

VOSH PROGRAM DIRECTIVE: 02-110**ISSUED: 01 July 2017**

<u>Subject</u>	VOSH Enforcement Policy for New Reporting Requirements under Va. Code §40.1-51.1.D and §16VAC25-85-1904
<u>Purpose</u>	This Directive transmits to field personnel the 2016 revision for occupational injury and illness recordkeeping and reporting requirements amended in statute, Va. Code §40.1-51.1.D, and in regulation, §16VAC25-85-1904. This Directive is a substantively identical reformat of the below referenced earlier policy memorandum from the Commissioner. <i>This Program Directive is an internal guideline, not a statutory or regulatory rule, and is intended to provide instructions to VOSH personnel regarding internal operation of the Virginia Occupational Safety and Health Program and is solely for the benefit of the program. This document is not subject to the Virginia Register Act or the Administrative Process Act; it does not have general application and is not being enforced as having the force of law.</i>
<u>Scope</u>	This Directive applies VOSH-wide. The policy herein applies to cases opened on or after July 1, 2016. Cases opened prior to July 1, 2016, will be handled under the prior enforcement policy, dated June 25, 2015.
<u>Reference</u>	Memorandum from DOLI Commissioner C. Ray Davenport to VOSH Personnel, 20 June 2016.
<u>Cancellation</u>	Not Applicable
<u>Effective Date</u>	01 July 2017
<u>Expiration Date</u>	Not Applicable
<u>Action</u>	Directors and Managers shall ensure that field personnel understand and comply with the policies and procedures established in this Directive.

C. Ray Davenport
Commissioner

Distribution:	Commissioner of Labor and Industry Assistant Commissioner VOSH Directors and Managers	VOSH Compliance & Cooperative Programs Staffs VOSH Legal Support & OIS Staffs OSHA Region III & OSHA Norfolk Area Offices
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Background.

On September 18, 2014, federal OSHA issued a final rule revising its occupational injury and illness recordkeeping and reporting regulation at 29 CFR 1904 (79 FR 56130). The new requirements became effective on January 1, 2015, in federal OSHA enforcement states.

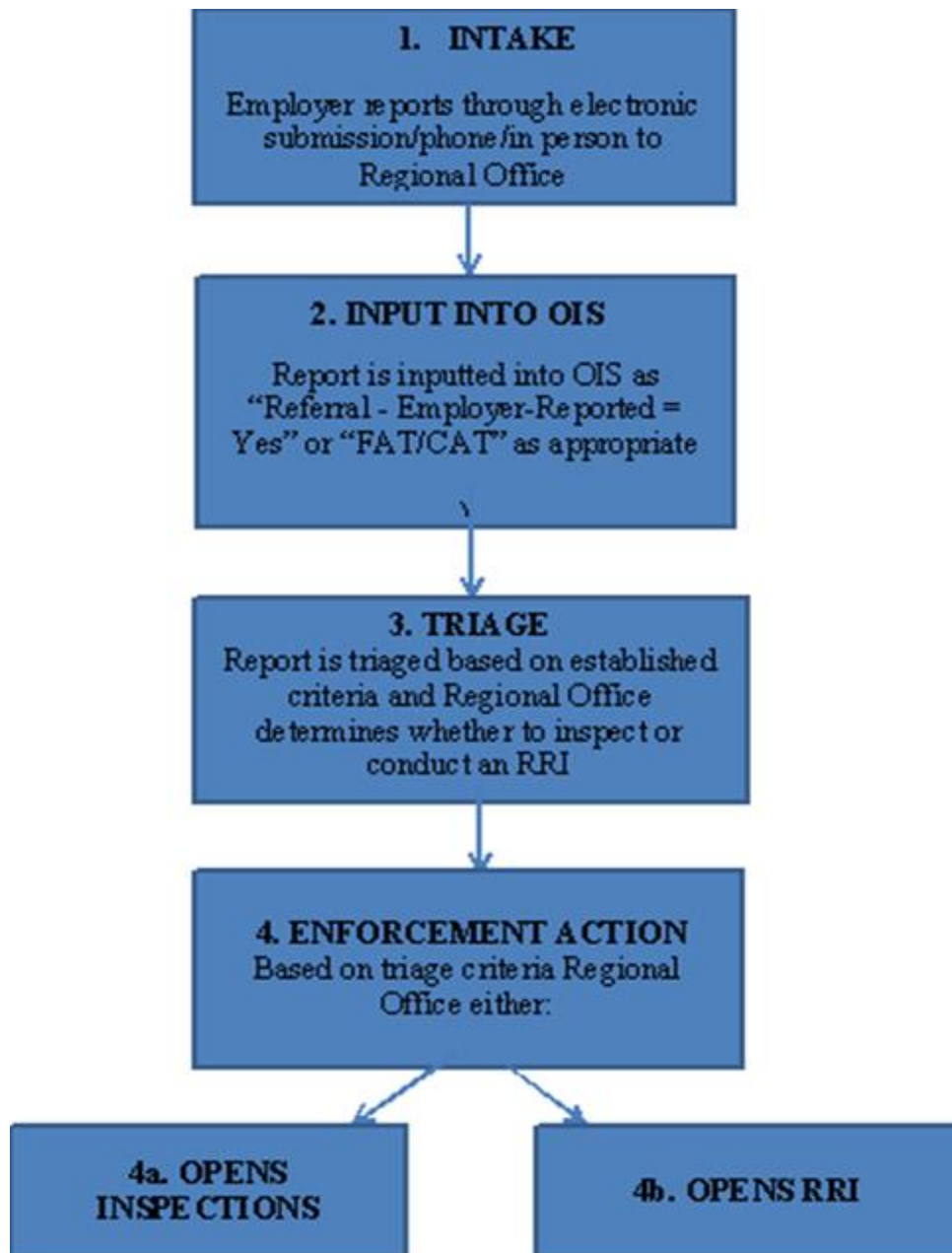
Virginia has reporting requirements in both statute, Va. Code §40.1-51.1.D, and regulation, §16VAC25-85-1904. The Department proposed a statutory change during the 2015 Virginia General Assembly Session and the amended statute became law on July 1, 2015. The Department represented to our stakeholders and members of the Virginia General Assembly that we needed to pass this legislation to be as effective as the federal program and keep our occupational safety and health program in Virginia. We also represented that Virginia's reporting requirements would be identical to OSHA's.

