

COMPLAINTS AND REFERRALS



OSHA
Express™
Powered by ACS Technology

The fast, easy, user-friendly All-In-One solution
for OSHA state-plan states

 **Fast**
Makes use of the latest
database and development
environments for
unparalleled speed

 **Intuitive**
Well-designed interfaces
that are ergonomically
suited for easy and
efficient processing

 **Feature-Rich**
State-of-the-art technology
that streamlines workflow
and business processes

Secure → Simple → Streamlined

Complaints and Referrals

Complaints related to safety and health conditions in a workplace can be received from current or former employees, or people who represent employees at a workplace. Complaints can be received via phone, fax, email or by a letter. The OSHA Express system provides the Complaint interface which is used to track the complaints that are logged and tracked by OSHA.

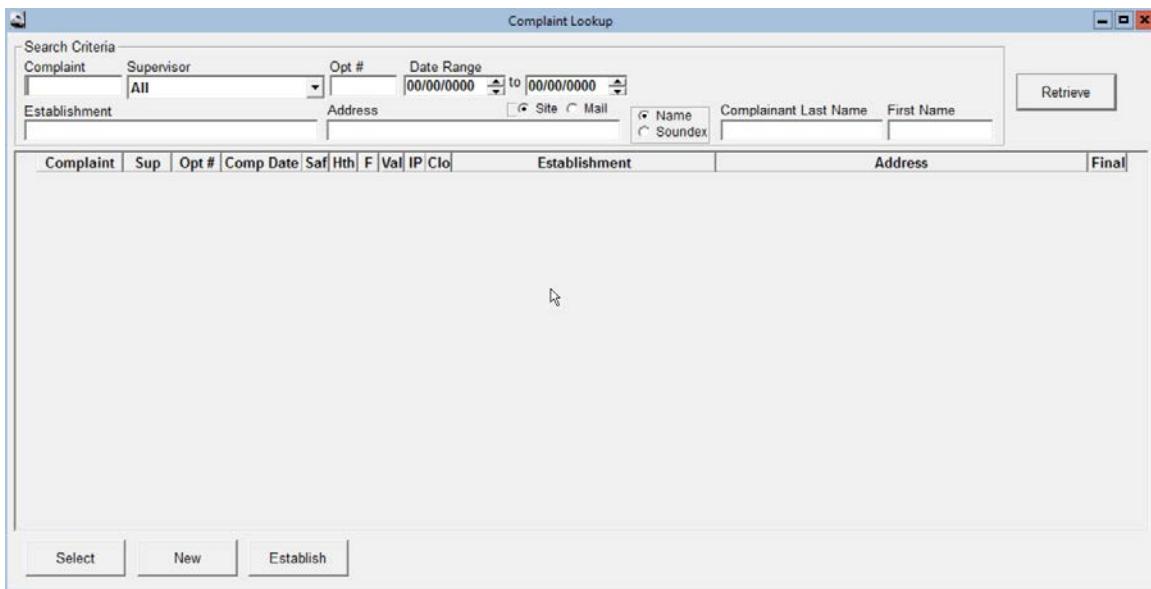
Referrals are similar to complaints in that they are reports received from other parties related to safety and health conditions in a workplace. Unlike complaints, which are typically received from current or former employees, a referral may be from the employer, unassociated third party (e.g., doctor, law enforcement, OSHA Consultation, media, etc.). Referrals can be received via phone, fax, email or by a letter. The OSHA Express system provides the Referral interface to track the referrals that are logged and tracked by OSHA.

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Complaint Lookup

The Complaint Lookup interface is the primary window used to search for existing complaints and to create new complaints. The Complaint Lookup interface can be launched from the Complaint Lookup menu item under the Desktop menu or from the Complaint Lookup toolbar icon. Complaints that have been previously created and routed can also be accessed via the workflow queue functionality.



