



**Agricultural Marketing Service (AMS)
Safety and Health Handbook (HB)**

AMS HB 4790

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AMS
SAFETY AND HEALTH HANDBOOK
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CHAPTER 1

SAFETY AND HEALTH PROGRAM

1.1 PURPOSE

This Chapter sets forth the policy, authorities, and responsibilities for administering a comprehensive Safety and Health Program (SHP) for the Agricultural Marketing Service (AMS).

1.2 POLICY

A. It is AMS policy to develop and implement a comprehensive SHP that identifies and strives to eliminate employee exposure to existing and potentially hazardous working conditions and/or situations, and minimize losses incurred by the Agency, its employees, and the general public as a result of work-related injuries, illnesses, and property damage.

B. This SHP is applicable to all AMS operations and activities. It specifically addresses the safety and health of AMS personnel. AMS does not have the authority to enforce safety and health matters for employees of private facilities where AMS employees work. AMS employees shall at no time be subjected to or required to work in or around conditions which are considered to be immediately dangerous to life or health (imminent danger).

1.3 STANDARDS AND PROGRAM ELEMENTS

A. The U.S. Department of Labor's occupational safety and health standards and program elements, promulgated under Sections 6, 19, and 24 of the Occupational Safety and Health Act (Public Law 91-596); Executive Order 12196 (Occupational Safety and Health Programs for Federal Employees); and 29 CFR Part 1960 (Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters), are adopted as the USDA and the AMS basic occupational safety and health standards and program elements.

B. AMS is responsible for developing Agency-wide safety policies and procedures for unique Agency problems and for coordinating those standards with the Department and Occupational Safety and Health Administration (OSHA).

1.4 AUTHORITIES

The AMS SHP is established pursuant to the following authorities:

- A. Public Law 91-596, Occupational Safety and Health Act of 1970.
- B. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.
- C. Title 29, Code of Federal Regulations, Part 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.
- D. Departmental safety and occupational health regulations.

1.5 RESPONSIBILITIES

A. The Associate Administrator serves as the AMS Designated Agency Safety and Health Official (DASHO) with responsibility for developing and monitoring a comprehensive occupational SHP to ensure that all AMS employees work in a safe environment. The DASHO is responsible for:

1. Providing executive leadership in the development, promulgation, and implementation of occupational safety and health policies and procedures;
2. Ensuring that adequate staff and resources are available to implement the AMS SHP at all operational levels consistent with Agency priorities; and,
3. Exercising final authority in all safety and health matters that involve the jurisdiction of more than one program.

B. The Safety and Occupational Health Program Manager is responsible for:

1. Managing the daily operations of the AMS SHP under the leadership of the DASHO.
2. Establishing objectives, goals, and procedural reviews for reducing or eliminating job-related injuries, illnesses, and property damage caused by accidents.
3. Developing safety and health policies for AMS operations.
4. Inspecting AMS-controlled facilities and evaluating work conditions at nongovernment-owned facilities to ensure a safe and healthful work environment for AMS employees.
5. Evaluating the effectiveness of the SHP annually.
6. Assisting managers and supervisors in attaining the timely abatement of unsafe or unhealthful working conditions to which AMS personnel may be subjected.
7. Coordinating SHP activities with the Department, AMS management, unions, trade groups, etc., as needed.
8. Representing AMS at the Field Federal Safety and Health Council and similar professional groups.
9. Providing oversight of AMS activities to ensure full compliance with all safety and health rules and regulations.
10. Collecting and disseminating data pertaining to the accidents, injuries, and health problems affecting personnel.
11. Participating in the development of safety and health training courses for supervisors, managers, and employees.

C. AMS Deputy Administrators are responsible for:

1. Designating program safety coordinator(s), in writing, and providing them with appropriate training and equipment to assist in implementing and monitoring the AMS SHP within their program (including regional offices, field offices, and laboratories). A copy of the letter of designation shall be forwarded to the DASHO and agency safety program manager.
2. Ensuring that their program's work environments are free from or protected against recognized hazards that may cause death or serious physical harm.
3. Ensuring that their program adheres to and complies with all applicable safety and health policies, procedures, and programs.
4. Ensuring that safety and health responsibilities (consistent with the employee's assigned responsibilities and authorities) are integrated within the performance standards of all managers, supervisors, and program collateral duty safety officers.
5. Ensuring that safety is considered in job planning and execution.
6. Ensuring that safety and health complaints made by program employees are promptly investigated by a management official.
7. Ensuring that their program's safety and occupational health responsibilities are being addressed in their annual budget.

D. Associate Deputy Administrators and Regional Directors are responsible for:

1. Providing direct assistance to their deputy administrator in ensuring implementation of, and compliance with, the policies, procedures, and requirements of the AMS SHP.

2. Ensuring that all managers and supervisors assigned to their supervision are implementing the AMS SHP as applicable.

E. Program Safety Coordinators (PSC's) are responsible for:

1. Assisting their deputy administrator in administering, implementing, and monitoring the AMS SHP.
2. Ensuring that safety and occupational health inspections are being conducted within their program as required by, and in accordance with, the requirements of this Handbook and all applicable safety and health regulations.
3. Carrying out other safety and health projects as assigned by their deputy administrator.
4. Attending training that meets the requirements of 29 CFR Part 1960 within 6 months of appointment as the PSC.
5. Dedicating an adequate and appropriate percent of their working hours to safety and health.

F. All Branch Chiefs and Heads of Offices and Laboratory Directors are responsible for:

1. Sharing with their respective deputy administrator and associate deputy administrator(s) the responsibility for implementing and ensuring compliance with the requirements of the AMS SHP.
2. Ensuring that all AMS supervisors and employees assigned to their supervision work in a safe and healthful environment.

G. Supervisors are responsible for:

1. Assisting management in operating an effective safety and occupational health program.
2. Investigating, reporting, and documenting all job-related accidents, injuries, or illnesses.
3. Briefing all employees on safety and health policies and procedures applicable to the worksite, and enforcing such policies.
4. Conducting and documenting walk-throughs of their work area to ensure that employees are not exposed to imminent danger hazards, and initiating action to correct **any** conditions which expose AMS employees to hazards. (Handwritten notes kept in a notebook are acceptable. Records must be kept for 1 year.)
5. Implementing procedures to assist any disabled employees in case of emergency evacuation of the facility.
6. Enforcing all safety and health rules as they affect AMS employees.
7. Ensuring that the proper personal protective equipment is available, training employees in its proper use, and ensuring it is maintained in good working order and utilized when necessary.
8. Ensuring that safety and health training (including training employees to recognize and eliminate hazards) is provided to AMS employees. Refresher training will be conducted annually or when job assignments or operational procedures change.
9. Encouraging and promoting employee suggestions on how to improve safety and health in the workplace.
10. Ordering work stoppages when serious and imminent danger safety hazards threaten employees.

H. AMS employees are responsible for:

1. Reading and complying with all safety and health policies issued by AMS and private-sector management in a

private-sector workplace.

2. Performing tasks in a safe manner.

3. Reporting to their immediate supervisor all job-related accidents, illnesses, or injuries in which they are involved.

4. Reporting job-related hazardous conditions to their immediate supervisor.

5. Wearing and maintaining required personal protective equipment.

CHAPTER 2

INSPECTIONS, ABATEMENT OF HAZARDS, ACCIDENT REPORTING AND INVESTIGATION, AND EMPLOYEE REPORTS OF UNSAFE AND/OR UNHEALTHFUL WORKING CONDITIONS

2.1 PURPOSE

This Chapter establishes inspection policy and procedures as part of the AMS Safety and Health Program. It also establishes policy and procedures for investigation and reporting of accidents that may result in employee injuries and illnesses or property losses, abatement of hazards, and employee reports of unsafe and/or unhealthful working conditions.

2.2 POLICY

It is AMS policy to maintain an effective safety and health program through regular inspections of workplaces and equipment, reporting and correction of unsafe or unhealthful conditions, and thorough reporting and investigating of any accidents. An AMS workplace is defined as a physical location where the agency=s work or operations are performed.

2.3 INSPECTIONS

A. Each AMS program is responsible for safety and health inspections in their workplaces. In low hazard workplaces, inspections shall be conducted at least annually. More frequent inspections shall be conducted in high hazard workplaces. These workplaces are those in which there is an increased risk of accident, injury, or illness due to the nature of the work performed. Examples of high hazard areas are laboratories, warehouses, and terminals. The AMS Safety and Occupational Health Manager will assist programs in determining high hazard areas.

B. Program safety coordinators shall conduct self-evaluations/reviews of their respective workplaces at least every 3 years. Periodically, the AMS Safety and Occupational Health Manager will conduct evaluations/reviews of selected locations.

C. Safety and health inspectors should discuss with employees matters affecting their safety and health, and offer them the opportunity to identify unsafe or unhealthful working conditions while remaining anonymous, if they so desire.

2.4 RECORD OF INSPECTIONS AND REVIEWS

A. All safety and health inspections/reviews shall be documented. Documentation must be retained for at least 5 years following the end of the fiscal year to which they relate. At the conclusion of an inspection/review, the highest ranking AMS official at the workplace shall be advised of any unsafe or unhealthful conditions identified.

B. Written reports of workplace inspections shall be provided to the management official in charge of the workplace inspected within a reasonable time, but not later than 15 working days after the inspection.

C. Copies of written reports shall be forwarded to the AMS Safety and Occupational Health Manager.

2.5 INSPECTORS

Inspections shall be performed by competent personnel who have been adequately trained to recognize hazards. Low hazard workplaces shall be inspected by persons knowledgeable about the work activity. High hazard workplaces shall be inspected by individuals qualified by experience or training that meets the requirements contained in 29 CFR Part 1960.2. The individual(s) must be approved by the Deputy

Administrator, Associate Deputy Administrator, Branch Chief, or Regional Director of the respective AMS program.

2.6 HAZARD ABATEMENT

All hazards are to be abated promptly. Whenever a hazard cannot be abated promptly, the inspector and workplace supervisor shall develop an abatement plan which includes a timetable for hazard abatement and a summary of interim steps to protect employees. Employees shall be advised of the plan. When a hazard cannot be abated, the workplace supervisor shall request assistance from appropriate higher authority.

2.7 ACCIDENT REPORTING AND INVESTIGATION

Work-related accidents and injuries are to be investigated and/or documented by the appropriate supervisor or management official and reviewed by the program safety coordinator and AMS Safety and Occupational Health Manager. Documentation of property damage accidents shall be retained 5 years.

2.8 REPORTS OF UNSAFE OR UNHEALTHFUL CONDITIONS

A. Employees shall not be subjected to restraint, interference, coercion, discrimination or reprisal for the reporting of an unsafe or unhealthful working condition.

B. Any employee or employee representative who believes that an unsafe or unhealthful working condition exists in the workplace shall have the right to make a report of the unsafe or unhealthful working condition to the appropriate program safety coordinator or supervisory official. The report may be written or oral, and the employee or employee representative may, upon request, remain anonymous.

C. Investigations shall be conducted within 24 hours if an employee or employee representative reports an imminent danger which has potential to cause death or immediate serious physical harm. However, the employee or employee representative may report (verbally or written) the alleged condition to the next higher organizational level when he/she feels that the condition has not been completely addressed, or is dissatisfied with the response to the safety and health risk conditions.

