

Sincerely,
Consultation Project Manager

Appendix B

Sample List of Hazards

(Preferred Format)

LIST OF HAZARDS (SERIOUS)

This List of Hazards must be posted, unedited, in a prominent place where it is readily observable by all affected employees for three (3) days, or until the hazards are corrected, whichever is later.

VISIT NUMBER: 515196904

VISIT DATE(S): 04/06/2015

T & R Eye Center
432 Main Street
Dallas, TX 75003

This notification of serious hazards identified during the consultation visit is **not** a citation. The T & R Eye Center is a voluntary participant in the consultation program and has agreed to correct the hazards on this list within the correction due date(s) specified. The T & R Eye Center has also agreed to make information on other-than-serious hazards as well as corrective action proposed by the consultant available to employees upon request.

ITEM	0001	STANDARD	1910.0132(d)(01)
INSTANCE	A	CORRECTION DUE DATE:	08/23/14
DESCRIPTION: A list of job titles, any potential hazards associated with the job and what personal protective equipment, if any, would be needed to protect the employee from the hazard or hazards.			

ITEM	0002	STANDARD	1910.0151(c)
INSTANCE	A	CORRECTION DUE DATE:	08/23/14
DESCRIPTION: The eyewash station is placed correctly; however, only hot water can be accessed which would cause further injury to the eye(s). An eliminator valve plumbed into the system would eliminate this problem.			

Appendix C

Rate Calculations

I. Rate Calculations.

A. Annual Rate Formula.

Annual rates are calculated by the formula $(N/EH) \times 200,000$ where:

N = Sum of the number of recordable injuries and illnesses in the year.

EH = Total number of hours worked by all employees in the year.

200,000 = Equivalent of 100 full-time employees working 40 hours per week, 50 weeks per year.

1. For the TRC, use the total number of cases listed on the OSHA 300 Log in columns:

- Column H (Days away from work),
- Column I (Job transfer or restriction), and
- Column J (Other recordable cases).

$$N = H + I + J$$

2. For the DART, use the total number of cases resulting in days away from work, restricted work activity, and/or job transfer listed on the OSHA 300 Log in columns:

- Column H (Days away from work) and
- Column I (Job transfer or restriction).

$$N = H + I$$

B. Alternate Calculation Methods.

1. 3-Year Rate Formula.

- a. 3-Year TRC Rate Formula

$((\text{Year 1 OSHA Log columns H+I+J}) + (\text{Year 2 OSHA Log columns H+I+J}) + (\text{Year 3 OSHA 300 Log columns H+I+J})) / (\text{Year 1 hours} + \text{Year 2 hours} + \text{Year 3 hours}) \times 200,000.$

- b. 3-year DART Rate Formula

$((\text{Year 1 OSHA Log columns H+I}) + (\text{Year 2 OSHA Log columns H+I})) / (\text{Year 1 hours} + \text{Year 2 hours}) \times 200,000.$

- c.
$$+ (\text{Year 3 OSHA 300 Log columns H+I}) / (\text{Year 1 hours} + \text{Year 2 hours} + \text{Year 3 hours}) \times 200,000.$$

2. **Best 3 out of 4 years Rate Calculation Method.** To determine whether an employer qualifies for the best 3 out of 4 year calculation method, do the following:

- a. Using the most recent employment statistics (hours worked at the site in the most recent calendar year, including overtime hours), calculate a hypothetical TRC rate for the employer assuming that the employer had **two** cases during the year;
- b. Compare that hypothetical rate to the 3 most recently published years of BLS combined injury/illness rates for the industry; and
- c. If the hypothetical rate (based on **two** cases) is equal to or higher than the national average for the employer's industry for any of the most current BLS published rates, the employer qualifies for the best 3 out of 4 years calculation method. The DART and TRC rates may be calculated using the best 3 out of the most current 4 full calendar years of OSHA Form 300 data.

C. **Rounding Instructions.** You must round the rates to the nearest tenth following traditional mathematical rounding rules. For example, round 5.88 up to 5.9; round 5.82 down to 5.8; round 5.85 up to 5.9.

D. **Comparison to National Averages.** Compare the 3-year TRC and DART rates to the most recently published Bureau of Labor Statistics (BLS) national average (available online at www.osha.gov/oshstats/work.html) for the NAICS code for the industry in which the applicant is classified.

These national averages, currently broken down by NAICS code, are found in "Table 1. Incidence rates of non-fatal occupational injuries and illnesses by industry" that BLS publishes each year.

- 1. In the "multi-year" calculations, both the DART and TRC have to be below the BLS rates for the same year.
- 2. If BLS rates are not available for both the DART and TRC, then use the next smallest NAICS code (i.e., six digit NAICS to a five digit NAICS).
- 3. If BLS rates are available for either the DART or TRC, then use the BLS data that is available.

Appendix D

Sample Calculations

A safety and health consultant visited XYZ Machine Shop (NAICS – 33271; SIC – 3599) and recorded the following OSHA 300 Log Information:

Year	# Employees	Hours Worked	Column H	Column I	Column J
2012	5	10,000	0	1	0
2011	7	14,000	0	0	0
2010	6	12,000	0	0	1
2009	8	16,000	0	0	0

*****Note: The data above is used throughout the examples that follow.**

1 Year Calculations

DART

$$\text{DART} = \frac{[(\text{Column H})_{2012} + (\text{Column I})_{2012}]}{[(\text{Hours-Worked})_{2012}]} \times [200,000 \text{ Hours}]^*$$

$$\text{DART} = \frac{[(0) + (1)]}{[10,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(1)]}{[10,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = [20.0]$$

TRC

$$\text{TRC} = \frac{[(\text{Column H})_{2012} + (\text{Column I})_{2012} + (\text{Column J})_{2012}]}{[(\text{Hours Worked})_{2012}]} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(0) + (1) + (0)]}{[10,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(1)]}{[10,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = [20.0]$$

Conclusion

The employer's 2012 DART and TRC rates of **20.0** are above the 2011 BLS **DART and TRC data** shown below.