However, due to a legislative drafting error by the Department in the prior 2015 revision to §40.1-51.1.D, the statute was not identical to the federal OSHA requirement to report in-patient hospitalizations, amputations and loss of an eye within 24 hours. The Virginia statute mistakenly required an eight (8)-hour reporting period for those incidents, in addition to an eight (8)-hour reporting period for fatalities. This mistake was corrected by a 2016 legislative change making Virginia's reporting requirements identical to OSHA's effective July 1, 2016. (See also *VOSH PD 12-152E 01 Nov 2016 or its successor.*)

This policy applies to cases opened on or after July 1, 2016. Cases opened prior to July 1, 2016, will be handled under the prior enforcement policy dated June 25, 2015.

ENFORCEMENT PROCESS

Given the scope of the new requirements, below is a flow chart that provides a general outline for how enforcement intake and respond to the anticipated influx of new reports. Each step is then described in further detail.



I. INTAKE

The new rule at §1904.39 provides that employers can report by telephone or in-person to the nearest Regional Office; through the OSHA toll-free central telephone number, 1-800-321-6742; or by electronic submission on OSHA's public website. *(Also see Reporting Intake flowchart on page 5, below.)*

The following information is required to be reported:

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

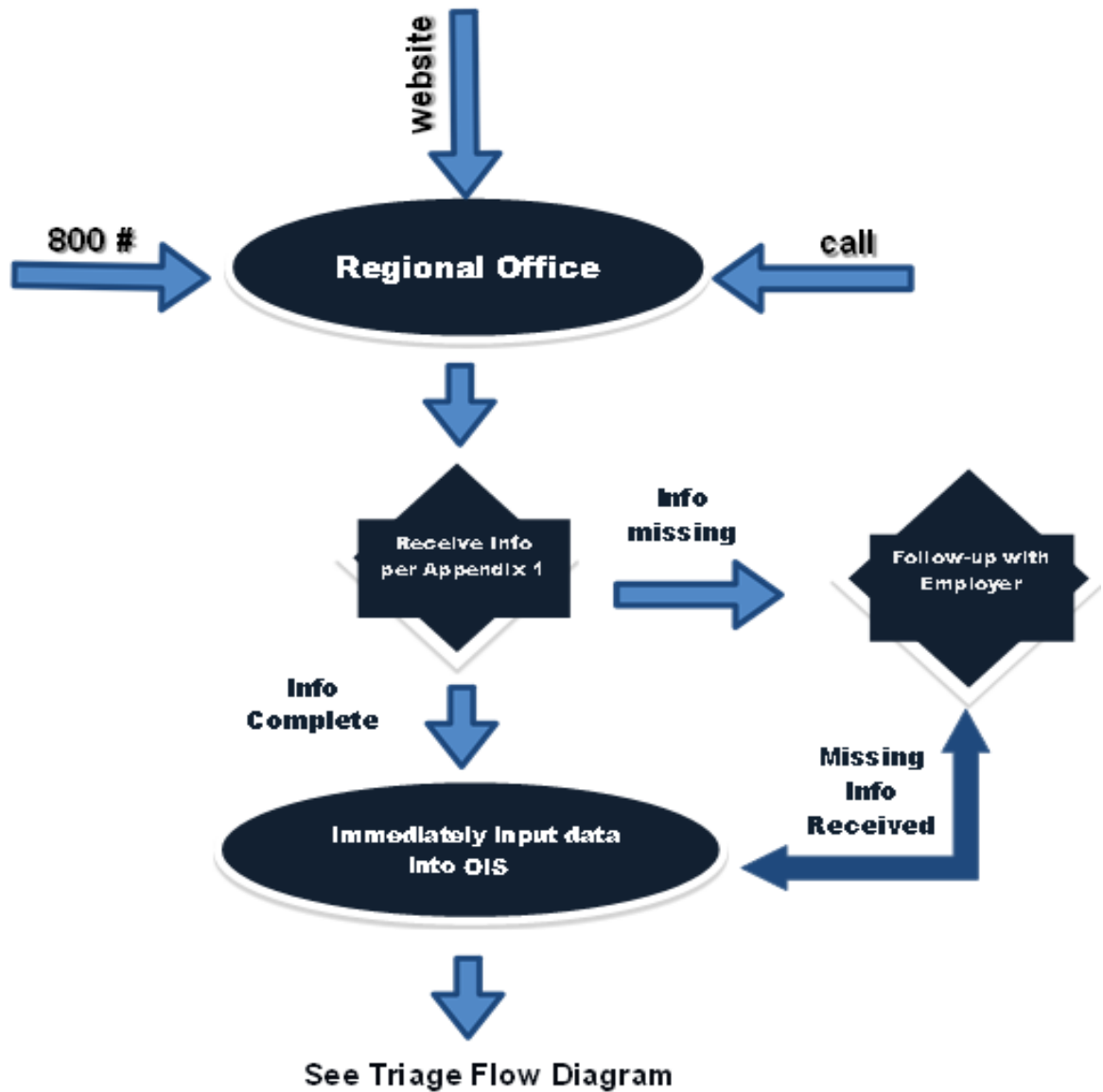
Ideally, there should be an initial interaction between the Regional Office and the reporting employer, in order to get as much information as possible regarding the cause of the incident and the employers' preliminary plans to prevent any recurrence. To facilitate future communications between the employer and the Regional Office, the employer's contact information, i.e., phone number, email, etc., should be obtained at the time of the initial intake. Regional Offices will need to determine the personnel who will be assigned to receive reports and check the Regional Office's email inbox for communications from the employer.