D. Upon receipt of an occupational safety and health (OSH) hazard report, the program safety coordinator or supervisory official shall contact the originator by telephone to acknowledge receipt and discuss the seriousness of the reported OSH hazard. If the report is received by someone other than the immediate supervisor, that person shall advise the immediate supervisor that an OSH hazard has been reported.

E. Each report of an existing or potentially unsafe or unhealthy working condition shall be recorded on a log maintained at the reporting office of the organizational level in which the condition exists. The log should contain the following information: date, time, reference/file number, location of condition, brief description of the condition, classification (imminent danger, serious or other), and date and nature of action taken. Imminent danger means any conditions or practices in the workplace that could cause death or serious physical harm immediately or before the danger can be eliminated through normal procedures.

F. In imminently dangerous situations, employees shall make reports by the most expeditious means available. Inspections shall be conducted within 24 hours for employee reports of imminently dangerous conditions; within 3 working

days for potentially serious situations; and within 15 working days for all other safety and health conditions.

G. Any employee submitting a report of an existing or potentially unsafe or unhealthy working condition shall be notified in writing within 15 days if the receiving official determines:

1. There are insufficient grounds to confirm that a hazard exists.
2. There are no plans to schedule an investigation based upon the employee=s report.

2.9 APPEALS

A. If the originator of an OSH report is dissatisfied with the assessment of the alleged hazard or the action(s) taken to abate a confirmed hazard, he/she may confer with the investigating official to discuss the matter further. If the originator remains dissatisfied after such discussion, he/she may appeal in writing to the senior management official. Copies of the appeal should also be sent to the AMS Designated Agency Safety and Health Official (DASHO) and AMS Safety and Occupational Health Manager. The appeal shall contain, as a minimum, the following information:

1. A description of the alleged hazard, including its location and the standards violated (if known).
2. How, when, and to whom the original report of the alleged hazard was submitted.
3. What actions (if known) were taken as a result of the original report.

B. The following appeal sequence shall be used by AMS programs as a minimum when detailing their procedures for reporting unsafe or unhealthy conditions:

1. Immediate supervisor: Should be the first link in the reporting system. Employee should notify supervisor without delay. Supervisor investigates and takes appropriate action. Notifies employee of outcome of investigation within 15 days of receipt.
2. Supervisor at next level: Reviews supervisor's action and takes additional action if necessary. Notifies employee or employee representative of outcome within 15 working days of receipt.
3. Regional Director or equivalent: Reviews all previous actions and sends copy of report to program safety coordinator. Ensures additional action is taken if warranted. Notifies employee or employee representative of outcome of investigation within 15 working days of receipt.
4. Associate Administrator: Reviews all previous actions. Ensures additional action is taken if warranted, and sends copy to the DASHO. Notifies employee or employee representative of outcome of investigation within 15 days of receipt.
5. Administrator: Reviews all previous actions. Ensures additional action is taken if warranted, and sends copy to the DASHO. Notifies employee or employee representative of final disposition within 15 days of receipt.

2.10 REPORTS TO THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Procedures outlined in this Chapter provide a mechanism for all AMS employees to point out unsafe and unhealthful working conditions and/or practices to the appropriate authority for in-house resolution. An employee who is dissatisfied with the Agency's response may make a final appeal to the Secretary of Labor, U.S. Department of Labor, Occupational Safety and Health Administration, through the local Occupational Safety and Health Administration office.

REPRODUCE LOCALLY. Include form number and edition date on all reproductions.

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE

LOG OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

INSTRUCTIONS: Complete the information needed to record the unsafe or unhealthful working conditions.

NAME OF AMS ESTABLISHMENT	ADDRESS OF AMS ESTABLISHMENT (include ZIP)
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REFERENCE FILE NO.	DATE	TIME	LOCATION OF CONDITION	BRIEF DESCRIPTION OF CONDITION	CLASSIFICATION (i.e. Imminent, serious, or other danger(s))	ACTION TAKEN	DATE ACTION TAKEN

CHAPTER 3

HAZARD COMMUNICATION PROGRAM

3.1 PURPOSE

This Chapter sets forth the policy for administration of a comprehensive Hazard Communication Program for the Agricultural Marketing Service (AMS).

3.2 POLICY

It is the policy of AMS that all employees engaged in operations involving the handling or use of hazardous chemicals comply with the requirements of this chapter, USDA Safety and Health Manual Chapter 3, the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (29 CFR Part 1910.1200), and all applicable State and local regulations.

3.3 GENERAL REQUIREMENTS

A. The AMS Hazard Communication Program is a decentralized program. Each Agency program area is responsible for the management and maintenance of a facility/site-specific program in accordance with this Chapter and 29 CFR Part 1910.1200.

B. Any AMS facility or operation that requires employees to work with or use hazardous materials or chemical substances in the performance of their duties shall develop written safety and occupational health procedures to ensure that information concerning the hazards is communicated to the employees. Components stated in Section 3.4 of this Chapter must be included in the written Hazard Communication Plan. Exhibit 3.1 represents a sample written program.

C. No employee shall be assigned duties involving the use of hazardous materials or chemicals without first receiving the required training, as described in Section 3.4(E) of this Chapter.

3.4 PROGRAM COMPONENTS

A. Written Hazard Communication Plan. Each AMS program shall develop and maintain a written Hazard Communication Plan for their respective facility(ies)/site(s). The plan is to describe the specific methods used to achieve compliance with this Chapter and 29 CFR Part 1910.1200. These methods shall include, but are not limited to, the criteria for labels and other forms of warning, Material Safety Data Sheets (MSDS), and employee information and training. The written plan shall be available, upon request, to all employees or their designated representatives.

B. Inventory. The plan shall also include an inventory of the hazardous chemicals known to be present and shall use an identity for the chemical that is referenced on the appropriate MSDS. The inventory shall be updated as necessary.

C. Material Safety Data Sheets (MSDS). Copies of MSDS shall be maintained in a special identifiable folder or binder and secured against loss for each hazardous material/chemical. MSDS shall be readily accessible during each work shift to employees when they are in their work areas. MSDS may be kept in any format and may be designed to cover groups of hazardous chemicals in a work area where it may be more appropriate to address the hazards of a process rather than individual hazardous chemicals.

In locations where AMS employees provide services but the facility/site is not under the control of AMS, and where AMS employees encounter hazardous chemicals, the applicable MSDS shall be made available to AMS employees. AMS shall advise the facility/site manager of any hazardous chemicals that AMS uses to which the facility/site employees may be subjected. If requested, AMS shall furnish a copy of the applicable

MSDS.

D. Chemical Warning Labels. All containers shall be labeled, tagged, and/or marked with the following information:

1. Identity of the hazardous chemical(s).
2. Appropriate hazard warnings.
3. Name and address of the chemical manufacturer/importer or other responsible party.

Portable containers that hold hazardous materials/chemicals which are used for transfer, shall be properly labeled before transfer, including those intended only for the immediate use of one person who performs the transfer.

Chemical manufacturers, importers, and distributors are responsible for labeling, marking, or tagging containers of hazardous chemicals with the information as identified in 1,2, and 3 above. AMS facilities shall not accept hazardous chemicals whose containers do not contain the required information.

E. Employee Information and Training. Employees who use, handle, or are potentially exposed to hazardous chemicals in their work area shall be provided the necessary information and training on the proper safeguards, safe use, and physical and health hazards of the hazardous chemicals. Training shall be provided to employees at the time of initial assignment and whenever a new chemical hazard is introduced into the work area. Supervisors shall ensure that all new employees receive the required training before they begin their assigned duties. The required training shall include:

1. The requirements of the OSHA Hazard Communication Standard and this Chapter.
2. All locations in the work area where hazardous chemicals are present.
3. The location of the written hazard communication plan, including the inventory of hazardous chemicals and the location of MSDS.
4. A description of all physical and health hazards of the chemicals used.
5. Methods and observation techniques used to detect the presence or release of a hazardous chemical.
6. How to lessen or prevent exposure to hazardous chemicals through usage of controls, work practices, and personal protective equipment.
7. How to read and understand labels.
8. How to read and review MSDS to obtain the necessary hazard information.
9. Contingency plans for medical and chemical accident response.

All training shall be documented by recording the training session subject(s), date, and attendees. A copy of the training session outline shall be maintained at the official local AMS worksite or where employee record files are maintained.

EXHIBIT 3.1

SAMPLE

WRITTEN HAZARD COMMUNICATION PROGRAM

1. GENERAL INFORMATION

In order to comply with the Hazard Communication Standard (HCS) (29 CFR Part 1910.1200) this written program has been established for **(AMS Facility/Site)**. Copies of this written program shall be available for review by any employee in the following location(s):

(Name of Employee) will have overall responsibility for coordinating the hazard communication program and making it available.

In general, each employee will be apprised of the substance of the Hazard Communication Standard, the hazardous properties of chemicals they work with, and measures to take to protect themselves from these chemicals.

2. HAZARDOUS CHEMICAL INVENTORY LISTS

(Name of Employee) will be responsible for compiling and maintaining a list of all hazardous chemicals that are used at this site. The list shall be updated as necessary. The list is maintained at **(Location)**.

3. MATERIAL SAFETY DATA SHEETS (MSDS)

(Name of Employee) is responsible for obtaining and maintaining the MSDS for this site. All incoming MSDS will be reviewed for accuracy, completeness, and new and significant safety and health information. Employees shall be informed of any new information.

Copies of MSDS for all hazardous chemicals to which employees of this site are exposed will be maintained at **(Location)** and made available to all affected employees.

If MSDS are not available to affected employees in their work area or a new chemical is in use and does not have an MSDS, immediately contact **(Name of Employee)**.

4. CONTAINER LABELING

Each container of a hazardous chemical at this site shall be properly labeled. **(Name of Employee)** is responsible for verifying that all containers received or in use are labeled with the following information:

- o Identity of the hazardous chemical.
- o Appropriate hazard warnings.
- o Name and address of the chemical manufacturer.

(Name of Employee) will check on a monthly basis to ensure that all containers are labeled and that the labels are up to date.

5. TRAINING

Each employee who works with or is potentially exposed to hazardous chemicals shall receive initial training on the Occupational Safety and Health Administration Hazard Communication Standard (HCS), and the safe use of those hazardous chemicals. Additional training will be provided for employees whenever a new hazard is introduced into their work area.

(Name of Employee) is responsible for conducting the necessary employee training.

The training will emphasize the following:

- o The requirements of the HCS, Chapter 3 of the AMS Handbook 4790, and this written program;
- o All locations in the work area where hazardous chemicals are present;
- o The location of the written hazard communication program, including the inventory of hazardous chemicals and the location of MSDS;
- o A description of all physical and health hazards of the chemical used;
- o Methods and observation techniques used to detect the presence or release of a hazardous chemical;
- o How to lessen or prevent exposure to hazardous chemicals through usage of controls, work practices, and personal protective equipment;
- o How to read and understand labels;
- o How to read and review MSDS to obtain necessary hazard information and;
- o Contingency plans for medical and chemical accident response.

Following each training session, the employee is required to sign and date the training record to verify that they attended the training, received the written materials, and understood the policies of the hazard communication program.