The Complaint Lookup interface accepts the following search criteria to search for existing complaints:

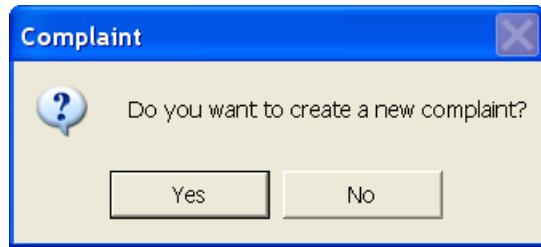
- Complaint Number
- Supervisor CSHO ID
- Optional Complaint Number
- Complaint Received Date Range
- Establishment Name
- Establishment Site Address
- Complaint Last Name
- First Name

The user can enter search criteria and click the Retrieve button to retrieve any complaints that match the search request. Any entries that are listed can either be selected and double-clicked, or the user can click the Select button to launch the complaint interface. The Establish button will display the details for the establishment associated with the currently highlighted complaint.

The New button is used to launch the Complaint interface to create a new complaint.

Complaint Interface

The user can click the New button on the Complaint Lookup interface to create a new complaint. They will be prompted as to whether they want to continue with the creation of a new complaint.



A complaint is defined as either non-formal or formal. It will normally start out as a non-formal complaint. The complaint will become a formal complaint when the OSHA-7 form is signed and returned to OSHA by the complainant. We may or may not schedule an inspection when the complaint is non-formal, but will always follow up with an inspection if it becomes a formal complaint. An assignment will be made with the complaint referenced as a related activity.

The Complaint window is comprised of four tabs.

- Complaint Tab
- Details Tab
- Emphasis/Initiatives Tab (typically not used for complaints)
- OSHA File Tab (please reference OSHA File chapter)

Complaint Tab

The first task when a new complaint is created is to associate the complaint with an establishment by clicking the Establishment button. See the Establishment Processing section for details.

Complaint Form

Complaint - 209643774

Complaint Number: 209643774	Establishment:	Establishment
Complaint Date: 08/15/2019		
<input type="button" value="Complaint"/> <input type="button" value="Details"/> <input type="button" value="Emphasis/Initiatives"/> <input type="button" value="OSHA File"/>		Complaint Info
5. Mgmt Official	19. Reporting ID	
7. Type of Business	21. Optional Complaint No.	
10. Brought to the attention of:	29. Date/Time Received * 08/15/2019 00:00 AM	
<input type="checkbox"/> Employer <input type="checkbox"/> Other Gov Agency (See OSHA File Notes)	31a. Safety Sup Assigned	
11. Reveal Name * No	31b. Health Sup Assigned	
12. Complainant *	31x. Safety CSHO Assigned 00/00/0000	
Complainant Information		
13a. Last Name	32. Primary NAICS/SIC *	
13b. First Name	33. Complaint Classification * <input type="checkbox"/> Discrimination <input checked="" type="checkbox"/> NAICS/SIC Xref	
14. Phone	Safety <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Migrant	
15a. Address	Health <input type="checkbox"/> Serious <input type="checkbox"/> Serious	
15b. City	Other <input type="checkbox"/> Other	
15c. State	36. Valid? * Yes	
18a. Org Name	37. Formal/NonFormal *	
18b. Title	42a. Inspection Planned? <input type="checkbox"/> b. Priority <input type="checkbox"/>	
99. Method Rcvd	48. Close Complaint? <input type="checkbox"/>	
Intake Info	49. Employer Response	
35. Optional Information		
Type	ID	Value
		Add Delete

5. Mgmt Official. Enter the name of the management official to whom the letter should be addressed.

7. Type of Business. Enter a brief description of the business activity performed.

10. Brought to the attention of. Check the appropriate checkbox if the complaint was previously brought to the attention of the employer or another government agency. If brought to another agency, specify on the Notes sub-tab of the OSHA File tab to indicate which government agency is involved.

11. Reveal Name. Indicate if the name of the complainant can be revealed (will default to "No").

12. Complainant. Select the source of the complaint from the drop-down list.

- A Employee
- B Representative of Employee
- C Federal Safety and Health Committee
- D Other
- E Employer (State Only)
- F Family Member of Employee (State Only)

13a/b. Complainant Name. Enter the first and last name of the complainant (if known).

14/14b. Phone. Enter the phone number of the complainant (if known). Enter the Fax number (if known).

15a-d. Address, City, State, Zip. Enter the mailing address information for the complainant to receive correspondence related to the complaint. Fill in the zip code first for the city and state to be auto-populated.

18a/b. Organization Name/Title. Enter the organization and title of the complainant if they were an authorized representative of employees affected by the complaint.