YEARS	DART	TRC
2012 Employer's Rates	20.0	20.0
2011 BLS Data	2.9	6.9

Alternate Rate Calculations

3-Year Calculations (Years 2012, 2011, & 2010):

DART

$$\text{DART} = \frac{[(\text{Columns H} + \text{D})_{2012} + (\text{Columns H} + \text{D})_{2011} + (\text{Columns H} + \text{D})_{2010}] \times [200,000 \text{ Hours}]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2010}]}$$

$$\text{DART} = \frac{[(0 + 1) + (0 + 0) + (0 + 0)]}{[(10,000) + (14,000) + (12,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(1)]}{[36,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = [5.6]$$

TRC

$$\text{TRC} = \frac{[(\text{Columns H} + \text{I} + \text{J})_{2012} + (\text{Columns H} + \text{I} + \text{J})_{2011} + (\text{Columns H} + \text{I} + \text{J})_{2010}] \times [200,000 \text{ Hours}]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2010}]}$$

$$\text{TRC} = \frac{[(0 + 1 + 0) + (0 + 0 + 0) + (0 + 0 + 1)]}{[(10,000) + (14,000) + (12,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(2)]}{[36,000 \text{ Hours}]} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = [11.1]$$

Conclusion

Using the 3-Year Calculation, the employer's DART and TRC rates of **5.6** and **11.1**, respectively, are **above** the most recently available BLS data shown below.

YEARS	DART	TRC
2012, 2011 & 2010 Employers Rates	5.6	11.1
2011 BLS Data	2.9	6.9
2010 BLS Data	3.5	7.5
2009 BLS Data	3.3	7.5

Where an employer's DART and/or TRC rates exceed the most recently published BLS data for these two measures, consultants should determine if the employer would qualify for SHARP participation by using the best 3 out of 4 year calculation method. To determine if the employer is eligible to use this option: use the formula for the 3-year calculation as stated above and use an arbitrary value of "2" for the sum of Columns H + I for the last three years. See, Appendix I.B.2 a-c.

DART

$$\text{DART} = \frac{[(\text{arbitrary sum value of } (2) \text{ for Columns H + I for 2012, 2011, 2010)]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2010}]} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(2)]}{[(10,000) + (14,000) + (12,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(2)]}{[36,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = [11.1]$$

$$2011 \text{ BLS DART rate} = [2.9]$$

Employer's **arbitrary** DART rate of **11.1** is **above** the 2011 BLS DART rate of **2.9**; therefore, the employer would be **eligible** for the "3 out of 4 year rate" calculations.

Best Three out of Four Year Rate Calculations

Years 2012, 2011, & 2009 Data:

DART

$$\text{DART} = \frac{[(\text{Columns H + I})_{2012} + (\text{Columns H + I})_{2011} + (\text{Columns H + I})_{2009}]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2009}]} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(0 + 1) + (0 + 0) + (0 + 0)]}{[(10,000) + (14,000) + (16,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(1)]}{[40,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = [5.0]$$

TRC

$$\text{TRC} = \frac{[(\text{Columns H + I + J})_{2012} + (\text{Columns H + I + J})_{2011} + (\text{Columns H + I + J})_{2009}]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2009}]} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(0 + 1 + 0) + (0 + 0 + 0) + (0 + 0 + 0)]}{[(10,000) + (14,000) + (16,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(1)]}{[40,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = [5.0]$$

Conclusion

The employer's DART rate of **5.0** is **above** the 2011 BLS DART rate of **2.9**. The employer's TRC rate of **5.0** is **below** the 2011 BLS TRC rate of **6.9**. Because at least one of the employer's injury and illness rates are **above** the BLS data, this combination of years **would not** make the employer eligible for SHARP. See Table below.

YEARS	DART	TRC
2012, 2011 & 2009 Employer's Rates	5.0	5.0
2011 BLS DATA	2.9	6.9
2010 BLS DATA	3.5	7.5
2009 BLS DATA	3.3	7.5

Years 2012, 2010, & 2009 Data:

DART

$$\text{DART} = \frac{[(\text{Columns H + D})_{2012} + (\text{Columns H + D})_{2010} + (\text{Columns H + D})_{2009}]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2010} + (\text{Hours-Worked})_{2009}]} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(0 + 1) + (0 + 0) + (0 + 0)]}{[(10,000) + (12,000) + (16,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(1)]}{[38,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = [5.3]$$

TRC

$$\text{TRC} = \frac{[(\text{Columns H + I + J})_{2012} + (\text{Columns H + I + J})_{2010} + (\text{Columns H + I + J})_{2009}]}{[(\text{Hours-Worked})_{2012} + (\text{Hours-Worked})_{2010} + (\text{Hours-Worked})_{2009}]} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(0 + 1 + 0) + (0 + 0 + 1) + (0 + 0 + 0)]}{[(10,000) + (12,000) + (16,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[(2)]}{[38,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = [10.5]$$

Conclusion

The employer's DART and TRC rates of **5.3** and **10.5** respectively are both **above** the most recently available BLS Data. Therefore, this combination of years **would not** make the employer eligible for SHARP. See Table below.