Before any new employee can begin work which requires the use of or potential exposure to hazardous chemicals, training as indicated above must be completed.

6. MULTI-EMPLOYER WORKSITES

When employees of other employers are exposed to chemicals used or stored by AMS, the other employer will be provided with a copy of the MSDS, information on precautionary measures to be taken, and the chemical labeling system used.

(Name of Employee) will be responsible for providing the above information.

7. PROGRAM REVIEW

This written program will be reviewed by **(Name and/or Title of Employee)** annually and updated as necessary.

CERTIFICATION OF EMPLOYEE TRAINING

I have received Hazard Communication Training as described in the Hazard Communication Program. The training was conducted on _____.

I am aware that the substances are labeled, and the Material Safety Data Sheets (MSDS) are available. I understand that these MSDS not only list the substances, but also provide information on protective equipment, first aid, and emergency procedures.

Signature of Employee

Date

I hereby certify that the above named employee has been provided with Hazard Communication Training on _____.

Instructor=s Signature

Date

EXHIBIT 3.1

SAMPLE

WRITTEN HAZARD COMMUNICATION PROGRAM

1. GENERAL INFORMATION

In order to comply with the Hazard Communication Standard (HCS) (29 CFR Part 1910.1200) this written program has been established for **(AMS Facility/Site)**. Copies of this written program shall be available for review by any employee in the following location(s):

(Name of Employee) will have overall responsibility for coordinating the hazard communication program and making it available.

In general, each employee will be apprised of the substance of the Hazard Communication Standard, the hazardous properties of chemicals they work with, and measures to take to protect themselves from these chemicals.

2. HAZARDOUS CHEMICAL INVENTORY LISTS

(Name of Employee) will be responsible for compiling and maintaining a list of all hazardous chemicals that are used at this site. The list shall be updated as necessary. The list is maintained at **(Location)**.

3. MATERIAL SAFETY DATA SHEETS (MSDS)

(Name of Employee) is responsible for obtaining and maintaining the MSDS for this site. All incoming MSDS will be reviewed for accuracy, completeness, and new and significant safety and health information. Employees shall be informed of any new information.

Copies of MSDS for all hazardous chemicals to which employees of this site are exposed will be maintained at **(Location)** and made available to all affected employees.

If MSDS are not available to affected employees in their work area or a new chemical is in use and does not have an MSDS, immediately contact **(Name of Employee)**.

4. CONTAINER LABELING

Each container of a hazardous chemical at this site shall be properly labeled. **(Name of Employee)** is responsible for verifying that all containers received or in use are labeled with the following information:

- Identity of the hazardous chemical.
- Appropriate hazard warnings.
- Name and address of the chemical manufacturer.

(Name of Employee) will check on a monthly basis to ensure that all containers are labeled and that the labels are up to date.

5. TRAINING

Each employee who works with or is potentially exposed to hazardous chemicals shall receive initial training on the Occupational Safety and Health Administration Hazard Communication Standard (HCS), and the safe use of those hazardous chemicals. Additional training will be provided for employees whenever a new hazard is introduced into their work area.

(Name of Employee) is responsible for conducting the necessary employee training.

The training will emphasize the following:

- The requirements of the HCS, Chapter 3 of the AMS Handbook 4790, and this written program;
- All locations in the work area where hazardous chemicals are present;
- The location of the written hazard communication program, including the inventory of hazardous chemicals and the location of MSDS;
- A description of all physical and health hazards of the chemical used;
- Methods and observation techniques used to detect the presence or release of a hazardous chemical;
- How to lessen or prevent exposure to hazardous chemicals through usage of controls, work practices, and personal protective equipment;
- How to read and understand labels;
- How to read and review MSDS to obtain necessary hazard information and;
- Contingency plans for medical and chemical accident response.

Following each training session, the employee is required to sign and date the training record to verify that they attended the training, received the written materials, and understood the policies of the hazard communication program.

Before any new employee can begin work which requires the use of or potential exposure to hazardous chemicals, training as indicated above must be completed.

6. MULTI-EMPLOYER WORKSITES

When employees of other employers are exposed to chemicals used or stored by AMS, the other employer will be provided with a copy of the MSDS, information on precautionary measures to be taken, and the chemical labeling system used.

(Name of Employee) will be responsible for providing the above information.

7. PROGRAM REVIEW

This written program will be reviewed by **(Name and/or Title of Employee)** annually and updated as necessary.

CERTIFICATION OF EMPLOYEE TRAINING

I have received Hazard Communication Training as described in the Hazard Communication Program. The training was conducted on _____.

I am aware that the substances are labeled, and the Material Safety Data Sheets (MSDS) are available. I understand that these MSDS not only list the substances, but also provide information on protective equipment, first aid, and emergency procedures.

Signature of Employee

Date

I hereby certify that the above named employee has been provided with Hazard Communication Training on _____.

Instructor's Signature

Date

CHAPTER 4

NOISE ABATEMENT AND HEARING CONSERVATION

4.1 PURPOSE

This Chapter sets forth the policy for administering a noise abatement and hearing conservation program within the Agricultural Marketing Service (AMS).

4.2 POLICY

It is AMS policy that each commodity program develop and implement a noise abatement and hearing conservation program which controls workplace noise and protects AMS employees from occupational noise-induced hearing loss. This program shall meet the minimum requirements of the this chapter and those contained in the Occupational Safety and Health Administrations (OSHA) 29 CFR Part 1910.95, Occupational Noise Exposure.

3.3 DEFINITIONS

Action level. An 8-hour time-weighted average of 85 decibels measured on the A weighted scale of a sound level meter (slow response), or a dose of 50 percent.

Audiogram. A chart, graph, or table resulting from an audiometric test showing an individuals hearing threshold levels as a function of frequency.

dBA. A sound level reading in decibels made on the A-weighted scale of a sound level meter.

Decibel. A unit of measurement of sound level.

Time-weighted average (TWA). The sound level which, if constant over an 8-hour exposure, would result in the same noise dose as is measured.

4.4 PROGRAM REQUIREMENTS

A. AMS programs shall identify each workplace operation(s) or equipment in which noise level(s) are 85 dBA or higher based on an 8-hour TWA.

B. As a minimum, programs shall implement a hearing conservation program in work areas or for tasks where daily noise levels exceed an 8-hour TWA of 85 dBA.

C. All employees with exposures at or above the 8-hour TWA of 85 dBA must have hearing protection available and be encouraged to wear them routinely to prevent hearing damage. Only employees exposed to an 8-hour TWA of 90 dBA and above or impulse noise and employees who have experienced a hearing loss, are required to wear hearing protection.

D. When employees are subjected to noise exceeding a TWA of 90 dBA, feasible administrative, engineering, or personal protective equipment controls must be implemented to reduce noise exposure.

E. Any employee who suspects he/she may be exposed to excessive noise levels should contact their supervisor.

4.5 GENERAL

In situations where AMS is considered to be a contractor and/or performs work in establishments of private employers, the private employer's hearing/noise conservation program procedures and requirements (including monitoring results) shall be followed, unless or they are found not to meet the minimum requirements in 29 CFR Part 1910.95, or otherwise indicated.

4.6 NOISE ASSESSMENT/MONITORING

- A. An industrial hygienist or an appropriately trained competent person must perform noise assessments.
- B. When employee exposure levels are less than 85 dBA, no further action is required.
- C. Monitoring shall be repeated when changes in production, process, or controls alter the noise exposure of any employee.

4.7 EMPLOYEE NOTIFICATION

Employees shall be notified, in writing, when the results of monitoring indicates exposure at or above the 8-hour TWA of 85 decibels.

4.8 MEDICAL SURVEILLANCE

- A. Employees who have an occupational noise exposure at or above the action level of 85 dBA 8-hour TWA shall take part in annual audiometric testing after a baseline has been established.
- B. The baseline audiogram must be provided within 6 months of an employee's exposure to noise that equals or exceeds the action level.
- C. Testing shall be provided at no cost to affected employees.

4.9 HEARING PROTECTION

- A. Hearing protection devices shall be made available to all employees exposed to the 8-hour TWA noise level of 85 dBA or above. There shall be no cost to the employee.
- B. Supervisors shall ensure that hearing protection devices are worn by employee(s) when and where required.
- C. Supervisors shall ensure employees are provided training in the use and care of hearing protection devices.

4.10 TRAINING

Training shall be conducted annually and shall include, but not be limited to, the following information:

- A. The effects of noise on hearing;
- B. The purpose, use, advantages, and disadvantages of the hearing protection devices;
- C. The various types of devices available;
- D. Instructions on selection, fitting, use, and care of hearing protection devices;
- E. The purpose of audiometric testing and an explanation of the test procedures and results.

4.11 RECORDKEEPING

The following records shall be maintained:

- A. Training records shall be maintained for a minimum of three (3) years.
- B. Noise exposure measurement records shall be retained for two (2) years.
- C. Audiometric testing records shall be retained for the duration of the affected employee's employment.

CHAPTER 5

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCKOUT/TAGOUT)

5.1 PURPOSE

This Chapter provides guidance to Agricultural Marketing Service (AMS) programs in developing and implementing lockout/tagout procedures for the protection of AMS employees from the unintentional energizing (start-up) of power sources or unexpected release of stored energy which could cause death or injury to employees.

5.2 DEFINITIONS

A. Affected Employee. An employee whose job requires him/her to operate or use a machine or equipment on which servicing, maintenance, or a sanitation inspection is being performed under lockout/tagout, or whose job requires him/her to work in an area in which such work is being performed.

B. Authorized Employee. A trained and qualified person who locks out or tags out workplace machines and equipment in order that servicing, maintenance, or sanitation inspections may be performed.

C. Energized. Connected to an energy source or containing residual or stored energy.

D. Energy Isolating Device. A mechanical device that physically prevents the transmission or release of energy. The term does not include push button, selector switch, or other control circuit type devices.

E. Energy Source. Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

F. Lockout. The placement of a lockout device on an energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lockout device is removed.

G. Lockout Device. A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in a safe position and prevent the energizing of a machine or equipment.

H. Servicing and/or Maintenance. Workplace activities such as constructing, installing, setting up, adjusting, inspecting, modifying, and maintaining and/or servicing machines or equipment. These activities include lubrication, cleaning or unjamming of machines or equipment and making adjustments or tool changes, where the employee may be exposed to the unexpected energization or startup of the equipment or release of hazardous energy.

I. Tagout. The placement of a tagout device on an energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

J. Tagout Device. A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed by authorized employee(s).

5.3 POLICY

It is the policy of the AMS that all equipment and machinery be locked out and/or tagged out to protect employees against accidental or inadvertent machine or equipment energization or startup during any servicing, maintenance, or sanitation inspection. This lockout/tagout procedure shall be conducted in accordance with this Chapter and the requirements as set forth by the Occupational Safety and Health Administration (OSHA) in 29 CFR 1910.147 (OSHA - Control of Hazardous Energy) (lockout/tagout),

29 CFR 1910.333 (OSHA - Selection and Use of Work Practices), and the program/policy of the plant or facility within which AMS provides inspection services.