For electronic submission reporting on OSHA's website, a web form has been developed to allow employers to report electronically and will soon be accessible on the OSHA public webpage. Electronic submissions will be forwarded to the appropriate Regional Office based on the location of the incident.

For federal OSHA Hotline reports and electronic submissions, the Regional Office should review the information provided to them and determine if a follow-up call is needed to obtain all the necessary information to comply with the reporting requirements and to determine how the report should be triaged.

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

REPORTING INTAKE CHART



II. DATA COLLECTION: INPUT INTO OIS

OIS INPUT: Once the Regional Office has received the report, it must manually input the information into OIS. All reports, whether collected electronically, by phone, or in person, must be put into OIS by the Regional Office. The electronic questionnaire (**See Appendix 1**) described in the Intake section of this memorandum may serve as a guide for inputting the data into OIS.

A report will be inputted as an unprogrammed activity (UPA). The input of these new employer reports of in-patient hospitalizations, amputations, and loss of eye will be recorded as "Referral – Employer Reported = Yes."

However, reports of work-related fatalities and catastrophes will be inputted in the manner they always have been – inputted as "FAT/CAT." Catastrophes, which are defined as three or more hospitalizations, will remain within the "FAT/CAT" category, but employer reported hospitalizations of two (2) or less will be recorded as "Referral – Employer Reported = Yes." The steps for inputting a report into OIS as a "Referral – Employer Reported = Yes" are described below. **See Appendix 4 for screen shots of the guidance described below.**

In the drop down screen for "**Activity Type**," VOSH personnel should select "**Referral**." A new box will then appear labeled "**Employer Reported?**". The users will then have to choose "Yes" or "No". For these reports, the users should choose "**Yes**".

When they choose "Yes," a new section will become active where a user can enter new data fields such as the number of amputations and in-patient hospitalizations. The users will then process the report in OIS as they would a normal referral. The only significant difference between these reports and other referrals is that these will be tagged as being reported by the employer and will include new data fields for information.

Additionally, a new "Source Type" field will be added to the Referrals section called "**Employer/Employer Representative**." The user will select this as the source if the incident is reported by the employer or its representative.

If an inspection is initiated from an *employer-reported referral*, there will be a new *inspection type* for the user to choose. The user should choose "**Referral – Employer Reported**" in the inspection type drop-down box. If a user selects this type of inspection, the system will require the user to link the inspection to a referral UPA.

A letter must be sent to the employer when an employer-reported referral is selected for an RRI. This letter will be available on OIS. A sample of this letter is attached as Appendix 3 to this memorandum.

The overall objective of the new reporting requirements is for the reports to trigger activities that lead to hazard abatement. Data collection is a major component of enforcement activities. Data points that should be covered in the OIS input are:

- ✓ Establishment Information;
- ✓ Source Information;
- ✓ Receipt/Activity Information (receipt by, receipt time);
- ✓ Hazard description and location;

- ✓ Number of in-patient hospitalizations;
- ✓ Number of amputations;
- ✓ Number of eye losses;
- ✓ Event date and time;
- ✓ Safety or Health hazard;
- ✓ Whether Imminent Danger/Serious/Other/None;
- ✓ Type of Event;
- ✓ Number of employees;
- ✓ Injured employee(s) activities before incident;
- ✓ Narrative of what happened;
- ✓ Type of injury/illness; and
- ✓ Injured employee(s) information: Name, gender, age, cause, nature of energy, next of kin

III. TRIAGE REPORT TO DETERMINE INSPECTION OR RAPID RESPONSE INVESTIGATION (RRI)

After a report has been taken by VOSH personnel and the necessary information has been collected, the Regional Safety or Health Director or their designee must determine whether to conduct an inspection or an RRI. A report may be sorted into one of three categories:

- Category 1 includes reports that require an inspection.
- Category 2 includes reports where, based on the presence of certain criteria, the Regional Director is authorized to conduct an inspection.
- Category 3 includes reports where, based on the same criteria, an inspection may not be warranted but an RRI will be initiated. However, if the incident is not work related, no inspection or RRI will be conducted.