19. Reporting ID. This field will pre-fill with the OSHA Enforcement RID.

21. Optional Complaint No. The optional complaint number can be filled in manually or will auto-generate an optional complaint number when the complaint is saved as “Final”.

29. Date/Time Received. Enter the date and time the complaint was received.

31a/b/x. Supervisor/CSHO Assigned. Select the safety and/or health supervisor and compliance officers assigned to investigate the complaint.

32. Primary NAICS/SIC. Enter the SIC and NAICS codes or select the appropriate SIC and NAICS codes from the drop-down lists. If the NAICS/SIC Xref checkbox is checked, only the corresponding values that go with the specified SIC or NAICS will be available in the drop-down list.

33. Complaint Classification. Click the appropriate safety and/or health checkboxes depending upon the severity of the complaint. If the complaint becomes a “Discrimination” case after the original complaint is created (e.g., an employee is disciplined or dismissed for making the complaint to OSHA), click the Discrimination checkbox. An entry will be made in the Discrimination Log for tracking the separate discrimination case.

36. Valid?. The field will default to “Yes”. Normally only valid complaints are entered into the system.

37. Formal/NonFormal. Specify whether the complaint is non-formal or formal. The complaint may change from non-formal to formal after the signed OSHA-7 form is received from the complainant.

42a/b. Inspection Planned?/Priority. Indicate whether an inspection is planned in order to investigate the complaint.

48. Close Complaint?. Check the checkbox when the complaint is ready to be closed. If there is an inspection, ensure that the related activity row for the complaint is checked for satisfying the complaint. The complaint can also be closed from the related activity row on the inspection.

49. Employer Response. Indicate if the employer response is accurate or inaccurate after the complaint is investigated.

Accurate
Inaccurate

99. Method Rcvd. Indicate the method that the complainant informed OSHA of the complaint.

Telephone
Fax 
Email
Federal Email
Letter
Walk-In

NN Items.

Willing to Sign? Yes/No
Send OSHA-7 ? Yes/No

Complaint Info

The user can click the Complaint Info button to view the complaint forms. Note that there are radio buttons at the top to view/print two different forms. One is intended for the compliance officers and the other can be printed to send to the complainant.

Complaint Information

Investigator OSHA-7 Employer ←

Different formats of the complaint form can be produced and printed

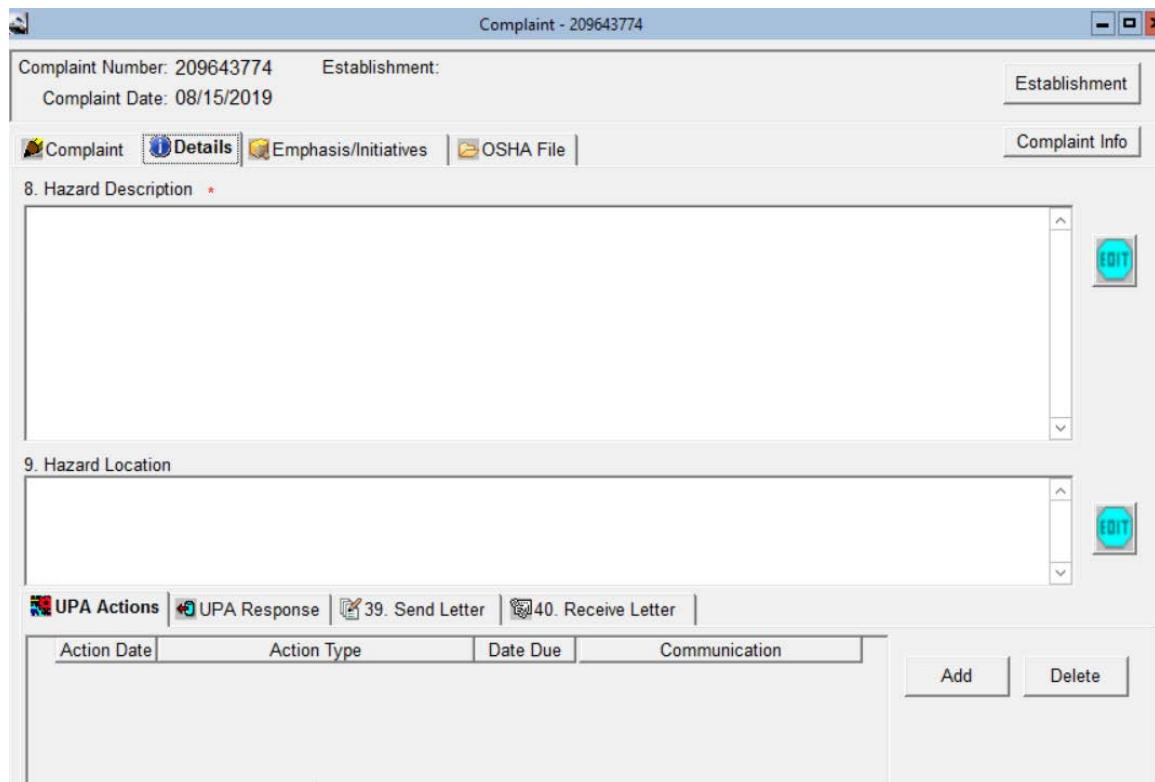
Inspection of Alleged Safety or Health Hazards