YEARS	DART	TRC
2012, 2010 & 2009 Employer's Rates	5.3	10.5
2011 BLS DATA	2.9	6.9
2010 BLS DATA	3.5	7.5
2009 BLS DATA	3.3	7.5

Years 2011, 2010, & 2009 Data:

DART

$$\text{DART} = \frac{[(\text{Columns H + I})_{2011} + (\text{Columns H + I})_{2010} + (\text{Columns H + I})_{2009}]}{[(\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2010} + (\text{Hours-Worked})_{2009}]} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(0 + 0) + (0 + 0) + (0 + 0)]}{[(14,000) + (12,000) + (16,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = \frac{[(0)]}{[42,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{DART} = [0.0]$$

TRC

$$\text{TRC} = \frac{[(\text{Columns H + I + J})_{2011} + (\text{Columns H + I + J})_{2010} + (\text{Columns H + I + J})_{2009}] \times [200,000 \text{ Hours}]}{[(\text{Hours-Worked})_{2011} + (\text{Hours-Worked})_{2010} + (\text{Hours-Worked})_{2009}]}$$

$$\text{TRC} = \frac{[(0 + 0 + 0) + (0 + 0 + 1) + (0 + 0 + 0)]}{[(14,000) + (12,000) + (16,000)] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = \frac{[1]}{[42,000] \text{ Hours}} \times [200,000 \text{ Hours}]$$

$$\text{TRC} = [4.8]$$

Conclusion

The employer's DART and TRC rates are both **below** the most recently published BLS data. This combination of years **would make** the employer eligible for SHARP.

YEARS	DART	TRC
2011, 2010 & 2009 Employer's Rates	0.00	4.8
2011 BLS Data	2.9	6.9
2010 BLS Data	3.5	7.5
2009 BLS Data	3.3	7.5

***Footnote: 200,000 hours = base for 100 equivalent full-time employees (working 40 hours per week, 50 weeks per year).**

Appendix E

Interim-Year SHARP Site Self-Evaluation Template

I. **Safety and Health Management System Recommendations and Status:** SHARP participants are committed to continue maintaining and improving their Safety and Health Management Systems. Please explain what systems you are working with to maintain or improve, or what recommendations you are acting on, and what actions you have taken with that program in the past year.

A. Program/Recommendations:
Status:

B. Program/Recommendations:
Status:

C. Program/Recommendations:
Status:

D. Program/Recommendations:
Status:

II. **Significant Events:** Please discuss below any significant events that have occurred over the past year and the steps that you have taken to ensure that your safety and health management system is operating effectively. (Include any fatalities, catastrophes, imminent danger incidents, recordable serious injuries and illnesses, complaints, OSHA enforcement inspections, and the results of all investigations and program changes made.)

A. Event:
Correction:

B. Event:
Correction:

III. **DART Rate and TRC Requirements:**

DART Rate Calculation			
Year	Hours Worked	Sum of Columns H + I*	Rate
Employer's Two-Year or Three-Year Rate			
BLS Average for NAICS _____			
Percent Below the BLS Rate:			

*Form OSHA 300

TRC Calculation			
Year	Hours Worked	Sum of Columns H and I*	Rate
Employer's Two-Year or Three-Year Rate			
BLS Average for NAICS _____			
Percent Below the BLS Rate:			

*Form OSHA 300

- IV. **Other Safety and Health Management System Improvements:** Please outline improvements that you have made or activities you have engaged in to improve your safety and health management system.

Appendix F

Action Plan for Inspection Deferral Status Template

NOTE: The first page of the Action Plan for Inspection Deferral Status should be printed on the Consultation Project's letterhead.

This Action Plan outlines the necessary achievements and time frames you must meet in order for your company to achieve Safety and Health Recognition Program (SHARP) status. You must provide progress reports to the Consultation Project Manager and meet all specific requirements necessary to continue in inspection deferral status.

Employer Information

Employer:
Address:
City, State Zip, Code:
Visit Number:
Visit Date(s):
Last Correction Due Date:

TRC Rate and DART Goals

	TRC Rate	DART
Current Employer's Rate Data		
BLS Average for NAICS _____		
Percent Above the BLS Rate:		

Safety and Health Management System Goals

Management Commitment and Employee Involvement:

Goal 1:
Recommendations:
To be completed by:

Goal 2:
Recommendations:
To be completed by:

Worksite Analysis:

Goal 1:
Recommendations:
To be completed by:

Hazard Prevention:

Goal 1:
Recommendations:
To be completed by

Safety and Health Training:

Goal 1:
Recommendations:
To be completed by:

Participation Requirements

All portions of this Action Plan must be completed by the conclusion of the deferral period granted by the [Regional Administrator or State Designee]. Based on your present TRC Rate, DART, and the goals and timeframes above, you must submit progress reports describing your activities and the completion of your goals on _____, _____, and _____.

If you are not able to complete a goal in the determined timeframe, you must contact the Consultation Project Manager to request an extension of that specific goal. Please note that your Deferral Period may not exceed a total of 18 months, including extensions, from the last correction due date(s).

Appendix G

Mandated Activity Report for Consultation (MARC)

Mandated Activity Report for Consultation	
Measure	Standard
1. Percent of initial consultation visits conducted in high-hazard establishments	Not less than 90%
2. Percent of initial visits to small businesses	Not less than 90%
3. Percent of initial, follow-up, and training and assistance visits during which the consultant conferred with employees	100%
4A. Percent of serious hazards corrected in a timely manner (within 14 days of the latest correction due date)	100%
4B. Percent of serious hazards NOT corrected in a timely manner (greater than 14 days after the latest correction due date)	--
4C. Percent of serious hazards referred to enforcement	--
4D. Percent of serious hazards verified corrected (in original timeframe or on site)	65%
5. Number of uncorrected serious hazards with correction date >90 days past due	--

Appendix H

Visit Case File Organization

- I. **Introduction.** Case Files must be maintained in a defined, uniform format, whether in a format acceptable to the Region, or in accordance to the requirements outlined here. This appendix provides a sample file structure for a case file comprised of printed materials. A project may organize case files in a different manner as long as all contents listed here are included in a consistent and organized fashion. Projects may maintain case files using printed and/or electronic media and are responsible for providing printed copies of these records upon request by OSHA and for meeting National Archives and Records Administration electronic recordkeeping requirements. (See appendix H, paragraph VIII.)