Below are the criteria and explanation for each of these categories:

A. Category 1 are reports that must be inspected:

1. All fatalities and reports of 2 or more in-patient hospitalizations;
2. Any injury involving a worker under 18;
3. Known history of multiple injuries, i.e., same or similar events in previous 12 months;
4. Repeat offenders, e.g., history of egregious, willful, failure-to-abate, or repeated citations;
5. SVEP/NEP/LEP; and
6. Any imminent danger

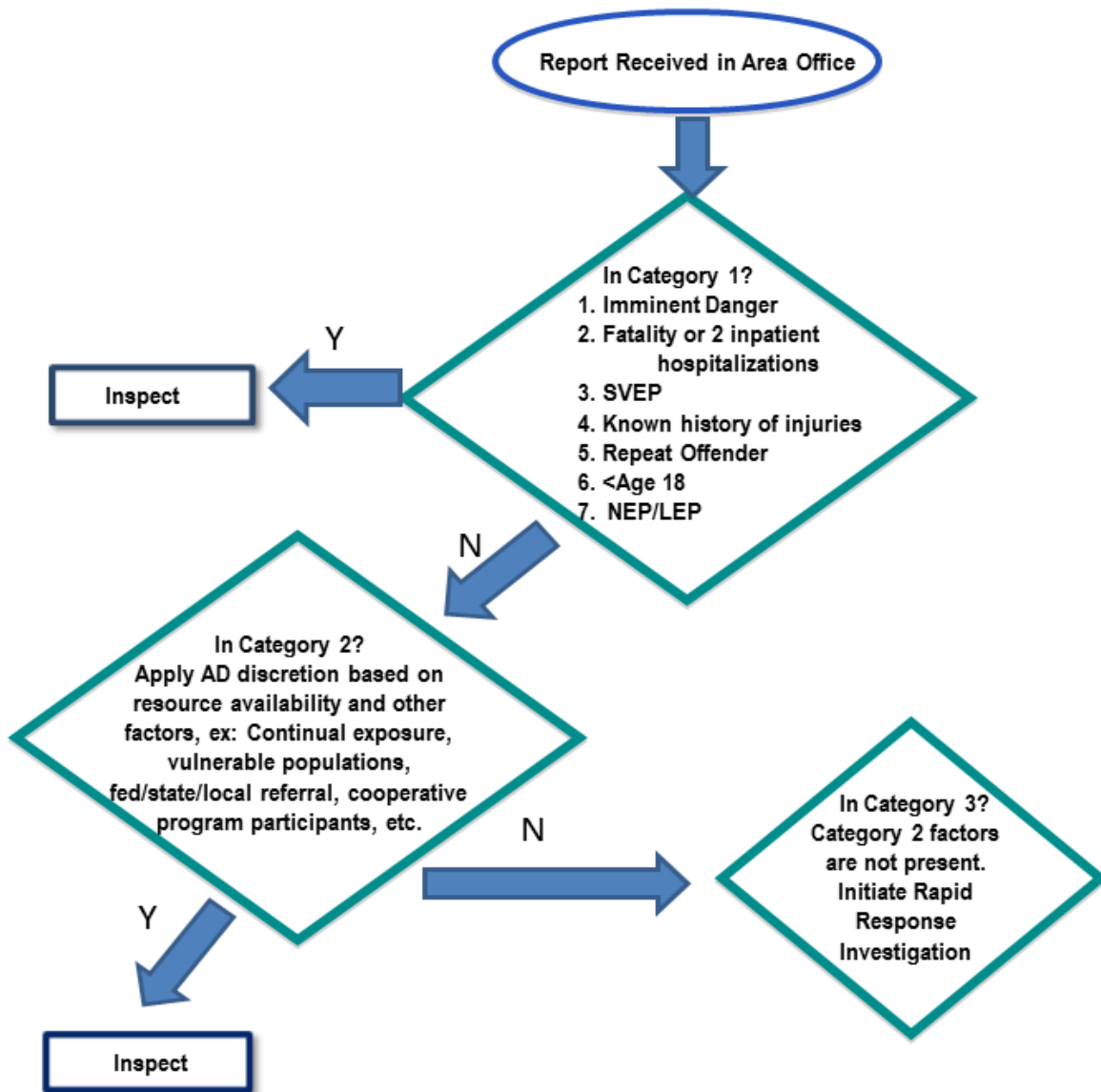
NOTE: Category 1 inspections of in-patient hospitalizations of 2 or more people and reports that fall within one of the criteria listed in (1)(b) through (1)(f), will be classified as FRI LEP inspections under VOSH Directive 14-005C, First Report of Injuries and Illnesses (FRI) Local Emphasis Program, issued December 18, 2014.