North Carolina Department of Labor Occupational Safety & Health		Complaint Number 203430988	Optional Number		
Employer Name Jons Bar and Grill		Formal/NonFormal F			
Site Location (Street, City, State, ZIP) 4 W Edenton St Raleigh NC 27603					
Mailing Address (Street, City, State, ZIP) 4 W Edenton St Raleigh NC 27603					
Management Official Bob Smith		Telephone Number 111-222-3333			
Complaint Assigned To T3994		SIC/NAICS 5812 722110			
Safety			Health		
Imminent Danger	Serious	Other	Imminent Danger	Serious	Other

Hazard Description:
Air quality in the establishment is poor.

Additional complaint information is listed with the hazard description.

Details Tab



Complaint - 209643774

Complaint Number: 209643774 Establishment:

Complaint Date: 08/15/2019

8. Hazard Description *

9. Hazard Location

Action Date	Action Type	Date Due	Communication

8. Hazard Description. Enter the description of the hazardous safety or health condition as it was relayed from the complainant. Specify sufficient detail for the compliance officer to investigate during an inspection.

9. Hazard Location. Enter the location of the safety or health condition as specified by the complainant.

UPA Actions/UPA Response. This information is used to track the correspondence related to the complaint that is sent out from OSHA Enforcement. An entry for the letters and forms that are sent to the various parties (i.e. employer, complainant, etc.) should be made by clicking the “Add” button. Entries can be deleted by clicking the “Delete” button. Existing entries can be edited/updated by double-clicking the entry or by pressing the Enter key.

Note that the letter generation functionality can also be initiated from the Complaint interface by clicking either the “Document Generation” menu item under the Desktop menu or by clicking the Letters/Documents toolbar icon.



A popup window will be displayed when the “Add” button is clicked.

UPA Action

Action Date	08/15/2019
Action Type	<input type="text"/>
Days to Respond	<input type="text"/>
Response Due	00/00/0000
Comm Method	<input type="text"/>
Letter Type	<input type="text"/>
Reason/Other	<input type="text"/>
<ul style="list-style-type: none"><input type="checkbox"/> A Written Request for Employer Response to Complaint/Referral<input type="checkbox"/> B Reminder Letter for Complaint/Referral Inquiry (multiple levels)<input type="checkbox"/> C Letter to Employer - Let Us Know When Corrected<input type="checkbox"/> D Grant Extension to Employer<input type="checkbox"/> E Initiate Inquiry by Phone/Email to be followed by Letter<input type="checkbox"/> F Response to Inquiry Satisfactory<input type="checkbox"/> G Other	

Action Date. Day the request begins

Action Type. Select from the drop-down list, the type of letter/form that is being sent.

Days to Respond. If the letter requires a response, enter the number of days in which the recipient is required to respond to the letter.

40. UPA Response. The UPA Response information is used to track the complaint correspondence that is received by OSHA Enforcement. An entry for all letters and forms that are received should be made by clicking the “Add” button. Entries can be deleted by clicking the “Delete” button. Existing entries can be edited/updated by double-clicking the entry or by pressing the Enter key.