- II. **Visit Case File Definition.** A visit case file should be composed of all essential documents relating to a single visit of an establishment. Separate initial visits of the same establishment should be filed in separate visit case files. However, actions which form an essential part or continuation of the original visit, such as follow-ups, interim monitoring visits and training and assistance visits, should be filed in the original case file. Simultaneous health and safety visits to the same establishment should be filed separately if they constitute complete, separate visits. Materials, such as video or audiotapes, filed separately from the case file are still considered integral parts of the case file as are documentary materials maintained in electronic media.

- III. **External File Structure.**
 - A. **Alphabetic Filing.** Use the alphabetic filing rules contained in OSHA Instruction ADM 1-1.12A.

 - B. **Label Preparation.** The file should have a label listing at least the employer's legal name.

- IV. **Internal File Structure.**
 - A. **Electronic Documents.** If electronic files are maintained either in addition to or instead of paper files, the electronic documents relating to one case should be maintained together as a unit.

 - B. **Forms and Notes.** All official forms and notes constituting the basic documentation of a case must be part of the case file. This material should be attached to the RIGHT side of the case file folder in the order noted in paragraph V.A.2. All official forms and notes relating to follow-up visits should be maintained in the same order, but should be placed on top of the forms and notes relating to the original visit.

 - C. **Correspondence.** All correspondence relating to the case should be attached to the LEFT side of the folder in reverse chronological order; that is, with the most recent correspondence on top. (See paragraph V. A. 2. for a description of the types of materials included as correspondence). Forms and notes related to training and assistance visits should be maintained on the left side on top of the initial visit file correspondence.

 - D. **Mail Receipts.** Mail receipts should be attached to the documents to which they relate. Be sure information is not covered by the receipt. If a mail receipt cannot be placed on the back of the related document, place the receipt on a blank sheet of paper and staple the paper to the applicable document.

- E. **Miscellany.** Miscellaneous visit case files documentation not clearly falling into either paragraph IV.B or IV.C above should be filed as correspondence on the LEFT side of the folder. If too voluminous to fit easily into the visit case file folder, file the information in a separate location but note the location on the visit case file diary sheet. If an establishment folder has been started on a company establishment, worksite, etc., safety manuals and similar material should be placed in the establishment folder and a cross-reference note placed in the visit case file diary sheet. These materials could include a list of competent persons, a list of employees trained or anything else related to safety or health matters in the company or establishment.

V. **Filing Arrangement - Visit Case File Contents.**

- A. Forms and Related Documentation. The following listing is an itemization of the OSHA forms and related documentation which appears on the RIGHT side of the case file, IN ORDER FROM TOP TO BOTTOM. File amendments and any official notes with the forms to which they relate.

1. Written Report to Employer.
 - a. Report of Hazards Found
 - b. Employer Report of Action Taken
 - c. Safety and Health Program Management
 - d. Training Provided by the Consultant
 - e. Monitoring Report (if applicable)
2. Hazard Form.
3. Visit Form.
4. Request Form.
5. OSHA 300 Log or data obtained to support injury and illness rates.
6. NOTE: File here those forms which describe or support hazard identified that will appear on the record of hazards.
 - a. OSHA 91A Air Sampling Worksheet.
 - b. OSHA 91B Air Sampling Report.
 - c. OSHA 93 Direct Reading Report.
 - d. OSHA 98 Screening Report.
 - e. OSHA 92 Noise Survey Report.
 - f. OSHA 99 Octave Band Analysis and Impact Noise.

7. Photo Mounting Worksheets to support the hazards identified.

NOTE: File here those forms which do not result in a violation of OSHA standards. This includes related sampling data forms and continuation sheets.

- a. OSHA 91A Air Sampling Worksheet.
 - b. OSHA 91B Air Sampling Report.
 - c. OSHA 93 Direct Reading Report.
 - d. OSHA 98 Screening Report.
 - e. OSHA 92 Noise Survey Report.
 - f. OSHA 99 Octave Band Analysis and Impact Noise
8. Technical Information. This includes information obtained from the establishment, to include: employer's safety and health reports, material safety data sheets, record of safety and health related training, and the like.
 9. OSHA Establishment Compliance Record (from the OSHA website).
 10. Field Notes.
 11. Other Materials.
 12. Video and Audiotape. These video and audiotapes are related to specific visits. Video and audiotapes are record material and are an integral part of the visit case file to which they relate.

B. **Correspondence and Miscellaneous Information.** The following is a list of the types of correspondence and miscellaneous case documentation which should appear on the LEFT side of the case file.

1. **Method of Filing.** This material should be FILED IN REVERSE CHRONOLOGICAL ORDER (i.e., with the most recent correspondence and other information on top). DO NOT file this material in the order in which it is listed below. The diary sheet and the forms in paragraphs V.A.6. (b) through (f) are an exception to the reverse chronological order rule.
2. **Diary Sheet.** This sheet is placed on the top of the material on the left side of the folder. The diary sheet may be used to note important telephone and face-to-face conversations, the date of important actions such as opening visit date, date report sent to employer, and any other activities deemed important enough to note on this summary of contacts. The diary sheet may also be used to document the receipt date of important correspondence, such as verification of abatement and extensions.

3. **Abatement Information.**

- a. Letter of abatement.
- b. Supporting documentation of abatement, (pictures, purchase orders, receipt of purchase, etc.).
- c. Letter to employer of past due abatement.
- d. Progress report of abatement.
- e. Documents for Extension of corrective measures.
- f. Letter referring employer to OSHA due to hazards overdue on abatement.

4. **Informal Documentation.** This includes memoranda to the file, memoranda of conversations, and similar informal documentation recording telephone calls, visits, meetings, e-mails and the like.

VI. **Numbering System for Forms.**

- A. DO NOT organize the case file documentation into appendixes. You may use divider tabs to permit easy reference.
- B. DO NOT page number the case file as a unit.