- B. Category 2 responses to reports will be determined by the Regional Safety or Health Director based on the criteria below and their knowledge of the circumstances of the event. For reports that do not fit into Category 1, the Regional Director should review the questions below. If multiple questions can be answered with “yes,” the Regional Office is encouraged to conduct an inspection. However, this list is not exhaustive and there may be other criteria particular to the incident that could be considered by the Regional Director:
1. Are employees still being exposed to the factors underlying the hazards that resulted in the injury or illness?
 2. Was the incident the result of a safety program failure such as PRCS, LOTO, PSM, etc.?
 3. Was the employee exposed to a serious hazard, e.g., explosive materials, combustible dust, falls and heat?
 4. Were temporary workers or other vulnerable populations injured or made ill?
 5. Has another government agency (federal, state, or local) made a referral?
 6. Does the employer have prior VOSH inspection history?
 7. Is there a Whistleblower complaint/inspection pending?
 8. Is the employer a Cooperative Program Participant, e.g., VPP, VOSH Strategic partnerships, SHARP or an active Alliance member?
 9. Did the incident involve health issues, such as chemical exposures, heat stress, etc.?
- C. Category 3 reports are based on responses to the Category 2 criteria; generally, if the answers to the questions above are “no,” then an inspection may not be warranted. The Regional Office may initiate an RRI.

NOTE: If the Regional Director believes that there is no reasonable basis that a violation or hazard exists; no inspection or RRI will be conducted.

“TRIAGE”

ADDITIONAL GUIDANCE CHART FOR ORGANIZING REPORTS AND DETERMINING INSPECTIONS AND RRI_s



IV. OPEN INSPECTION OR RAPID RESPONSE INVESTIGATION (RRI)

For reports that have been designated for inspection by the Regional Office, the Regional Office should generally follow the inspection procedures according to the Field Operations Manual (FOM). If an inspection is warranted, it will be initiated as soon as resources permit and will normally be initiated within five working days of the report.

(Refer to guidance above concerning use of VOSH Directive 14-005C, First Report of Injuries and Illnesses (FRI) Local Emphasis Program, issued December 18, 2014.)

A. Impact of New Reporting Requirements on Comprehensive Planned Inspections

If the new reporting requirements result in a significant increase in unprogrammed activity (UPA) inspections, it will presumably have an impact on the number of comprehensive inspections we conduct from the VOSH General Schedule. Current VOSH procedures for expanding the scope of an inspection will allow VOSH to expand the scope of an amputation/loss of an eye/hospitalization inspection if the worksite is either currently on the General Schedule list (*see item B.1. below*), or the NAICS of the worksite is on either the safety or health high hazard lists of NAICS codes (*see item B.5. below*).

B. Expanding the Scope of an Inspection - Inspection Procedures from Chapter 5 of the FOM

The method of expanding the scope detailed below does not entail expansion of the scope to comprehensive. This type of expansion is only to cover certain limited additional areas of the worksite which were identified as having hazardous conditions or potential violations in plain view. Programmed and unprogrammed inspections which were initiated as partial scope inspections may be expanded under any of the following circumstances which shall be documented in the case file:

1. Listed on the Current Inspection Schedule. The establishment is listed on the current regional office safety or health inspection schedule and the deletion criteria here or in the Planning Guide for Programmed Inspections do not apply;
2. No Complete Construction Inspection in Last Three Months. A substantially complete inspection of a construction establishment has not been conducted within the preceding three (3) months;
3. Documentation of a History of Significant Violation. VOSH or OSHA inspection records or injury and illness records for the establishment or for the employer in the case of a mobile worksite, indicate a history of significant violation;
4. Allegations Indicate Potential Hazards. The allegations providing the basis for the unprogrammed inspection indicate the existence of potential hazards which can be identified by expanding the inspection:
5. High Hazard Establishment Not on Current Inspection Schedule. For good cause, as determined by the Regional Safety or Health Director, e.g., the establishment is not on the current regional office safety or health inspection schedule but the establishment or its NAICS code is on the regional office safety or health high hazard establishment list or high hazard NAICS code list;

6. Expansion of Partial Inspection. Partial inspections may be further expanded to cover serious hazardous conditions or potential violations observed in plain view and which were not part of the original inspection;
7. Expansion Due to Violations Found. Inspections may be expanded if serious violations are found within the original scope of the inspection.

V. **RAPID RESPONSE INVESTIGATIONS**

A. **Reports That Have Been Designated for a Rapid Response Investigation (RRI)**

The Regional Office should generally follow Phone/Fax inquiry procedures in Chapter 2, of the VOSH FOM. Additionally, the Regional Office should ensure that the steps described in the following paragraphs are taken.

Once a report has come in and been designated for an RRI, the Regional Office must initiate an RRI to identify hazards, provide abatement assistance, and confirm abatement. At all stages of the investigation, the Regional Office should serve as a resource for compliance assistance to prevent further injuries and illnesses.

The Regional Office should call the employer to initiate the RRI within one day of receipt of report. Appendix 2 provides a script for guidance for this initial call. The call should cover the following items:

1. Review the incident with employer and collect any additional information missing from the initial report, i.e., what happened; why it happened; what systems are in place to prevent this type of incident;
2. Explain the protocols the employer must complete to satisfy the RRI;
3. Provide consultation and compliance assistance regarding safety and health issues and abatement; explain sending the RRI letter with the incident investigation tool as guidance (Attachment); and
4. Explain employee rights.

B. **Protocols Employer Must Satisfy**

The employer must respond within five working days to confirm abatement/steps that have been taken for abatement. The employer may ask for an extension for complicated events. The employer must provide results of its investigation into the incident in a written letter to VOSH. The Regional Office should give specific guidance on the type of results to provide, i.e., photos, sample results, programs, training records, receipts for equipment, etc. In addition, the employer must provide a written letter to VOSH, documenting abatement. The documentation can be in an initial response letter due in five days or, if necessary, can be in a 2nd letter due when abatement is completed.