UPA Response

Response Date	08/15/2019
Response Type	<input type="text"/>
Evaluation	<input type="text"/>
Reason/Other	<input type="text"/>
<ul style="list-style-type: none"><input type="checkbox"/> A Complainant - Signed Complaint<input type="checkbox"/> B Complainant - Disputes Employer Response<input type="checkbox"/> C Complainant - Provides additional Information<input type="checkbox"/> D Employer - Request for Additional Time<input type="checkbox"/> E Employer - Correcting but no Time Given<input type="checkbox"/> F Employer - Response with Corrective Action Described<input type="checkbox"/> G Employer - Response to advise No Corrective Action Needed<input type="checkbox"/> H Other - specify	

Evaluation. Select an entry from the drop-down list for the evaluation of the complaint letter/form that was received.

Response Date	08/15/2019
Response Type	
Evaluation	<input type="button" value="▼"/>
Reason/Other	<input type="button" value="▼"/> A Satisfactory B Unsatisfactory C Remedy Situation D No Response Received

Note that correspondence and other mail that is received related to the complaint will be scanned or tiffed so that there is an imaged document available on the OSHA File tab.

Complaint - 209641901

Complaint Number: 209641901	Establishment: B. Eric Phillips, D.M.D., P.A.	<input type="button" value="Establishment"/>																																								
Complaint Date: 07/24/2019	805 Johns Hopkins Dr, Greenville, NC 27834																																									
<input type="button" value="Complaint"/> <input type="button" value="Details"/> <input type="button" value="Emphasis/Initiatives"/> <input type="button" value="OSHA File"/>	<input type="button" value="Complaint Info"/>																																									
<input type="button" value="Documents"/> <input type="button" value="Pictures"/> <input type="button" value="Attachments"/> <input type="button" value="Notes"/>	<input checked="" type="radio"/> Current Activity <input type="radio"/> Related Activities																																									
<table border="1"><thead><tr><th>Date Rcvd</th><th>Description</th><th>Pages</th><th>Form</th><th>Activity</th><th>Type</th></tr></thead><tbody><tr><td>07/26/2019</td><td>COMP- LETTER TO EMPLOYER</td><td>3</td><td>OS0175</td><td>209641901</td><td>C</td></tr><tr><td>07/26/2019</td><td>WHITE CERT MAILER</td><td>1</td><td>OS0021</td><td>209641901</td><td>C</td></tr><tr><td>08/02/2019</td><td>EMPLOYER RESPONSE</td><td>1</td><td>OS0002</td><td>209641901</td><td>C</td></tr><tr><td>08/02/2019</td><td>EMPLOYER RESPONSE</td><td>1</td><td>OS0002</td><td>209641901</td><td>C</td></tr><tr><td>08/02/2019</td><td>RECEIPT - GREEN CARD</td><td>1</td><td>OS0020</td><td>209641901</td><td>C</td></tr><tr><td>08/14/2019</td><td>COMP-CLOSE COMPLAINT EMPLOY</td><td>1</td><td>OS0165</td><td>209641901</td><td>C</td></tr></tbody></table>	Date Rcvd	Description	Pages	Form	Activity	Type	07/26/2019	COMP- LETTER TO EMPLOYER	3	OS0175	209641901	C	07/26/2019	WHITE CERT MAILER	1	OS0021	209641901	C	08/02/2019	EMPLOYER RESPONSE	1	OS0002	209641901	C	08/02/2019	EMPLOYER RESPONSE	1	OS0002	209641901	C	08/02/2019	RECEIPT - GREEN CARD	1	OS0020	209641901	C	08/14/2019	COMP-CLOSE COMPLAINT EMPLOY	1	OS0165	209641901	C
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08/14/2019	COMP-CLOSE COMPLAINT EMPLOY	1	OS0165	209641901	C																																					

When the complaint is initially saved, the user will have the option to create the workflow for the complaint. The “Route Activity” window will be launched and the user can route the complaint to the appropriate status or user Queue.

Communication Log

The Communication Log is the case file summary for all paperless files and should be updated each time an entry or communication is made.