5.4 RESPONSIBILITIES

Each AMS Program having a need for accomplishing repairs, maintenance, or sanitation inspections on any powered equipment/process, is responsible for maintaining written guidelines and implementing a lockout/tagout program. The private employer's program may be followed provided it meets the requirements in Section 5.3, above.

A. Supervisors shall be responsible for:

1. Ensuring a lockout/tagout program is being implemented;
2. Ensuring each authorized and affected employee is trained on the requirements of the lockout/tagout program and that documented evidence is available reflecting that initial and annual refresher training has been conducted;
3. Ensuring each authorized employee has sufficient locks and tags to be used for the task;
4. Ensuring and verifying machine or equipment has been properly de-energized.

B. Employees shall be responsible for knowing, understanding, observing, and adhering to established lockout/tagout procedures.

5.5 BASIC LOCKOUT/TAGOUT PROCEDURES

Specific procedures for control of hazardous energy sources must be developed for each piece of equipment before any maintenance, servicing, or sanitation inspection is performed on it. The authorized employee shall:

A. Notify all affected employees in the area where a lockout/tagout device is going to be utilized and the reason, prior to installation of the lockout device. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.

B. If the machine is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).

C. Operate the switch, valve, or any other energy isolating device so that the machine or equipment is isolated from its energy source. Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems and air, gas, steam or water pressures, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.

D. Lock out the energy isolating devices with assigned lock(s) and identification tag(s).

1. Each employee who is responsible for locking and tagging shall have his/her own lock and key.
2. If more than one employee is involved, multiple locking and tagging devices shall be used.
3. The employee shall never use another employee's lock and never lend his/her own lock.
4. When all energy sources are locked, the employee shall apply a tag to the power source, and make sure the tag is filled out completely and correctly.

E. After ensuring that no personnel are exposed, check that the energy source(s) have been disconnected by operating the controls to make certain the equipment will not operate.

F. Return all operating controls to "neutral" or "off" position.

5.6 ELECTRICAL WORK

A. Electrical work requires a lock and a tag to be used together. However, a tag can be used by itself if the electrical

disconnecting source does not have lockout capabilities.

B. A qualified person shall use test equipment to test the circuit elements and electrical parts of equipment and machines to which employees will be exposed, and shall verify that the circuit elements and equipment/machine parts are de-energized.

5.7 RESTORING TO NORMAL PRODUCTION OPERATIONS

Once the servicing, maintenance, or sanitation inspection has been completed and the machine or equipment is ready for normal operation, the authorized employee shall:

- A. Check the area around the machines or equipment to ensure that no one is exposed;
- B. Notify all affected employees in the area that the lockout device and/or tag is about to be removed;
- C. After all tools have been removed from the machine or equipment, guards have been reinstalled, and all employees are in the clear, remove all lockout/tagout devices;
- D. Operate the energy isolating devices to restore energy to the machine.

NOTE: Except in emergencies, each lockout device and/or tag must be removed by the employee who put it on.

5.8 PROCEDURES INVOLVING MORE THAN ONE PERSON

If more than one individual is required to lock out or tag out the machine or equipment, each shall place his/her own lockout device or tagout device on the energy isolating device. When an energy isolating device cannot accept multiple locks, a multiple lockout device (hasp) may be used. As each employee completes work and no longer needs protection, he/she shall remove his/her lockout device.

5.9 SPECIAL SITUATIONS

Some situations may occur in the workplace that require additional procedures to perform safe lockout/tagout.

A. Removing Someone Else's Lock. A lock and/or tag may be removed by the supervisor or his/her designee under the following conditions:

- 1. The employee whose lock is to be removed is not available to remove the lock;
- 2. All reasonable efforts have been made to contact the employee to inform him/her that the lock and/or tag has been removed;
- 3. The employee is contacted and informed that the lock and/or tag has been removed prior to the employee starting work on the next shift.

B. Shift Changes. If maintenance, servicing, or inspection on a piece of machinery or equipment will extend beyond one shift, provisions shall be made to have employees from the new shift place their locks and/or tags on the lockout device before they begin work on the machine or equipment.

C. Temporary Re-activation. If the machine or equipment must be temporarily re-activated, all startup and lockout/tagout procedures must be followed.

5.10 AMS AS A CONTRACTOR

In situations where AMS is considered to be the contractor and performs work in establishments of private employers, the private employer's lockout/tagout procedures shall be followed, unless otherwise indicated. When the private employer's lockout/tagout program is followed by AMS, all applicable standard operating procedures shall be modified indicating

this. Should the private employer's program be

found to be inadequate by the AMS supervisor responsible for AMS operations, employees shall not be required to perform those functions that will put them at risk.

5.11 OUTSIDE CONTRACTORS

If outside contract personnel are to be engaged in activities in AMS spaces, the outside contractor will be informed about this Chapter, and understand and comply with it.

5.12 EMPLOYEE TRAINING

Training shall be given to authorized, affected, and all other employees as required by 29 CFR 1910.147(c)(7). All lockout/tagout training shall be documented. AMS employees may attend training provided by the private employer if the AMS supervisor agrees that it meets AMS and OSHA requirements.

A. Initial Training.

1. Initial training shall be provided to ensure that the purpose and function of the energy control program is understood by all employees, and that the knowledge and skills required for the safe application, usage, and removal of energy controls are known.

2. All authorized employees shall receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means for isolation and control. Thereafter, any employee who becomes an authorized employee shall receive the appropriate training at the time of becoming authorized.

3. Employees shall be trained in the procedures of the private employer's energy control program (if applicable).

B. Retraining.

1. Retraining shall occur whenever there is a change in employee job assignment(s); a change in machine, equipment, or process that may present a new hazard; or when there is a change in the energy control procedure.

2. Additional retraining shall occur whenever a periodic inspection reveals, or whenever an employee has reason to believe, that there are deviations from or inadequacies in the employee's knowledge or use of procedures.

5.13 PERIODIC INSPECTIONS

Periodically (at least annually), supervisors shall conduct reviews and/or inspections of the energy control (lockout/tagout) procedures to ensure procedures and requirements are met and to correct any deviations or inadequacies.

5.14 QUESTIONS

All questions about control of hazardous energy sources should be directed to the AMS Safety and Occupational Health Program Manager.

CHAPTER 6

PROCUREMENT, USE, AND SAFETY OF RADIOACTIVE MATERIALS AND RADIATION EMITTING EQUIPMENT

6.1 PURPOSE

This Chapter states the policy for the procurement, use, and safety of radioactive materials and radiation emitting equipment.

6.2 POLICY

It is AMS policy to comply with the requirements of Departmental Regulation 4400-5: Radiation Safety Program.

6.3. DEFINITIONS

A. Radioactive Materials. Radioisotopes, neutron sources, or any other sources, whether sealed or unsealed, which spontaneously emit ionizing radiation in the form of alpha particles, beta particles, gamma rays, x-rays, or neutrons.

B. Radiation Emitting Equipment. Electrical devices or equipment using sealed radioactive sources which are capable of producing ionizing radiation.

6.4 RESPONSIBILITIES

A. Departmental Responsibilities. The overall responsibility for the Radiation Safety Program has been assigned to the Assistant Secretary for Administration. Routine operational aspects of the USDA Radiation Safety Program have been delegated through the Director, Safety and Health Management Division (SHMD), Departmental Administration, Office of Human Resources Management, to the Director, Radiation Safety Staff, SHMD.

1. The **USDA Radiation Safety Committee** establishes general policies regarding the Radiation Safety Program and reviews all requests for the use of radioactive materials and radiation emitting equipment. The USDA Radiation Safety Committee is composed of representatives from agencies within the Department who are users of radioactive materials or who are users of radiation emitting equipment.

2. The **Radiation Safety Staff** handles the daily operations for the control and safe use of radioactive materials and radiation emitting equipment.

B. AMS Responsibilities.

1. The responsibility for the Radiation Safety Program within AMS has been delegated to **Science and Technology**. The Deputy Administrator, Science and Technology, will recommend nominees for membership on the USDA Radiation Safety Committee to the Administrator of AMS. The Administrator of AMS will nominate members and alternates to the USDA Radiation Safety Committee.

2. The **Location Radiation Protection Officer** of an AMS facility that possesses radioactive materials or radiation emitting equipment is responsible for the safe use, maintenance of inventories, and proper disposal of such materials or equipment in the facility. In the case of electron capture detectors, the Location Radiation Protection Officer is responsible for performing and submitting leak tests, at intervals not to exceed 6 months, to the Radiation Safety Staff.

3. **All AMS employees** will: (a) protect themselves, the public, and the environment from unacceptable levels of radiation exposure; (b) comply with the requirements of this Chapter; and (c) report unsafe practices and conditions to their supervisor, to the Radiation Safety Staff, or to the Radiation Safety Committee.

6.5 APPROVAL FOR USE

Any individual who wishes to use radioactive materials or radiation emitting equipment must receive approval from the

USDA Radiation Safety Committee. An application to become an authorized user or permit holder can be obtained from the Radiation Safety Staff, which serves as the contact point on all matters requiring USDA Radiation Safety Committee approval.

6.6 PROCUREMENT ACTION

A. Individuals procuring radioactive materials or radiation emitting equipment must receive prior written approval from the Radiation Safety Staff. A procurement request (i.e., procurement document) must be submitted to the Radiation Safety Staff. The Radiation Safety Staff will review the request, amend the individual's user permit if necessary, and send documentation of approval back to the individual making the procurement request.

B. The procurement request, along with the Radiation Safety Staff approval, should be submitted to Procurement and Realty Services, Field Servicing Office (FSO), Animal and Plant Health Inspection Service (APHIS), for action.

C. In the case of refurbishing electron capture detectors, a memorandum must be submitted to the Radiation Safety Staff when a detector is sent to a vendor for refurbishing. When a refurbished detector is returned, a memorandum must be submitted to the Radiation Safety Staff. The Location Radiation Protection Officer must maintain an inventory of detectors for the facility. When disposing of electron capture detectors, the Location Radiation Protection Officer must contact the Radiation Safety Staff to make the proper arrangements.

D. In the case of transferring radioactive materials, electron capture detectors, or radiation emitting equipment, the sending facility must submit a memorandum to the Radiation Safety Staff at the time of the transfer. The receiving facility must submit a memorandum to the Radiation Safety Staff upon receipt of the transferred materials, detectors, or equipment.

6.7 QUESTIONS

A. All questions concerning radiation safety, radioactive materials, radiation emitting equipment, and electron capture detectors should be directed to:

USDA, Departmental Administration, Office of Human Resources Management, SHMD, Radiation Safety Staff
5601 Sunnyside Road
Beltsville, MD 20705-1500

Telephone (301) 504-2440
Facsimile (301) 504-2450

B. All questions concerning procurement matters should be directed to:

USDA, APHIS, FSO

Procurement and Realty Services
100 North Sixth Street, 5th Floor
Minneapolis, MN 55403-1588

Telephone (612) 370-2130
Facsimile (612) 370-2136

CHAPTER 7

PERSONAL PROTECTIVE EQUIPMENT

6.1 PURPOSE

This Chapter sets forth the policy and responsibilities for administration of the AMS personal protective program.