C. Compliance Assistance

The Regional Office should provide technical and compliance assistance regarding abatement, corrections, and best practices. When applicable, the Regional Office should provide information on the hierarchy of controls, federal OSHA web page for information, e.g., guidance, eTools, etc., and other assistance as appropriate such as sample programs, local consultants, etc. In addition, with the RRI letter, the Regional Office should include a brochure on VOSH's consultation services. The Regional Office will also explain to the employer that materials to assist them in conducting an incident investigation will be included in the letter that will be sent to them summarizing the phone call. The letter and incident investigation tool are attached to this memorandum as Appendix 2. In the near future, federal OSHA will identify other web tools that are available to guide the employer in their incident investigation efforts.

D. Explain Employee Rights

The Regional Office should explain that a copy of the letter from VOSH should be posted where the incident occurred and return the Certificate of Posting to VOSH. In addition, if applicable, the employer must provide a copy of the letter to the Union and Safety Committee. Whistleblower rights under Virginia Code §40.1-51.2:1 should also be explained.

E. Consequences of Inadequate Response

In closing the call, the Regional Office should remind the employer of the consequences of failure to provide an adequate response. If there is no response or if it is an inadequate response, VOSH may conduct an inspection.

F. Closing an RRI

If the response is adequate, the Regional Office will summarize the findings/response from the employer and enter that information. See Appendix 4 for a sample screenshot of the new database for entering this summary. Then, at the Regional Director's discretion, a call or email, may be made to the employer to inform it that the response has been received and the case will be closed. If the response is not adequate, the Regional Office may call the employer to follow-up and obtain additional information until the Regional Office is satisfied that the RRI may be closed.

VI. VOSH Enforcement Policy: Effective July 1, 2016

This policy applies to cases opened on or after July 1, 2016. Cases opened prior to July 1, 2016, will be handled under the prior enforcement policy dated June 25, 2015.

Citation Policy

Beginning July 1, 2016, the new reporting requirements in §40.1-51.1.D will be cited as follows:

A. Fatalities – when not reported within 8 hours, cite per current FOM policy with an unadjusted penalty of \$5,000.00 as a violation of §40.1-51.1.D; not as a violation of §1904.39.

- SAVE: Va. Code §40.1-51.1.D. The employer failed to report to the Virginia Department of Labor and Industry within eight hours any work-related incident resulting in a fatality.

B. In-patient hospitalizations of one or more persons, amputations, loss of an eye THAT RESULT IN AN INSPECTION – when not reported within 24 hours, cite as other-than-serious with an adjusted penalty of \$5,000.00.

- SAVE: Va. Code §40.1-51.1.D. The employer failed to report to the Virginia Department of Labor and Industry within twenty-four hours any work-related incident resulting in the in-patient hospitalization of one or more persons, an amputation, or the loss of an eye.

C. In-patient hospitalizations of one or more persons, amputations, loss of an eye THAT DO NOT RESULT IN AN INSPECTION – no citation for failure to report within 24 hours will be issued for the first occurrence. If the same employer fails to report a second occurrence within 24 hours, an inspection may be scheduled to allow for the possible issuance of a citation for failure to report (even if the specific incident would normally have been handled as a Rapid Response Investigation (RRI)).

NOTE: [*From the FOM, Chapter 11*] If the Regional Safety or Health Director becomes aware of an incident required to be reported through some means other than an employer report prior to the elapse of the 8-hour [or 24-hour] reporting period and an inspection of the incident is made, a citable violation for failure to report does not exist.

V. Outreach

To ensure that the public is informed of the new requirements under §1904.39, federal OSHA is engaging in outreach to industry and interested parties. Federal Area Offices are encouraged to conduct their own outreach initiatives. For further information and resources, please see the federal OSHA website at www.osha.gov/recordkeeping2014.

Appendix 1

Amputation, Loss of Eye and Hospitalizations Employer Report Questionnaire

Obtain information from the caller by asking the following questions, where relevant.

1. Are you calling to report a fatality, in-patient hospitalization, amputation, or loss of an eye?
2. What are your name, title, and address, email address and best phone numbers to reach you?
3. Now I'm going to ask you some questions about the injured employee(s).
 - a. How many injured employees were there?
 - b. What is the name/names of the injured employee(s)?
 - c. How old is/are the injured employee(s)?
 - d. What parts of the injured employee's body were affected?
 - e. Was the injured employee hospitalized? Had an amputation? Lose an eye?
 - f. Are there any other workers who were injured or became ill in the same incident? What are their names and ages?
4. Now I'm going to ask you about each injured employee's workplace.
 - a. Who is the injured employee's employer?
 - b. What is the employer's address?
 - c. What is the employer's telephone number/person of contact?
 - d. What industry is the employer in – for example, construction, manufacturing, transportation...?
 - e. Was the injured employee working as a contract or temporary worker?
 - f. How many people work at the injured employee's workplace?
 - g. Is there an employee representative or a union at the workplace? If so, what are their name, address, and telephone number?
5. Now I'm going to ask you some questions about the incident that led to the [hospitalization/amputation/loss of an eye]?
 - h. When did it happen – date and time?
 - i. Where did it happen? What is the address of that location?
 - j. What is the business name of the location, if there is one?
 - k. What happened?
 - l. What is the injured employee's job/job title?
 - m. What does the injured employee do at the jobsite?
 - n. What was the injured employee doing just before s/he got injured/became ill? What tools, equipment, or materials was s/he using?
 - o. What directly caused the harm to the injured employee?
 - p. Is the hazard that directly caused the harm to the injured employee still in the workplace?
 - q. Could it potentially harm other people in the workplace? How many people?
 - r. What steps have been taken to remove the hazard?
 - s. Has something like this happened before in this workplace, or almost happened?