VII. **Subdivision of Visit Case Files.** Elements of a visit case file such as extensive field notes, abatement information, and the like may be identified for easy reference using dividers with index tabs. This will allow consultants and others to quickly and easily find frequently referenced paperwork.

VIII. **Substitution of Records.** Electronic media or videotape or audiotape may substitute for paper records in the case file. Further, any documentary materials listed above may be filed separately, such as video tapes and records maintained in electronic media. Records maintained in electronic media, in lieu of printing them out and filing them in the case file, must be maintained as a unit in an electronic document management system and clearly identified as part of the specific case file. The electronic system should meet all NARA (National Archives and Records Administration) requirements for an electronic recordkeeping system.

IX. **Case File Disposition.** For current case disposition instructions, see the On-site Consultation Program Limited Access Page.

Appendix I

Checklist for On-site Review

Operational Review of the Consultation Project	✓ ✗	Comments
Progress in meeting annual training plans		
On-the-job evaluations		
Lapse time from request to delivery of service		
Management reports (i.e., written reports pending, pending hazard corrections, number of requests, and visits pending)		
Hiring and vacancies		
Project expenditures and budgetary issues		
Monitoring of consultants' performance		
Promotion of the Project's recognition and exemption program (SHARP)		
Marketing initiatives		
Project's internal quality assurance program		
Consistent use of the Safety and Health Program Worksheet (Revised OSHA Form 33) by all consultants		
Pertinent changes in the organization		
Performance issues carried over from previous review		
Items requiring action to correct deficiencies		
Criteria applying to all case files		
Requirement	✓ ✗	Comments
Are all field notes, observations, analyses, and other written documentation (such as hazard documentation, OSHA 300 logs, standard-required programs, safety and health management systems, site layouts) gathered prior to and during the hazard survey included in the case file?		
Does the file contain an evaluation of the employer's safety and health management system (Safety and Health Program Assessment Worksheet Revised OSHA Form 33)?		
Does the Safety and Health Program Assessment Worksheet (Revised OSHA Form 33) contain evidence adequate to support the conclusions and recommendations made for each indicator?		
If the purpose of the visit was to do formal training, was there: evidence in the file that either a hazard survey was performed or that a federal or state compliance officer, or private sector safety or health consultant had visited the site, within the 12 months preceding the date of request for the training?		

<p>If the employer was granted an extension of the original assigned Correction-Due Date (CDD):</p> <ul style="list-style-type: none"> - Was the request by the employer in writing? - Did the request include reasons why the correction was not completed in the established time frame? - Did the request include evidence that the employer is safeguarding employees against the hazard with interim protection during the correction period? 		
<p>Does the Written Report to the Employer contain:</p> <ul style="list-style-type: none"> - Summary of employer's request? - Scope of services provided? - Name of consultant? - Items of importance covered in the opening conference? - Description of the workplace and working conditions? - Comparison of the site's TRC and DART rates to the national industry average? - Consistent and proper classification of identified hazards, particularly serious hazards, including the corresponding applicable standards and codes and a statement that interim protection was recommended at the closing conference, if appropriate? - Appropriate recommendations for hazard correction and control, including technical advice as appropriate? - Standard Element Paragraphs (STEPS) modified to meet the employer's specific conditions? - Discussion of the relation of hazards found to deficiencies in the employer's safety and health management system, with appropriate site-specific recommendations? - Discussion of the employer's safety and health management system? - Appropriate summary of any training provided during the hazard survey? - Items of importance covered in the closing conference? 		
<p>Were there any delays documented from the request to the on-site visit, until the visit occurred?</p>		
<p>Were there any delays documented from the closing conference to the issuance of the final report?</p>		

Did the OSHA OIS Visit Activity include the number of employees interviewed?		
Were all serious hazards abated and documentation of abatement procedures included in the file?		
Additional Criteria Applying Only to Health Files:		
H1. Does the case file reflect appropriate sampling techniques?		
H2. Were the appropriate number of samples taken relative to the nature of the suspected hazard and the number of employees involved?		
H3. Were the appropriate sampling instruments used for the job?		
H4. Was there evidence of proper sampling instrument calibration either on the CDS forms or a separate calibration log?		
H5. Were the appropriate sampling techniques and practices followed?		
H6. Were the necessary sampling data recorded on sampling sheets and field notes?		
Additional Criteria Applying Only to SHARP Files (pertaining only to cases in which recognition has been granted)		
S1. Was a full service survey, addressing both safety and health hazards, completed?		
S2. Is there verification (written or observed on-site) that ALL hazards identified during the hazard survey were corrected?		
S3. Is there adequate documentation that the elements listed on the Safety and Health Program Assessment Worksheet (Revised OSHA Form 33) were implemented at the "2" level or above?		
S4. Are the employer's TRC and DART rates below the industry average?		
S5. Is there evidence of operating history of at least one year?		
Additional Criteria Applying Only to Case Files Containing On-the-Job Evaluations		
J1. Are all on-the-job evaluations conducted according to the project's internal quality assurance program?		

Appendix J

Safety and Health Program Assessment Worksheet (OSHA Form 33)

Request Number		Visit Number		Visit Date	
Employer					
Site Location					
Legend: 0 = No; 1 = No, Needs major improvement; 2 = Yes, Needs minor improvement; 3 = Yes; NA = Not Applicable; NE = Not Evaluated * = Stretch Items Attribute of Excellence					

Synthesis Item Score						
	0	1	2	3		
With the total knowledge you now have of this organization (whether or not such knowledge has been captured by attribute ratings), use your professional judgment to assign an overall score for the organization's safety and health system.						
Hazard Anticipation and Detection						
	0	1	2	3	NA	NE
1. A comprehensive, baseline hazard survey has been conducted within the past five (5) years.						
Comments:						
2. Effective safety and health self-inspections are performed regularly.						
Comments:						
3. Effective surveillance of established hazard controls is conducted.						
Comments:						
4. An effective hazard reporting system exists.						
Comments:						
5. Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.						
Comments:						
6. Accidents are investigated for root causes.						
Comments:						
7. Material Safety Data Sheets are used to reveal potential hazards associated with chemical products in the workplace.						
Comments:						
8. Effective job hazard analysis is performed.						