6.2 POLICY

It is the policy of AMS that agency programs provide, use and maintain personal protective equipment (PPE) when it has been determined that its use is necessary and that such use will lessen the likelihood of occupational injuries and/or illnesses. Programs shall comply with the requirements of this Chapter and the Occupational Safety and Health Administration (OSHA) standards contained in 29 CFR Part 1910, Subpart I (Personal Protective Equipment).

6.3 BASIC PROGRAM REQUIREMENTS

A. Each program shall ensure that an assessment of all workplaces is conducted to determine if hazards are present that necessitate the use of PPE.

B. If such hazards are present, or likely to be present, programs shall select, and require each affected employee to use, the types of PPE that will protect the affected employee from the hazards identified in the assessment.

C. The program shall communicate selection decisions to each affected employee.

D. Programs shall document that the required workplace hazard assessment has taken place with a written certification, identifying the workplace evaluation, the person performing the evaluation and the date(s) of the assessment. Programs shall retain this document as proof of hazard assessment.

E. Programs that have employees performing work in establishments of private employers may utilize the assessment conducted by the private employer, after having reviewed the assessment for accuracy and completeness.

F. Each AMS program shall develop policies/procedures for the procurement/purchase/replacement of all required PPE for their employees' use.

6.4 WORKPLACE HAZARD ASSESSMENT

A. An assessment of all workplaces shall be conducted in order to assess the need for PPE and medical surveillance programs.

B. Assessments are based on walk-through surveys, individual consultations, and industrial hygiene recommendations. Exhibit 7.1 represents a sample assessment form.

6.5 PPE SPECIFICATIONS AND REQUIREMENTS

A. All personal protective equipment and equipment shall be of safe design and construction for the work to be performed.

B. Standards organizations have developed standards and specifications for the design and use of PPE. Programs shall use only that equipment that has been recognized and approved. This approval can be met through the use of :

1. Federal specifications.

2. American National Standards Institute (ANSI) specifications.

3. Recognized approval authority, such as Underwriter's Laboratories (UL), Factory Mutual (FM), or American Society of

Testing and Materials (ASTM).

6.6 EYE AND FACE PROTECTION

A. Employees shall wear approved eye and face protection when there is a reasonable probability that wearing such equipment will prevent injury.

B. Eye protection shall be used at all times in designated eye hazard areas.

C. Each AMS program shall provide the required equipment and enforce usage.

D. Programs whose employees are routinely exposed to occupational eye hazards and require prescription safety eyewear shall establish guidelines for obtaining prescription eyewear.

6.7 HEARING PROTECTION

See Chapter 4 for hearing protection requirements.

7.8 HEAD PROTECTION

A. Employees shall be provided and wear protective helmets when:

1. Working in areas designated as "hard hat" areas.
2. When working in areas where there is a potential for injury from falling and/or flying objects.
3. Where there is a possibility of bumping the head against a fixed object.
4. When exposed to electrical conductors which could contact the head.
5. Sanitary protection is required.
6. Hair may be caught in machinery.

G. The "Class" of head protection shall be determined by the hazard.

1. Class A - general service, limited voltage protection (hard hat).
2. Class B - utility service, high-voltage helmets.
3. Class C - special service, no voltage protection (bump caps).

7.9 FOOT PROTECTION

A. Employee shall wear safety shoes whenever they are working in areas where there is danger of a foot injury and/or in designated foot hazard areas.

B. Slip resistant footwear shall be provided to employees whose work requires them to be in areas where the walking/working surfaces may be slippery due to water, oil, grease, etc.

7.10 HAND PROTECTION

Programs shall select provide and require appropriate hand protection whenever employees' hands are exposed to, or are likely to be exposed to, such hazards as those from:

A. Harmful substances which may be absorbed through the skin.

- B. Severe cuts or lacerations.
- C. Severe abrasions and/or punctures.
- D. Chemical irritations.
- E. Harmful temperature extremes.

7.11 PROTECTIVE CLOTHING

Employees shall be provided and wear protective clothing to prevent injury from the following:

- A. Excessive heat or cold.
- B. Hot liquid splashes.
- C. Radiation.
- D. Impacts.
- E. Cuts.
- F. Electrical shock.
- G. Effects of acids, alkalis, and other dangerous chemicals.

7.12 RESPIRATORY PROTECTION

No AMS employee shall utilize respiratory protection devices without prior consultation with the AMS Safety and Occupational Health Program Manager.

7.13 EMERGENCY EYEWASHES AND SAFETY SHOWERS

- A. All potentially exposed employees shall be trained on the use of the emergency eyewash station and/or the safety shower.
- B. All emergency eyewash stations and safety showers shall be tested at least twice a year. The date of the test and the name of the inspector must be recorded on a tag that is attached to the device.
- C. All devices must meet the requirements contained in ANSI Z358.1 - 1990.

6.14 TRAINING

- A. Programs shall provide training to each employee who is required to use PPE to include at least the following:
 1. When PPE is necessary;
 2. What PPE is necessary;
 3. How to properly don, doff, adjust and wear PPE;
 4. The limitations of the PPE;
 5. The proper care, maintenance, useful life and disposal of PPE;

6. Ability to recognize that defective or damaged PPE shall not be used.

B. Each affected employee shall demonstrate an understanding of the training specified in paragraph A.1.-6. of this Section and the ability to use PPE properly before being allowed to perform work requiring the use of PPE.

C. Circumstances where retraining is required include, but are not limited to, situations where:

1. Changes in the workplace render previous training obsolete.

2. Changes in the types of PPE to be used render previous training obsolete.

3. Inadequacies in an affected employee's knowledge or use of assigned PPE indicate that the employee has not retained the requisite understanding or skill.

D. Programs shall maintain documentation verifying that each affected employee has received and understands the required training.

HAZARD ASSESSMENT AND SELECTION OF PPE

Facility/Location:	Assessor:
Task/Job Function:	Date of Assessment:
	I, _____ (name) certify that the evaluation of the identified work areas(s) was conducted on _____. (date)

Circle appropriate response.

I. Eye/Face Hazards:

- | | | |
|-------------------|-----|----|
| • Impact | Yes | No |
| • Penetration | Yes | No |
| • Chemical | Yes | No |
| • Heat | Yes | No |
| • Light/radiation | Yes | No |
| • Other _____ | Yes | No |

Describe Specific Hazards:

Eye/Face Protection Required:	Yes	No
-------------------------------	-----	----

- | | | |
|--------------------------|-----|----|
| • Safety glasses/goggles | Yes | No |
| • Face shield | Yes | No |
| • Both | Yes | No |
| • Other _____ | Yes | No |

II. Head Hazards:

- | | | |
|--------------------|-----|----|
| • Burn | Yes | No |
| • Electric Shock | Yes | No |
| • Impact/bump | Yes | No |
| • Overhead objects | Yes | No |
| • Other _____ | Yes | No |

Describe Specific Hazards:

Head Protection Required:	Yes	No
• Hard hat	Yes	No
• Bump cap	Yes	No
• Other _____	Yes	No

III. Foot Hazards:

• Potential for falling/dropping objects	Yes	No
• Puncture risk	Yes	No
• Slippery conditions	Yes	No
• Wet conditions	Yes	No
• Other _____	Yes	No

Describe Specific Hazards:

Foot Protection Required:	Yes	No
• Toe protection	Yes	No
• Slip resistant sole	Yes	No
• Rubber/synthetic	Yes	No
• Other _____	Yes	No

IV. Hand Hazards:

• Puncture/laceration	Yes	No
• Chemicals	Yes	No
• Burns/heat	Yes	No
• Other _____	Yes	No

Describe Specific Hazards:

Hand Protection Required:	Yes	No
• Abrasion/puncture resistant gloves	Yes	No
• Chemical-resistant gloves	Yes	No
• Disposable gloves	Yes	No
• Temperature resistant gloves		
• Other _____	Yes	No

V. Body Hazards:

• Chemical splashes	Yes	No
• Sharp or rough surfaces	Yes	No
• Extreme heat	Yes	No
• Extreme cold	Yes	No
• Other _____	Yes	No

Describe Specific Hazards:

Body Protection Required:	Yes	No
• Coveralls	Yes	No
• Sleeves	Yes	No
• Lab coats	Yes	No
• Apron	Yes	No
• Other _____	Yes	No

VI. Other Hazards:

Describe Specific Hazards:

Recommended Protection:

CHAPTER 8

OSHA RECORDING AND REPORTING OF WORK-RELATED INJURIES AND ILLNESSES

8.1 PURPOSE

This Chapter sets forth the policy and responsibilities for recording and reporting work-related injuries and illnesses as required by the Occupational Safety and Health Administration (OSHA).

8.2 POLICY

It is the policy of AMS that agency programs record and report injuries and illnesses as required by OSHA standards and with the guidance issued in this Chapter. Records of injuries and illnesses will be accurate, complete, and meet all regulatory requirements.

Note: This Chapter only relates to the recording and reporting for OSHA requirements. It has no bearing on the Department of Labor, Office of Workers' Compensation Programs (OWCP) regulations which require all on-the-job accidents to be reported on a CA-1 (Federal Employee's Notice of Traumatic Injury) and work-related illnesses to be reported on a CA-2 (Notice of Occupational Disease).

8.3 BASIC PROGRAM REQUIREMENTS

AMS programs will no longer use 29 CFR Part 1960 (Elements for Federal Employee Occupational Safety and Health Programs), Subpart I (Recordkeeping and Reporting Requirements) for recording injuries and illnesses; but instead will use 29 CFR Part 1904, Subparts C, D, E, and G (Recording and Reporting Occupational Injuries and Illnesses).

A. The following sections of 29 CFR Part 1960 have also been changed:

1. Section 1960.2(l) "Categories of injuries/illnesses/fatalities" has been revised to define injuries and illnesses as: "An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illness includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning."

2. Section 1960.29(b) regarding accident investigations, has been revised to state: "In any case, each accident which results in a fatality or the hospitalization of three or more employees shall be investigated to determine the causal factors involved. Except to the extent necessary to protect employees and the public, evidence at the scene of an accident shall be left untouched until inspectors have an opportunity to examine it."

B. AMS shall use OSHA Form 300 (Log of Work-related Injuries and Illnesses), the OSHA Form 300A (Summary of Work-related Injuries and Illnesses), and portions of the

OSHA Form 301 (Injury and Illness Incident Report) for recording injuries and illnesses that meet the criteria in 29 CFR Part 1904. Copies of the forms are included in Attachments 1 through 3 of this Chapter. The forms, in Microsoft Excel format, can also be found at: <http://www.osha.gov/recordkeeping/new-osha300form1-1-04.xls>.

8.4 REQUIREMENTS FOR RECORDING ON THE OSHA 300

Only those injuries and illnesses that are new cases, are work-related, and are described in 29 CFR Sections 1904.7 through 1904.12 will be recorded on the OSHA 300.

A. New Case.

1. A case is new if the employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body, or the employee has previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event in the work environment caused the signs and symptoms to reappear.

B. Work-related.

1. A case is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition, or an event or exposure in the work environment significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment. The work environment is defined as the establishment and other locations where one or more employees are working or present as a condition of employment.

2. An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of AMS.

3. An injury or illness that occurs while an employee is working at home is work-related if it occurred while the employee was performing work for pay or compensation in the home, and if it was directly related to the performance of work rather than the general home environment.