NOTE: The above are the questions to help guide the Regional Office in the employer's call when the employer calls to report the incident. These are also the fields that will be in the new database. When closing the call, the Regional Office should close the intake call with the following:

Thank you. In the next few days we may be calling you, either to help walk you through the next steps, or if we need more information about the incident.

In the meantime, I encourage you to visit federal OSHA's webpage to find their resources for employers. Federal OSHA has a wide variety of educational materials and tools that businesses can use to understand, identify, and fix workplace hazards. You can find the webpage at www.osha.gov.

If you have any questions, you can reach us by phone at [REGIONAL OFFICE PHONE NUMBER], email at [REGIONAL OFFICE EMAIL ADDRESS] or fax at [REGIONAL OFFICE FAX NUMBER].

Appendix 2

Model for Regional Director's Initiating Call for Rapid Response Investigation

Hello, my name is [NAME] and I am calling from the Occupational Safety and Health Administration to follow up on the incident report you made on [DATE] that [NAME OF INJURED EMPLOYEE] was injured at your worksite at [ESTABLISHMENT NAME AND ADDRESS].

How is [NAME OF INJURED EMPLOYEE] doing? (Appropriate response here, depending on the answer)

These kinds of serious injuries often indicate the presence of hazards that could put other workers at risk too, so we want to make sure you investigate the root causes of the incident. You should find out what led to the incident and what safety modifications can you make now to prevent future injuries to other workers.

It is important to ask not just what the worker was doing at the time of the injury, but also what the task required him / her [as appropriate] to do. I encourage you to involve your other employees in your investigation; since they work most closely with the equipment and processes and can help you answer these kinds of questions.

We will want to know the results of your investigation. If we don't hear from you, we may need to conduct our own inspection. Please send the results of your investigation to us in writing by [DATE]. You should include supporting documents like photographs, videos, or test results that you have gathered in the course of your investigation, as well as a description of what you've been doing since to correct the hazard(s).

I will also be sending you a letter describing what we've just talked about as well as some resources to guide you through the process of conducting your incident investigation. In addition, there are many resources on federal OSHA's webpage at www.osha.gov for employers like you who want to improve safety and health at their workplaces.

Do you have any questions for me?

Again, my name is [NAME]. If you have any additional questions, you can reach me by phone at [PHONE NUMBER], email at [REGIONAL OFFICE EMAIL ADDRESS] or fax at [REGIONAL OFFICE FAX NUMBER].

Appendix 3

Sample Letter to Employer for an RRI

[LETTERHEAD]

[ESTABLISHMENT NAME AND ADDRESS]

Attn: [EMPLOYER NAME]

Dear [EMPLOYER NAME]:

This letter is to follow up the conversation we had on [DATE 1] in reference to the employee injury that occurred on [DATE 2] at your worksite. I wanted to remind you that there are some important steps you should now be taking to ensure the safety of your workers and avoid the need for a Virginia Occupational Safety and Health (VOSH) inspection.

In most cases, a serious injury indicates the presence of workplace hazards that threaten the health and safety of other workers. VOSH is very concerned that additional employees at your worksite are at risk of being injured. While this letter is not a citation, and we do not intend to conduct an inspection at this time, **we ask that you immediately conduct your own investigation into the incident and make any necessary changes to avoid further incidents.**

Please complete each of the following by [DATE 3]:

- Conduct an incident investigation (see Attachment A) []
- Document findings and send corrective actions to [RD FAX NUMBER] or [RD EMAIL] []
- Post a copy of this letter where employees can readily review it []
- Fax or email a copy of the signed Certificate of Posting (Attachment B) to [RD FAX NUMBER] or [RD EMAIL] []

If we do not receive a response from you by [DATE 4] indicating the actions you have taken, your worksite may be considered for an immediate on-site inspection.

The goal of your incident investigation will be to identify both the immediate and the underlying causes of the incident. To assist you in conducting an effective investigation, I have attached a guide you can use in identifying the root causes of the incident and taking the necessary steps to ensure your employees are protected from future injuries. Additional resources are available at www.osha.gov.

Please note that it is against the law for employers to retaliate or discriminate in any way against an employee for raising safety and health issues or for exercising their rights under VOSH laws and regulations. This includes the right to report a work-related injury or illness to their employer, or to contact VOSH.

After correcting any immediate hazards, small and medium-sized businesses may be interested in requesting free, confidential assistance from the VOSH On-Site Consultation Program. Consultants will work with you to identify workplace hazards, provide advice on compliance with VOSH standards, and assist you in establishing a safety and health management program. These services are separate from

enforcement and do not result in penalties or citations. VOSH Consultation Programs is required to give priority to small businesses in high hazard industries and in accordance with its backlog of requests for Consultation Services.