Comments:						
9. Expert hazard analysis is performed.						
Comments:						
10. * Incidents are investigated for root causes.						
Comments:						
Hazard Prevention and Control						
	0	1	2	3	NA	NE
11. Feasible engineering controls are in place.						
Comments:						
12. Effective safety and health rules and work practices are in place.						
Comments:						
13. Applicable OSHA-mandated programs are effectively in place.						
Comments:						
14. Personal protective equipment is effectively used.						
Comments:						
15. Housekeeping is properly maintained.						
Comments:						
16. The organization is properly prepared for emergency situations.						
Comments:						
17. The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.						
Comments:						
18. *Effective preventive maintenance is performed.						
Comments:						
19. An effective procedure for tracking hazard correction is in place.						
Comments:						
Planning and Evaluation						
	0	1	2	3	NA	NE
20. Workplace injury/illness data are effectively analyzed.						
Comments:						
21. Hazard incidence data are effectively analyzed.						
Comments:						
22. A safety and health goal and supporting objectives exist.						
Comments:						
23. An action plan designed to accomplish the organizations safety and health objectives is in place.						

Comments:						
24. A review of in-place OSHA-mandated programs is conducted at least annually.						
Comments:						
25. * A review of the overall safety and health management system is conducted at least annually.						
Comments:						
Administration and Supervision						
	0	1	2	3	NA	NE
26. Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.						
Comments:						
27. Each assignment of safety and health responsibility is clearly communicated.						
Comments:						
28. * An accountability mechanism is included with each assignment of safety and health responsibility.						
Comments:						
29. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.						
Comments:						
30. Individuals with assigned safety and health responsibilities have the authority to perform their duties.						
Comments:						
31. Individuals with assigned safety and health responsibilities have the resources to perform their duties.						
Comments:						
32. Organizational policies promote the performance of safety and health responsibilities.						
Comments:						
33. Organizational policies result in correction of non-performance of safety and health responsibilities.						
Comments:						
Safety and Health Training						
	0	1	2	3	NA	NE
34. Employees receive appropriate safety and health training.						
Comments:						

35. New employee orientation includes applicable safety and health information.						
Comments:						
36. Supervisors receive appropriate safety and health training.						
Comments:						
37. *Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.						
Comments:						
38. Safety and health training is provided to managers.						
Comments:						
39. *Relevant safety and health aspects are integrated into management training.						
Comments:						
Management Leadership						
	0	1	2	3	NA	NE
40. Top management policy establishes clear priority for safety and health.						
Comments:						
41. Top management considers safety and health to be a line rather than a staff function.						
Comments:						
42. *Top management provides competent safety and health staff support to line managers and supervisors.						
Comments:						
43. Managers personally follow safety and health rules.						
Comments:						
44. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.						
Comments:						
45. Managers allocate the resources needed to properly support the organizations safety and health system.						
Comments:						
46. Managers assure that appropriate safety and health training is provided.						
Comments:						
47. Managers support fair and effective policies that promote safety and health performance.						
Comments:						
48. Top management is involved in the planning and evaluation of safety and health performance.						

Comments:

49. Top management values employee involvement and participation in safety and health issues.						
---	--	--	--	--	--	--

Comments:

Employee Participation

	0	1	2	3	NA	NE
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50. There is an effective process to involve employees in safety and health issues.						
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Comments:

51. Employees are involved in organizational decision making in regard to safety and health policy.						
---	--	--	--	--	--	--

Comments:

52. Employees are involved in organizational decision making regarding the allocation of safety and health resources.						
---	--	--	--	--	--	--

Comments:

53. Employees are involved in organizational decision making regarding safety and health training.						
--	--	--	--	--	--	--

Comments:

54. Employees participate in hazard detection activities.						
---	--	--	--	--	--	--

Comments:

55. Employees participate in hazard prevention and control activities.						
--	--	--	--	--	--	--

Comments:

56. *Employees participate in the safety and health training of co-workers.						
---	--	--	--	--	--	--

Comments:

57. Employees participate in safety and health planning activities.						
---	--	--	--	--	--	--

Comments:

58. Employees participate in the evaluation of safety and health performance.						
---	--	--	--	--	--	--

Comments:

This copy of the Revised Form 33 is intended for example purposes only and not for program use. To view the current Revised Form 33 and OMB Number/Expiration Date, please go to www.osha.gov or the OSHA Information System (OIS).

Appendix K

Consultant Function-Competency Statements

#1 Recognition and Evaluation of Occupational Hazards

Possesses the knowledge, skills and abilities to adequately recognize and evaluate workplace safety and health hazards

- ▶ **Possesses fundamental technical/legal and procedural knowledge**
 - ✓ Demonstrates proficiency in the fundamentals of occupational safety and health
 - ✓ Applies substantive knowledge of technical areas (e.g., electricity, machine guarding, hazardous materials, industrial toxicology, ergonomics, ventilation, fall protection, noise, respiratory protection)
 - ✓ Demonstrates proficiency in the anticipation, recognition, evaluation, control and management of occupational health hazards including chemical, physical, biological and ergonomic stressors
 - ✓ Possesses a basic knowledge of OSHA, its mission, and the relationship between OSHA and 21(d) Consultation.
 - ✓ Understands and applies the relationship with enforcement requirements found in the FOM
 - ✓ Recognizes apparent hazards and violations of regulations and standards (29 CFR 1910 and 29 CFR 1926); documents hazards, violations and abatements in accordance with OSHA and Consultation policies and procedures
 - ✓ Aware of agencies and organizations, other than OSHA, that can be of assistance to the employer