4. Examples of cases that are not work-related include:

- a. symptoms arising in the work environment that are due to a non-work-related event;
- b. voluntary participation in a wellness program, medical, fitness or recreational activity;
- c. eating, drinking or preparing food or drink for personal consumption;
- d. personal grooming, self medication for non-work-related condition, or an intentional self-inflicted injury; and

- e. mental illness, unless the employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) who has the appropriate qualifications and experience that affirms work relatedness.

C. Recordable Criteria.

1. As described in 29 CFR Sections 1904.7 through 1904.12, an injury or illness is recordable on the OSHA 300 if it is a new case, is work-related, and if it results in one or more of the following:

- a. death;
- b. days away from work;
- c. restricted work activity or job transfer;
- d. medical treatment beyond first aid;
- e. loss of consciousness; and/or
- f. significant injury or illness diagnosed by a PLHCP.

8.5 RECORDABLE INJURIES AND ILLNESSES

A. General. For each injury or illness that is recordable as outlined in section 8.4 of this Chapter, the responsible AMS program official shall complete the OSHA 300 heading, and then enter a case number (created by the AMS program), the employee's name, job title, date of injury or onset of illness, where the event occurred and a description of the injury or illness.

B. Death. If the injury or illness results in a death, the AMS program official shall enter a check mark in column G.

C. Days Away From Work. Days away from work are recorded on the OSHA 300 if the injured or ill employee requires 1 or more days away from work. The AMS program official shall begin counting the days away from work on the day after the injury or illness occurred. The AMS program official must record all injuries or illnesses when a PLHCP recommends that the worker stay at home--even if the employee comes to work.

1. AMS should encourage the employee to follow the PLHCP's recommendations, but the days away must be recorded whether the injured employee follows the PLHCP's recommendation or not. If the PLHCP recommends the worker return to work but the employee stays at home, the AMS program official must end the count of days away from work on the date the PLHCP recommends that the employee return to work.

2. The AMS program official must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those days. Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

3. Days away from work shall be recorded by entering a check mark in column H on the OSHA 300 and by entering the number of calendar days away in column K. Do not count the day on which the injury or illness occurred. Begin counting days from the day after the incident occurred. The number of days away shall be the number of days away recommended by the PLHCP. If the employee does not visit a PLHCP, the AMS program official shall enter the actual number of days the employee was not at work.

D. Restricted Work Activity or Job Transfer. “Restricted work activity” occurs when: (1) AMS keeps the employee from performing one or more routine functions of his or her job; or (2) AMS keeps the employee from working a full workday; or (3) a PLHCP recommends either (1) or (2). A “job transfer” is when AMS : (1) assigns the employee to a job other than his or her regular job; or (2) assigns the employee to a job other than his or her regular job for part of the day. If the employee is on restricted work or a job transfer, the employee has remained at work. Work restrictions and job transfers shall be recorded on the OSHA 300 by placing a check mark in column I and by entering the number of days of restricted work or the number of days on job transfer in column L. Do not count the day on which the injury or illness occurred. Begin counting days from the day after the incident occurred.

E. Medical Treatment. Medical treatment is the management and care of a patient to combat a disease or a disorder. Medical treatment does not include visits to a PLHCP solely for observation or counseling, diagnostic procedures, or first aid. Below is a complete list of procedures that have been determined to be non-recordable “first aid” by OSHA and are defined in 29 CFR Part 1904.7:

1. Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment and are recordable);
3. Cleaning, flushing or soaking wounds on the surface of the skin;
4. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri- Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment and are recordable);
5. Using hot or cold therapy;
6. Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to

immobilize parts of the body are considered medical treatment and are recordable);

7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.);
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
9. Using eye patches;
10. Removing foreign bodies from the eye using only irrigation or a cotton swab;
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
12. Using finger guards;
13. Using massages (physical therapy or chiropractic treatment are considered medical treatment and are recordable); or
14. Drinking fluids for relief of heat stress.

Medical treatment (other than first aid) received by the employee is recordable even if it does not result in days away from work, restricted work, or job transfer. The AMS program official shall enter a check mark on the OSHA 300 in column J “Other recordable cases,” when the employee received medical treatment but remained at work and was not transferred or restricted.

F. Loss of Consciousness. Any work-related injury or illness where the employee becomes unconscious, regardless of the length of time the employee remains unconscious, is recordable. All incidents of unconsciousness will be recorded even if it does not result in days away from work, restricted work, or job transfer. The AMS program official shall place a check mark on the OSHA 300 in column J “Other recordable cases.”

G. Significant Medical Illnesses.

1. Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a PLHCP. OSHA believes that most significant injuries and illnesses will result in one of the criteria listed in 29 CFR Part 1904.7(a): death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended.

2. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. OSHA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

3. All incidents of significant medical illness will be recorded even if it does not result in days away from work, restricted work, or job transfer. Record all medical illnesses such as noise-induced hearing loss; skin diseases or disorders caused by exposure to chemicals, plants, etc.; respiratory conditions associated with breathing hazardous agents, dust, gases, etc.; and poisoning evidenced by concentrations of toxic substances in blood, tissue, etc.

4. Significant medical illnesses shall be classified and recorded on the OSHA 300 by placing a check mark in column M(6) "All other illnesses" or by placing a check mark in the applicable column M(2) through M(5).

H. Specific Conditions.

1. *Bloodborne Pathogens.* Record on the OSHA 300 all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material. This includes human bodily fluids, tissues and organs, and other materials infected with HIV or HBV such as laboratory cultures. Also, record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria.

2. *Needlesticks.* All work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material, whether they result in days away from work, or restricted work or job transfer, must be entered on the OSHA 300 as an injury. Also, the employee's name will not be recorded on the OSHA 300 in these types of incidents. Instead, the AMS program official will enter "Privacy Case" in column B "Employee's Name." See Section 8.7 of this Chapter regarding Privacy Cases.

3. *Medical Removal.* If an employee is medically removed under the medical surveillance requirements of an OSHA standard, the AMS program official must record the case on the OSHA 300. The case should be recorded as either one involving days away from work or days of restricted work activity, depending on how the Program decides to comply with the medical removal requirement. If the medical removal case is the result of a chemical exposure, the AMS program official must enter the case on the OSHA 300 by placing a check mark in column M(4) "Poisoning."

4. *Hearing Loss.* If an employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, the AMS program official must record the case on the OSHA 300 by placing a check mark in column M(5) "Hearing loss."

5. *Tuberculosis.* If an employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a PLHCP, the AMS program official must record the case on the OSHA 300 by placing a check mark in the column M(3) "Respiratory condition."

8.6 OSHA 300 GENERAL RECORDING CRITERIA

Instructions for completing the OSHA 300.

A. At the top of each OSHA 300, the AMS program official will enter the calendar year, the "establishment" name and the city and state. "Establishment" (as defined in 29 CFR Part 1960.2) is a "single physical location where...operations are performed...Typically, an 'establishment'...refers to a field activity, regional office, area office...or facility." Therefore, the OSHA 300 can be maintained at a convenient location where the AMS program official can complete and update the form as needed.

B. Entries will be made on the OSHA 300 only if the injury or illness meets the criteria in Section 8.4 A, B, and C of this Chapter.

C. Employees covered include employees on the payroll, employees not on the payroll but who are supervised on a day-to-day basis by AMS, and contracted workers.

D. Each recordable injury or illness must be entered on the OSHA 300 within 7 calendar days after receiving information that a recordable case occurred.

E. Except in the case of death, every case entered on the OSHA 300 will have either the column M(1) checked to identify the case was an "injury," or will have M(2, 3, 4, 5, or 6) checked to identify the case was an "illness."

F. The AMS program official is required to continue to keep track of the number of calendar days the employee is away from work and number of days of job transfer or restriction. However, the AMS program official may "cap" the total days away or days transferred or restricted at 180 calendar days--meaning the day count can end at 180 days.

G. The AMS program official may stop the day count if the employee leaves AMS for a reason unrelated to the injury or illness. If the employee leaves AMS because of the injury or illness, the AMS program official must estimate the total number of days.

H. If the outcome or extent of the injury or illness changes after the AMS program official has recorded the case, simply correct the entry and reenter the correct information. The AMS program official must continue to update the OSHA 300 and record the most serious outcome for each case until the 180 day cap is met.

I. If a case occurs in one year but results in days away during the next calendar year, the AMS program official will only record the injury or illness once. An entry will be made on the OSHA 300 in the year the injury or illness occurred. If the employee is still away from work because of the injury or illness when the OSHA 300A Summary is prepared, the AMS program official will estimate the total number of calendar days the official expects the employee to be away from work. The AMS program official will update the OSHA 300 entry later, when the actual day count is known or reaches the 180-day cap.

J. The OSHA 300 should be retained for 5 years following the year it covers. The OSHA 300 will continue to be updated during the 5 years by updating the days away from work, or the number of restricted work days or job transfer days, as applicable.

K. The OSHA 300 can be maintained in an electronic format (computer) as long as it can be retrieved and printed upon request.

8.7 PRIVACY CASES

A. A “Privacy Case” is:

1. an injury or illness to an intimate body part or the reproductive system;
2. an injury or illness resulting from a sexual assault;
3. mental illnesses;
4. HIV infection, hepatitis, or tuberculosis;
5. needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (see 29 CFR Part 1904.8 for definitions); and
6. other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.

B. In a Privacy Case, the employee’s name is not entered on the OSHA 300. Instead, enter “Privacy Case” in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee; however, the AMS Program official must keep a separate, confidential list of the case numbers and employee names in a separate file and be able to produce that list to update the cases as needed and/or to provide information to USDA or other Federal officials if requested.

C. If the AMS Program believes that further privacy protection is needed, the AMS program official may use discretion in describing the injury or illness on the OSHA 300. The AMS program official must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but they do not need to include details of an intimate or private nature. For example, a sexual assault case could be

described as “injury from assault,” or an injury to a reproductive organ could be described as “lower abdominal injury.”

8.8 OSHA 301 INJURY OR ILLNESS INCIDENT REPORT

A. AMS will continue to use the Department of Labor, Office of Workers’ Compensation Programs (OWCP) CA-1 (Federal Employee’s Notice of Traumatic Injury) and CA-2 (Notice of Occupational Disease) to report injuries and illnesses. AMS will also continue to work with OWCP regarding employee compensation, continuation of pay, etc. However, AMS program officials are now also required to complete questions 14 through 18 on the OSHA 301 (Attachment 3) to meet the new OSHA reporting requirements.

B. The AMS program official shall complete questions 14 through 18 on the OSHA 301 within 7 calendar days of receiving information that a recordable case occurred.

C. The OSHA 301 with questions 14 through 18 completed, shall be filed with the OSHA 300 and OSHA 300A.

8.9 OSHA 300A SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

A. An OSHA 300A (Attachment 2) shall be prepared for each calendar year. At the end of each calendar year, the AMS program official must:

1. review the OSHA 300 to verify that the entries are complete and accurate;
2. correct any deficiencies identified on the OSHA 300;
3. complete the OSHA 300A;
4. certify the OSHA 300A; and
5. post the completed OSHA 300A for a 3-month period from February 1 to April 30 of the year following the year covered by the summary.