To discuss or request the services, please contact:

Cooperative Programs Director
804.786.6613

If you have any questions concerning this matter, please contact me at the address in the letterhead. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

Regional [Safety or Health] Director
Virginia Occupational Safety and Health

Enclosure: Attachment A
 Attachment B

**“Attachment A”
NON-MANDATORY INVESTIGATIVE TOOL**

[Employer Name]

[Referral Number]

A. NAME OF INVESTIGATOR: _____ **TITLE:** _____

B. INCIDENT DESCRIPTION/INJURY INFORMATION

1) Information about injured employee*

- Name of injured worker: _____ Age: _____
- Usual job title: _____
- Job at time of incident: _____
- Type of employment (check all that apply): Full Time Part Time Seasonal Temporary
 Other _____
- Amount of time with the company: _____
- Amount of time in current position at time of incident: _____
- Description and severity of the injury: _____

2) Date and time of the incident: _____

3) Location of incident: _____

4) Detailed description of incident (include relevant events leading up to, during and after the incident), preferably with information provided by the injured worker:

5) Description of incident from eye witnesses, including relevant events leading up to, during and after the incident. Include names of persons interviewed, usual occupations and date/time of interviews.

* If more than one worker was injured in the incident, fill out new form for each injured worker.

- 6) Description of incident from additional employees with knowledge, including relevant events leading up to, during, and after the incident. Include names of persons interviewed, usual occupations and date/time of interviews.

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C. IDENTIFY THE ROOT CAUSES: WHAT CAUSED OR ALLOWED THIS INCIDENT TO HAPPEN?

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

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D. RECOMMENDED CORRECTIVE ACTIONS TO PREVENT FUTURE INJURIES

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E. CORRECTIVE ACTIONS TAKEN/ROOT CAUSES ADDRESSED *(include date and name of persons making correction)*

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NOTE:

- This investigation tool is provided to assist employers in finding the cause of incidents and to prevent similar incidents in the future. It contains criteria that may be used to evaluate the capabilities of current safety practice(s). This is a **non-mandatory** tool.

- Additional resources are available at:
 - Federal OSHA's website: www.osha.gov
 - Free VOSH On-site Consultation Program:
http://www.doli.virginia.gov/vosh_coop/vosh_consultation_p1.html

**CERTIFICATION
OF POSTING VOSH NOTIFICATION
OF EMPLOYER REPORTED INCIDENT**

Employer/Establishment name:

Activity No.: #####

Date of Posting: _____

Date Copy Given to
an Employee Representative: _____

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

Signature: _____

Title: _____

Date: _____

Appendix 4

Sample OIS and RRI Screenshots

Sample OIS Screenshots/Forms/Guidance for Inputting Reports into OIS

1. When **Activity Type** is **Referral**, then the **Employer Reported** box will appear. A **Yes** or **No** selection is then required.

The screenshot shows the 'Manage Unprogrammed Activity' interface. At the top, there are navigation buttons: 'Go Back', 'Go to', 'Documents', 'Letters', 'DRAFT', 'Final', 'Delete UPA', 'Print', and 'Exit'. Below this, the 'Manage Unprogrammed Activity' header includes 'Activity Number: 902061', 'Establishment/DBA Name: Handyman Moore/ lampshade', and 'RID: 8888888'. There are also buttons for 'Sensitive Report' and 'Non-Sensitive Report'. The 'Receipt/Activity Info' tab is selected, showing fields for 'Received By: K5804', 'Receipt Date: 11/14/2014', 'Receipt Type: Phone', 'Receipt Time: 8:30 AM', and 'Activity Type *: Referral'. The 'Employer Reported*' dropdown is set to 'Yes/No' and is highlighted with a yellow box. A red arrow points to the 'Referral' selection in the 'Activity Type *' dropdown. Below this is the 'Hazard And Complaint Severity' section with a text area for 'Hazard Description And Location:'.

2. If the selection for the **Employer Reported** field is **Yes**, then additional required fields become enabled at the bottom of the tab.

The screenshot shows the 'Complaint / Referral - Subject / Severity' section. It includes a 'Discrimination' checkbox and two sections: 'Safety' and 'Health'. Each section has radio buttons for 'Imminent Danger', 'Serious', 'Other', and 'None'. The 'None' option is selected in both. Below this is the 'Classification' section, which is highlighted with a yellow box. It contains fields for 'No. Hospitalized *', 'No. Amputations *', 'No. Eye Injuries *', 'Event Date *', and 'Event Time *'. A red arrow points to the 'Classification' section.

3. If the selection for the **Initiating Type** field is **Referral – Employer Reported**, then an investigation will be required.

Inspection Investigation Violation Citation Assembly ISA PMA Contested Appealed Case S&H Assessment

ois Go Back Tasklist Go to Document Letters Sampling FBIAL Undo Delete Inspection Exit

Inspection Info

Inspection #: 906521 Establishment Name: Handyman Moore Citation Status: Issued RID: 8888888 Create a Copy Generate Long Report Generate Short Report

Site Info CSHO Info Related Activities Inspection Dates Inspection Type Contact Info Narrative/Penalty Factors Denial of Entry Case Summary

Inspection Types

Initiating Type: Referral - Employer Reported Other Initiating Type:

Secondary Types: Select One Or More

Inspection Emphasis Programs