- ▶ **Plans and prepares for consultation visits**
 - ✓ Researches site history, industry processes and hazards, abatement options, sampling methods and best practices
 - ✓ Reviews inspection history, prior consultation visits, and verifies SIC/NAICS codes
 - ✓ Inquires about safety and health hazards that may be present
 - ✓ Charges, calibrates, and tests equipment and instruments to ensure that they are in proper working order for Consultation visits

- ▶ **Conducts on-site visit**
 - ✓ Conducts opening and closing conferences in a manner consistent with the CPPM
 - ✓ Models safe behavior and work practices established at the worksite and/or as appropriate
 - ✓ Recognizes when personal protective equipment is necessary, and how to correctly don and doff appropriate PPE
 - ✓ Describes the hazard recognition and evaluation process to the employer
 - ✓ Comprehends workflow
 - ✓ Conducts walk around inspections of worksites, reviewing safety and health programs and inspecting machine and equipment operations, environmental conditions, work practices and processes, protective devices and equipment and safety procedures
 - ✓ Ability to effectively interview management, supervisors, employee representatives and employees to acquire a wide range of information (e.g., specific details on hazardous operational processes and conditions information used to determine information on working conditions and information used to evaluate the total worksite environment.)
 - ✓ Evaluates current work and written procedures (e.g., lockout, hazard communication program, etc.)

- ✓ Identifies, documents, and classifies hazards (i.e., serious, other-than-serious, imminent danger)
- ✓ Records field notes adequately
- ✓ Uses instrumentation to measure safety hazards and health stressors
- ✓ Conducts sampling/monitoring according to instrument instruction, established laboratory protocol/methodology, and according to recommended professional practice
 - ◆ Identifies jobs or locations to sample
 - ◆ Develops a sampling plan
 - ◆ Obtains proper sampling media and equipment.
 - ◆ Collects and handles samples with technical accuracy
 - ◆ Records appropriate monitoring conditions
- ▶ **Analyzes information related to consultation surveys**
 - ✓ Understanding the assessment of instrument readings relative to safe/unsafe conditions and permissible limits
 - ✓ Reviews and utilizes laboratory results and determines if exposures exceed permissible and/or recommended limits (soil, mechanical integrity, stress testing, safety, etc.)
 - ✓ Conducts/runs appropriate statistical tests (i.e., sampling and analytical error)
 - ✓ Interprets all monitoring and related data accurately, in accordance with accepted Safety and Industrial Hygiene practice

#2 Evaluate Safety and Health Management Systems

Possesses the knowledge, skills and abilities needed to evaluate an employer's current safety and health management system and communicate appropriate recommendations to improve overall effectiveness.

- ▶ **Possesses an understanding of safety and health management systems (management commitment and employee involvement; worksite analysis; hazard prevention and controls; safety and health training)**
 - ✓ Applies the Safety and Health Program Management Guidelines (January 1989 – 54 FR 3904-3916)
 - ✓ Applies the Safety and Health Program Assessment Worksheet (Form 33)
- ▶ **Communicates the methods and benefits of the safety and health management system's evaluation to management and employees**
- ▶ **Evaluates injury/illness data and related hazard analysis experience**
 - ✓ Reviews available injury/illness (OSHA's Form 300/301) and hazard identification records
 - ✓ Calculates Days Away, Restricted/Transferred (DART) and Total Case Rate (TRC) rates; compares these with industry averages (BLS data)
 - ✓ Identifies injury/illness and hazard incidence trends (reports of unsafe conditions, near misses, etc.)
 - ✓ Conducts injury/illness and hazard root cause analyses
- ▶ **Evaluates other available performance measure records and information (loss data, absenteeism, turnover, quality program, interview results, etc.)**
- ▶ **Reviews and evaluates safety and health management system activities**
 - ✓ Gathers sufficient written, verbal and visual information to correctly rate the site's performance of each Form 33 attribute
 - ✓ Completes the Form 33 for the site to capture the elements of a safety and health management system (i.e., hazard anticipation and detection; hazard prevention and control; planning and

- ✓ evaluation; administration and supervision; safety and health training; management leadership; and employee participation)
- ▶ **Recognizes and demonstrates the correlation between hazard/injury experience and safety and health management system deficiencies**
- ▶ **Communicates the evaluation of the safety and health management system to management and employees in a closing conference**
 - ✓ Discusses, if applicable, suitability of the site for Pre-SHARP Deferral and SHARP (or VPP) and requirements to enter this program
- ▶ **Prepares a report of findings and recommendations**
 - ✓ Details findings and recommendations for improving program attributes as specified in the CPPM
 - ✓ Provides or refers employer to helpful resources

#3 Provide Occupational Safety and Health Training

Possesses the knowledge, skills and abilities in order to provide effective formal and informal occupational safety and health training, either on-site or off-site.

- ▶ **Designs training programs by conducting research, needs analysis, and developing presentation material appropriate for intended audience.**
 - ✓ Develops clear, measurable training objectives
 - ✓ Applies instructional design strategies to appropriate audiences
 - ◆ Adult learning principles
 - ◆ Multi-cultural principles
 - ✓ Ensures that training and resource materials reflect current literature and industry trends
- ▶ **Develops training presentations**
 - ✓ Determines appropriate technology for training delivery (i.e., PowerPoint presentation, lecture, workshops, etc.)
 - ✓ Develops training handouts, job aids and reference materials
- ▶ **Delivers effective training both on-site and off-site**
 - ✓ Networks (Partnerships) within OSHA and with other groups (ex. Small business Development Center) to provide and market comprehensive safety and health training
 - ✓ Identify opportunities and needs for informal training during the visit and/or walk around
 - ✓ Identify opportunities for and provides, if necessary, formal training based on the walk around.
 - ✓ Conducts training evaluation
- ▶ **Encourage employers to develop and train employees in safety and health areas**
 - ✓ Provides information on other possible training sources such as OSHA education centers

#4 Manage Program Processes and Reports

Possesses the knowledge, skills and abilities in order to integrate information collected in the field to an employer report, ensuring that appropriate technical information and policies are incorporated and that key information is transmitted to the appropriate information system.