B. Upon completion of the OSHA 300A, the AMS program official must retain the OSHA 300A for 5 years following the year that it covers. Unlike the OSHA 300, the OSHA 300A does not need to be updated during the 5 year retention period. The OSHA 300A may be stored electronically as long as it can be retrieved and printed upon request.

8.10 ON-LINE OSHA 300, OSHA 300A, and OSHA 301 FORMS

A. The AMS program official can utilize the Microsoft Excel forms for recording information on the OSHA 300, 301 and 300A. The forms are linked to facilitate summarizing information from the OSHA 300 to the OSHA 300A. The Excel forms can be accessed at: <http://www.osha.gov/recordkeeping/new-osh300form1-1-04.xls> .

8.11 OTHER ON-LINE RESOURCES

Federal Register - Final Rule: Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters; Subpart I for

Recordkeeping and Reporting Requirements -- 29 CFR Part 1960:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGIS TER&p_id=18264

29 CFR Part 1904:

http://www.access.gpo.gov/nara/cfr/waisidx_04/29cfr1904_04.html

Booklet with new OSHA forms and instructions:

<http://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>

OSHA's injury and illness recordkeeping website:

<http://www.osha.gov/recordkeeping/index.html>

11-14-05

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work	On job transfer or restriction	(M) Injury					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
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Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . . (M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

() - / /
 Phone Date

OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone (____) _____ -- _____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

CHAPTER 9

DRIVER TRAINING AND SEAT BELT USAGE

9.1 PURPOSE

This Chapter of the Agricultural Marketing Service's (AMS) Safety and Health Handbook details the defensive driver training requirements for employees who operate government owned or leased vehicles. It also outlines seat belt usage requirements for all employees who operate or ride in vehicles for official business.

9.2 AUTHORITIES

A. Marketing and Regulatory Programs (MRP) 5400, "Motor Vehicle Manual," dated June 20, 2007.

B. Executive Order 13043, "Increasing Seat Belt Use in the United States," dated April 16, 1997.

9.3 DRIVER TRAINING PROGRAM

A. Training. Employees who have been authorized to operate a government owned or leased vehicle must participate in an 8-hour (or equivalent) defensive driving course. The course must be completed within 90 days after the employee is authorized to operate a government owned or leased vehicle.

B. Refresher Training. Employees who have been authorized to operate a government owned or leased vehicle must be provided refresher defensive driving training every third year after participation in the initial course. Acceptable refresher driver training may be:

1. Participation in a full 8-hour course, or
2. Participation in a 4-hour refresher driver training course.

Defensive driver training is highly encouraged for all AMS employees, regardless of whether or not they operate a government owned or leased vehicle.

C. Supervisors' Responsibilities. Supervisors shall:

1. Ensure all government owned or leased vehicle operators receive defensive driver training as described in A and B above.
2. Document all defensive driver training and maintain records of completion of training for 3 years. The training records should include the employee name, date of training, source of training, and length of the training.

3. Certify to the Program's Collateral Duty Safety Officer at the end of each fiscal year that training has been completed.

4. Make a positive effort to offer defensive driver training to all AMS employees.

D. Training Sources.

1. Defensive driver training may be obtained from nationally recognized organizations or State/local government agencies who offer driver improvement programs. Training provided to operators will be paid for by the Program and must meet the requirements outlined in this Chapter and MRP 5400, "Motor Vehicle Manual."

2. Organizations that offer defensive driver training:

a. General Services Administration (GSA).

i. Operators of government owned or leased vehicles can receive free on-line training through the GSA website. Go to <http://www.gsa.gov/> and click on Services, then Vehicle Leasing, then National Safety Program, then GSA Fleet Defensive Driving Course.

ii. GSA offers free use of defensive driver videos. The GSA Vehicle Operation Video Library can be accessed on the GSA website. Go to <http://www.gsa.gov/> and click on Services, then Vehicle Leasing, then National Safety Program, then Driver Safety and Vehicle Operation Video Library.

b. National Safety Council (NSC). NSC offers on-line courses and on-site training. NSC offers USDA employees a GSA-negotiated reduced price for on-line training when more than 50 employees participate.

c. American Automobile Association (AAA). Most AAA offices offer 6 or 8-hour courses on-site. Contact local AAA offices for fees.

9.4 SEAT BELT USE BY ALL AMS EMPLOYEES

A. AMS Seat Belt Policy.

1. Executive Order 13043, "Increasing Seat Belt Use in the United States," mandates "each Federal employee occupying any seating position of a motor vehicle on official business, whose seat is equipped with a seat belt, shall have the seat belt properly fastened at all times when the vehicle is in motion."

2. The Occupational Safety and Health Act of 1970 states that "the head of each agency shall acquire, maintain, and require the use of safety equipment, personal

protective equipment, and devices reasonably necessary to protect employees.” Title 29 Part 1960, “Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters,” reiterates the requirements stated in the Act, and adds that “Employees shall use safety equipment, personal protective equipment, and other devices and procedures provided or directed by the agency, necessary for their protection.” The seat belt in a motor vehicle is personal protective equipment (PPE). Therefore, **AMS employees are required to use a seat belt when operating or riding in a government owned or leased vehicle, rental vehicle, or privately owned vehicle on official business.**

B. Responsibilities.

1. Operators shall wear a seat belt and require each passenger to wear a seat belt at all times when driving on official business.

2. The Occupational Safety and Health Administration (OSHA) is concerned about employee safety and holds the employer responsible for ensuring employees use PPE such as seat belts. To meet that requirement, USDA and AMS must have systems in place to verify the use of PPE. Therefore, supervisors shall:

a. Ensure that each employee who drives a government owned or leased vehicle, rental vehicle, or privately owned vehicle on official business or who rides in a government owned or leased vehicle, rental vehicle, or privately owned vehicle on official business is issued a copy of Executive Order 13043.

b. Determine whether the driver and passengers were wearing seat belts in any accident involving a government owned or leased vehicle, rental vehicle, or privately owned vehicle. The supervisor may ascertain this information either from the driver, the passengers, a police report, or other reliable means. The supervisor shall record his/her findings on the SF-91 Motor Vehicle Accident Report in the “Comments” section.

c. Monitor seat belt usage whenever possible. When riding with an operator or when observing an operator of a government owned or leased vehicle, rental vehicle, or privately owned vehicle, supervisors should make note of the seat belt usage. The supervisor may note the observance in any format but the information should be retrievable to provide to the Program’s Collateral Duty Safety Officer as outlined in d, below. If a government owned or leased vehicle, rental vehicle, or privately owned vehicle driver or passenger is not wearing a seat belt, the supervisor shall counsel the employee, document the incident, and provide the employee(s) a copy of Executive Order 13043. Disciplinary action may be taken against employees who repeatedly fail to wear a seat belt.

d. Report to their Program’s Collateral Duty Safety Officer, at the end of the fiscal year, the approximate number of employees they observed who were not wearing seat belts while driving or riding in a government owned or leased vehicle, rental

vehicle, or privately owned vehicle on official business. The information provided to the Safety Officers is passed on to the Department and to OSHA.

9.5 RESOURCES

A. MRP 5400:

<http://agnis/sites/SS/default.aspx> and click on “Motor Vehicle Safety Links” on the right side of the page.

B. Executive Order 13043:

<http://agnis/sites/SS/default.aspx> and click on “Motor Vehicle Safety Links” on the right side of the page.

C. AMS Safety and Health Handbook:

<http://agnis/sites/SS/default.aspx> and click on AMS Safety and Health Handbook on the left side of the page.

D. Questions should be directed to the Program Collateral Duty Safety Officer.

CHAPTER 10

OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAM FOR EMPLOYEES EXPOSED TO HAZARDOUS EMPLOYMENT CONDITIONS

10.1 PURPOSE

A. The purpose of an Occupational Medical Surveillance Program (OMSP) is to establish baselines and work-related physiological changes in the health status of authorized employees, as defined in Section 10.4, A, below, exposed to or potentially exposed to chemical, biological, radiological, and/or physical hazards which could be harmful to their health and welfare. This information will be used to evaluate trends and to determine unusual susceptibility to illness from exposures in the work environment. It also will be used to plan, implement, and evaluate occupational and preventive health programs.

B. This Chapter does not alter any procedures already established in Chapter 4 “Noise Abatement and Hearing Conservation,” of this Handbook. Questions about the applicability of an OMSP should be directed to the AMS Safety and Occupational Health Program Manager.

10.2 POLICY

It is AMS policy to establish and provide an OMSP for authorized employees considered for assignment or presently assigned to work with chemical, biological, radiological, and/or physical hazards. The OMSP is designed for the detection of occupationally significant medical anomalies. The limited medical procedures performed are not intended, and should not be construed to substitute for the routine and definitive care to be provided by the employee’s personal physician and other services. Participation in the OMSP is voluntary.

10.3 AUTHORITIES

A. Medical examinations for employees exposed to hazardous conditions are authorized under:

1. Occupational Safety and Health Act of 1970;
2. Executive Order 12196 “Occupational Safety and Health Programs for Federal Employees;”
3. 29 CFR Part 1960 “Elements for Federal Employee Occupational Safety and Health Programs;”
4. 29 CFR Part 1910 “OSHA Standards for General Industry;” and
5. 5 CFR Chapter 1, Part 339 “Medical Qualification Determinations.”

B. The results of medical examinations or tests requiring medical expertise will be safeguarded in accordance with 5 CFR 293, Subpart E “Employee Medical File System Records.”

C. This Chapter supersedes AMS Directive 372.2 “Medical Examinations for Employees Exposed to Hazardous Employment Conditions,” March 1, 1982.

10.4 DEFINITIONS

A. Authorized Employee. Any employee (e.g., technician, chemist, safety inspector, commodity grader, auditor, or other Federal employee) who has been specifically trained and assigned by a supervisor to work with or in the vicinity of qualifying hazards may participate. Non-Federal workers, such as those employed as cooperators or contractors, may be authorized OMSP services at AMS expense, dependent on the duties assigned.

B. Chemical, Biological, Radiological, and/or Physical Hazards. Chemical hazards are pesticides, solvents, etc., or any exposures to chemicals where alteration of health status may occur. Biological hazards, for examples are; E.coli, salmonella, human blood and body fluids, zoonotic pathogens, etiologic agents, etc. Radiological hazards are electromagnetic or ionizing radiation, lasers, etc. Physical hazards often encountered are prolonged exposure to excessive heat or cold conditions, noise, and vibration. Potential hazards such as asbestos and other recognized respiratory hazards, should be included in the OMSP if employees are exposed.

C. Local Provider. A licensed practicing clinician or professional health-care provider who will perform the medical occupational examination on the employee. The examining physician should be experienced in the field of Occupational Medicine and Industrial Health or a Board-Certified Internist.

D. Occupational Medical Surveillance Program (OMSP). A voluntary, broad-based medical surveillance program which serves to aid in the prevention, and early detection of adverse health effects in employees with exposures to workplace hazards known or suspected to cause illness. Program funds will be used when the supervisor or other AMS official determines that medical examinations or tests requiring medical expertise are necessary as precautionary measures in the protection of AMS employees.

E. Permissible Exposure Limit (PEL). The exposure level that is published and enforced by the Occupational Safety and Health Administration (OSHA) as a legal standard. (OSHA regulations: 29 CFR Part 1910.1000 Subpart Z.)

F. Qualifying Hazards. Chemical, biological, radiological, physical, or other hazards which could be harmful to the health and welfare of an employee as described in Section 10.4, B, of this Chapter.

G. Safety Officer. AMS Collateral Duty Safety Officer.

H. Time-weighted Average (TWA). Concentrations of stressors or hazards which have been weighted for time duration of the sample. Most commonly expressed as an average concentration for a normal 8-hour workday or a 40-hour workweek.

10.5 SELECTION OF APPROPRIATE MEDICAL TESTS

A. The selection of appropriate medical procedures to identify work-related adverse effects in employee populations is frequently a “best estimate” process which is subject to criteria that are continuously changed or modified. The supervisor, in consultation with the Program Safety Officer, the AMS Safety and Health Program Manager, or other USDA officials as necessary, will evaluate the authorized employee’s work environment and refer to 29 CFR Part 1910. If needed, the AMS Program may wish to also consult with the USDA Medical Officer for additional technical guidance regarding medical tests based on exposure.

B. The supervisor shall communicate with the Local Provider regarding the types of chemical, biological, radiological, and/or physical exposures each employee is exposed to. This will include time-weighted averages (TWA) and permissible exposure limits (PEL), as applicable. Local Providers shall be expected to determine appropriate tests based on each employee’s exposure.

C. The determination of work-related diseases or adverse health effects uncovered by medical tests is complicated by the fact that occupational related diseases frequently do not differ in their presentation from diseases of the general population. Although the diagnosis may be made by the examining physician, the determination of the proximate cause(s) of the disease/anomalies, and the relationship to potential toxic exposures in the workplace is considerably more difficult and is frequently impossible. This relationship is dependent upon the history of exposure to a particular agent, the degree and duration of exposure, the efficacy of industrial hygiene controls, and the presence of compounding factors such as smoking and non-work related exposures.

The determination of work-related diseases or adverse health effects, therefore, cannot be made with absolute certainty, and must depend upon the interpretation of these factors by the expert occupational medical judgment of the Local Provider, and if necessary consultation with the USDA Medical Officer.

10.6 OMSP PROCESS

A. Supervisors who manage employees who work with qualifying hazards shall:

1. Review all job functions under his/her immediate supervision to determine if employees are working with, or being exposed to, any qualifying hazards.
2. Consider the following when evaluating work environments:
 - a. Nature of work being performed that exposes employees;
 - b. Types of exposure;
 - c. Estimated time of exposure based on a TWA or PEL;
 - d. Systems in place to minimize exposure; and
 - e. Number of employees exposed.

3. Document the findings of the workplace evaluation and notify affected employees (in writing) of the hazards associated with their job functions.

4. Work with the Program Safety Officer, the AMS Safety and Health Program Manager, or other USDA officials as necessary, to determine which employees are exposed to qualifying hazards and which employees are “authorized employees” who qualify for the OMSP.

B. Employee participation in the OMSP program is voluntary. Authorized employees who decline to participate in the OMSP shall be asked to formalize their declination by signing the Declination Statement (Attachment 1). The supervisor shall file the Declination Statement in the employee’s Employee Medical File.

C. All newly hired employees who are exposed to or potentially exposed to qualifying hazards shall have a baseline physical examination. No employee whose duties expose or potentially expose him/her to qualifying hazards will work in the related position until the baseline exam is completed, unless the employee declines participation in the OMSP and signs the Declination Statement.

D. All authorized employees who agree to participate in the OMSP shall have a periodic occupational medical exam administered by a Local Provider based on occupational hazards and exposures. The frequency of examinations may be altered when supported by industrial hygiene data or job changes, and in consultation with the Local Provider. All authorized employees will acknowledge in writing their occupational exposures and provide personal information requested by the Local Provider. This information will facilitate the Local Provider in coordinating the appropriate examinations and tests.

E. Authorized employees who agree to participate in the OMSP shall sign an authorized disclosure statement (release form). The disclosure statement will allow release of the Local Provider’s **findings**, as they relate to the work environment (job-related anomalies), to the supervisor. The disclosure statement will not allow release of the employee’s medical test results or other personal information.

F. The supervisor or Safety Officer will obtain blank release forms from the Local Provider or other suitable source--as long as the form meets the requirements of 29 CFR 1910.1020. An example of an acceptable release form can be found in Attachment 2. The supervisor or Safety Officer will provide a release form to each authorized employee who will complete and sign the form. The form shall be provided to the Local Provider and a copy of the completed form will be maintained in the employee’s Employee Medical File.

G. The supervisor or designated Program official (i.e. Safety Officer, administrative support, etc.) shall schedule the authorized employee’s physical exam and any needed tests with the contracted Local Provider.

H. The supervisor or Safety Officer will notify the authorized employee (who has agreed to participate in the OMSP) of the appointment with the Local Provider. The employee

will be authorized Administrative Leave while traveling to, from, and while attending the appointment. Appropriate travel expenses will also be paid.

I. The Local Provider shall document all findings. A legible copy of the findings shall be submitted to the supervisor within 14 days of the completion of the examination. If the Local Provider does not send a copy of the findings directly to the authorized employee, the supervisor or Safety Officer shall ensure the authorized employee receives a copy.

J. Supervisors shall monitor the job-related medical findings of the authorized employees from year to year for those conditions identified by the Local Provider as job-related anomalies.

K. Even though an OMSP program may be in place, supervisors and Safety Officers are required to continually review operations at each worksite and take whatever action is necessary to eliminate or reduce exposure to chemical, biological, radiological, and/or physical hazards that may be harmful to employees.

In situations where the provider deems it necessary for the employee to wear, and the employer to provide air purifying respiratory protection equipment, the program must consult with the AMS Safety and Occupational Health Program manager for guidance as respiratory protection program requirements under 29 CFR Part 134, and its applicable consensus standards are very explicit on what is required for employees and the program.

L. Supervisors shall remind authorized employees that the OMSP is not intended to substitute for the periodic care provided by the employee's personal physician, nor is it intended to replace care following a workplace injury or illness which would fall under provision for OWCP coverage.

M. When an authorized employee who participates in the OMSP is reassigned and is no longer exposed to or potentially exposed to qualifying hazards, the employee shall have a final baseline physical exam arranged by their office and Local Provider from which they separate.

10.7 MEDICAL MONITORING SERVICES FROM A LOCAL PROVIDER

A. Administration of the medical surveillance services provided by the Local Provider shall be under the supervision of a licensed doctor of medicine (MD) or doctor of osteopathy (DO). In addition, at a minimum, the MD/DO should be Board Certified in Occupational Medicine or Board Certified in Internal Medicine. If a person with these credentials is not available, then an MD/DO who is Board Eligible in Occupational Medicine or Internal Medicine would be an acceptable alternative. In either case, a physician with experience and interest in occupational medicine is preferred.

B. Basic medical services vary throughout the nation according to available levels of expertise and costs. Economical services are most often available through a reimbursable agreement with a Government affiliated provider, such as a Public Health Service Clinic,

Federal Occupational Health (FOH), a Veteran's Administration Hospital, or a military complex.

C. Program supervisors or a designated Program official must ensure through contract agreement that the Local Provider shall:

1. Determine the appropriate test(s) for each authorized employee based on each employee's exposure.
2. Perform all the required medical exams, tests, or other evaluations that will result in a thorough medical review.
3. Communicate any serious or life-threatening disorders directly to the employee during the exam.
4. Notify the employee and the supervisor within 14 days of completing the employee examination of:
 - a. Any job-related condition that may require additional evaluation; and/or
 - b. Any negative medical findings that may be job-related; and/or
 - c. The final medical findings.
5. Process, maintain, store, and transport employee records which will ensure confidentiality and employee privacy, and in accordance with Agency employee files system.

10.8 SECURITY AND CONTROL OF EMPLOYEE MEDICAL FILES

A. Program supervisors and other officials involved in the AMS medical surveillance program must strictly adhere to 5 CFR 293, Subpart E "Employee Medical File System Records" and 5 CFR 297 "Privacy Procedures for Personnel Records."

B. The records maintained in the Employee Medical File (EMF) are part of the Governmentwide Privacy Act system of records. AMS Program employees have the responsibility to ensure that such documents are maintained in accordance with the Privacy Act (5 U.S.C. 552).

C. Employee Medical File (EMF)

1. All EMFs shall be maintained under the control of a specifically designated medical, health, safety, or personnel officer, per 5 CFR 293.505(c).
2. **The EMF shall be maintained in a file separate from the employee's personnel, time and attendance, or other administrative files.**
3. The Program must provide authorized employees with access to their own EMF. A record may be disclosed to a representative of the employee to whom the record

pertains after the supervisor receives written authorization from the employee who is the subject of the record. Disclosure of an employee's occupational medical records to AMS officials (both medical and non-medical) will be granted only when the specific information sought is needed for the performance of official duties.

4. Supervisors shall control the right of access to the records and ensure Privacy Act (5 U.S.C. 552) handling procedures are followed.

5. Each AMS Program shall take effective action to strictly limit access to all EMFs to preserve confidentiality of doctor/patient matters.

10.9 TRANSFER AND DISPOSITION OF EMPLOYEE MEDICAL FILES

A. Employee Transfer or Separation

1. When an authorized employee transfers to another Federal agency, the EMF must be transferred to the gaining agency at the same time as the employee's Official Personnel Folder (OPF). However, the EMF should not be filed in the OPF.

2. The EMF should be forwarded only to the gaining agency's designated supervisor, manager, medical, health, safety, or personnel officer, or other designee.

3. When an employee separates from Federal service, the EMF must be forwarded to the National Personnel Records Center (NPRC) at the same time the OPF is transferred.

B. Retention Schedule of the EMF

The OMSP EMF is considered to be a long-term record that must be maintained for the duration of employment, plus 30 years or for as long as the OPF is maintained, whichever is longer. Therefore, upon employee separation from Federal service, the records must be transferred to the NPRC which will dispose of them accordingly.

AMS Occupational Medical Surveillance Program

Declination Statement

Employee Name: _____

Program/Branch/Office: _____

“I understand that it has been determined that I am exposed to or could be exposed to occupational hazards at my worksite. However, I decline to participate in the Occupational Medical Surveillance Program (OMSP). I understand that by declining I will not receive a medical exam that is designed to detect occupationally significant anomalies. I understand that as long as I remain exposed to the same hazards, I can waive this declination at any time and participate in the OMSP program.”

I was provided written notice of the hazards associated with my job (check one). Yes No

Printed Name of Declining Authorized Employee

Signature of Declining Authorized Employee

Date

Attachment 2

Example of authorization letter for the release of employee's medical findings to a designated representative. (Obtained from OSHA regulations 29 CFR Part 1910.1020 Appendix A.)

I, _____, (full name of worker/patient) hereby authorize _____ (individual or organization holding the medical records) to release to _____ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:
(Describe generally the information desired to be released) .
I give my permission for this medical information to be used for the following purpose:
but I do not give permission for any other use or re-disclosure of this information.
(Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)
Full name of Employee or Legal Representative
Signature of Employee or Legal Representative
Date of Signature