- ▶ **Ability to manages work processes**
 - ✓ Prioritize assignments

- ✓ Collects, timely records and schedules visits in accordance with office plan
 - ✓ Manages case file load efficiently and ensures timely submission of reports
 - ✓ Manages correspondence timely, including employer abatement responses, extension requests, requests for information
 - ✓ Proficiently and accurately performs data entry requirements into appropriate information systems
- ▶ **Organizes and documents information for the written report and case file**
- ✓ Effectively proficient with computer technology for research, visit data collection, and report preparation
 - ✓ Organizes and consolidates documentation pertinent to case files in a logical or required format
 - ✓ Prepares professional written reports to the employer covering all elements in accordance with current policy
 - ✓ Documents interim protection, if applicable
 - ✓ Ensures that all hazards identified are covered in the Report of Hazards, including an accurate and complete description of the hazard and location, including photographs if available
 - ✓ Ensures that all hazards related to chemical overexposure are addressed (i.e., separate hazards for respiratory protection, overexposure and engineering controls, including action plans if appropriate)
 - ✓ Provides a summary and explanation of air and noise sampling results that is technically correct and easily understood, with comparisons to OSHA PELs and other recommended limits
- ▶ **Applies Consultation Policies and Procedures**
- ✓ Ensures that all policies are followed in accordance with 29 CFR 1908, On-site Consultation Cooperative Agreements, CPPM, and other applicable policy documents

#5 Provide Hazard Prevention and Control Assistance

Possesses the knowledge, skills and abilities in order to effectively provide hazard prevention and control assistance to employers.

- ▶ **Provides assistance regarding developing hazard prevention and controls**
- ✓ Ensure that controls are consistent with the OSHA Hierarchy of Controls
 - ✓ Applies knowledge of manufacturing and construction processes, materials, tools, equipment and procedures to assist employer with developing engineering and work practice controls
 - ✓ Assist employer in developing and implementing administrative and personal protective equipment controls
 - ✓ Provides solutions or recommendations for interim protection
 - ✓ Assists employer with developing action plan, if necessary
 - ✓ Coordinates and seeks assistance regarding abatement plans when hazard control expertise is necessary
- ▶ **Evaluates controls**
- ✓ Provides technical assistance in evaluating hazard controls
 - ✓ Establishes reasonable correction due dates and extensions
 - ✓ Verifies correction of serious hazards on-site or in written verification from employer
 - ✓ Determines need/priority for and conducts follow-up visits, if appropriate
- ▶ **Possesses knowledge of OSHA abatement procedures**
- ✓ Conducts abatement assistance visits after citations
 - ✓ Provides abatement assistance in response to an enforcement phone call and/or fax

- ✓ Possesses knowledge of OSHA enforcement policies and procedures to assist employers with OSHA Abatement, such as:
 - ◆ Petition for Modification of Abatement (PMA)

#6 Provide Off-site Technical Support

Possesses the knowledge, skills and abilities in order to provide effective off-site technical support.

- ▶ **Research and respond to requests for assistance.**
 - ✓ Proficient in the use of the Internet to research and provide accurate information
 - ✓ Utilizes current literature, reference books, monographs, consensus standards, industry best practices, and other pertinent resources and/or networking opportunities to ensure quality of support services
 - ✓ Awareness of agencies other than OSHA that can be of assistance
- ▶ **Effectively communicates technical information**
 - ✓ Communicates technical information in a manner which is easily understood
 - ✓ Encourages employers and employees to communicate questions or concerns
 - ✓ Respects the confidentiality of employer and/or employee questions

#7 Promote OSHA Consultation Services

Possesses the knowledge, skills and abilities in order to effectively promote OSHA Consultation Services and communicates the value of a safe and healthful workplace to both the employees and employers.

- ▶ **Looks for opportunities to market the Consultation Program:**
 - ✓ To employers, trade associations, businesses and small businesses in high-hazard industries
 - ✓ Within their own organization, associated state agencies and university programs
- ▶ **Recommends and applies effective marketing methods**
- ▶ **Promotes and communicates the value of safe and healthful workplaces**
- ▶ **Explains the program services and eligibility requirements on initial contact**
- ▶ **Promotes SHARP**

#8 OSHA Consultant Professionalism

Models personal conduct and professional growth

- ▶ **Maintains the health and safety of the employers and employees as the guiding principle in all consultation activities**
- ▶ **Fosters constructive, professional working relationships with others; is professional, flexible, and courteous, even when discussing or eliciting sensitive or controversial information.**
- ▶ **Recognizes and avoids conflicts of interest**
- ▶ **Pursues professional growth and development opportunities**
 - ✓ Keeps current with industry trends through research and/or networking

- ✓ Considers own performance, proactively seeks and responds constructively to feedback from others, and applies this information to enhance performance and progress toward career goals.
- ✓ Devotes substantial effort to increasing knowledge and skills and keeping up-to-date in the safety and health profession (e.g., by attending training courses, meetings, and conferences, reading professional publications, joining professional associations, seeking on-the-job training experiences, pursuing professional certification).
- ✓ Provides on-the-job training and mentoring to less-experienced employees.
- ✓ Takes initiative to seek new or additional responsibilities and challenges; continually applies greater levels of effort, persistence, and autonomy toward achievement of goals.

Appendix L
Reserved
Process Safety Management

Appendix M

Reserved

Fatalities and/or Catastrophes at Pre-SHARP and SHARP Workplaces