Complaint - 209641901

Complaint Number: 209641901	Establishment: B. Eric Phillips, D.M.D., P.A.	<input type="button" value="Establishment"/>		
Complaint Date: 07/24/2019	805 Johns Hopkins Dr, Greenville, NC 27834			
<input type="button" value="Complaint"/> <input type="button" value="Details"/> <input type="button" value="Emphasis/Initiatives"/> <input type="button" value="OSHA File"/>	<input type="button" value="Complaint Info"/>			
<input type="button" value="Documents"/> <input type="button" value="Pictures"/> <input type="button" value="Attachments"/> <input type="button" value="Notes"/>	<input checked="" type="radio"/> Current Activity <input type="radio"/> Related Activities			
<input type="button" value="Notes"/> <input checked="" type="button" value="Communication Log"/> <input type="button" value="Audit Log"/>				
Contact Date: 07/25/2019 11:53	Type: Phone	Intake: njhill 07/25/2019 11:53		
Contact Name: neesia hill	Phone:	Email:		
Subject: comp- letter to employer				
Comments: routed to c. wood for comp-letter to employer.	<input type="button" value="Add"/> <input type="button" value="Delete"/> <input type="button" value="Print"/>			
#	Date/Time	Contact Name	Subject	Comments
1	07/25/19 11:53	neesia hill	comp- letter to employer	routed to c. wood for comp-letter to employer.
2	07/26/19 10:03 CW	Processing	Processed complaint letter to employer	
3	07/26/19 11:31 TRobertson	Processing	Scanned and mailed complaint letter to employer.	
4	08/13/19 12:55 neesia hill	comp-close complaint	routed to c. wood for comp-close complaint employer letter	
5	08/14/19 08:45 CW	Processing	Processed closing letter to employer	
6	08/14/19 09:30 TRobertson	Processing	Scanned and mailed closing letter to employer	

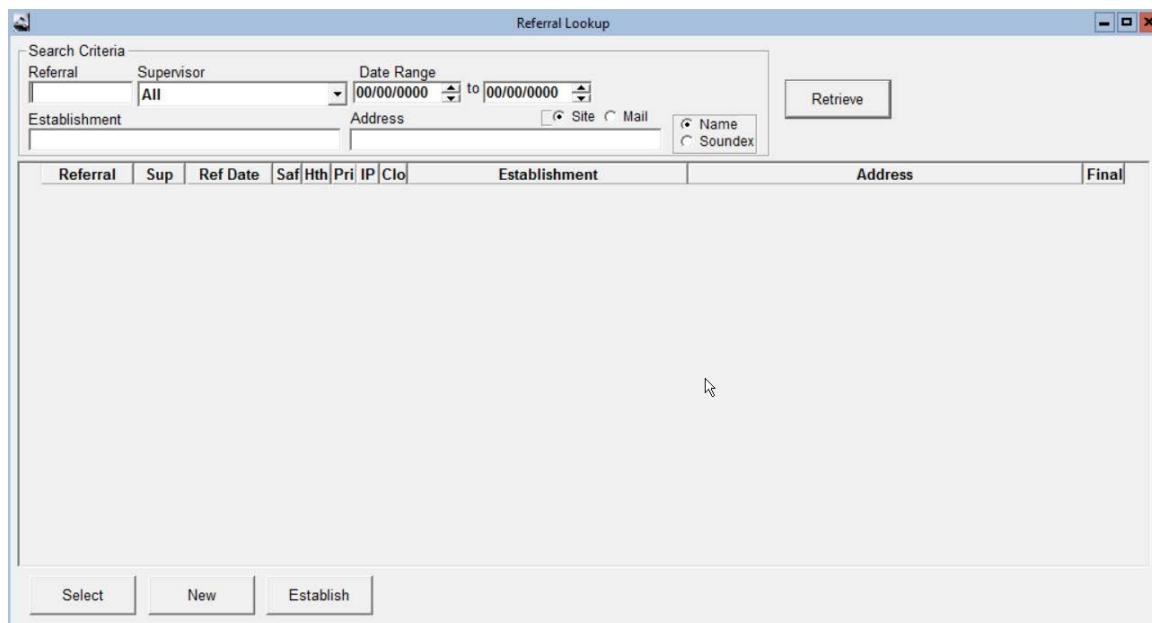
(This page was intentionally left blank)

Referrals

Referrals are similar to complaints in that they are reports received from other parties related to safety and health conditions in a workplace. Unlike complaints, which are typically received from current or former employees, a referral may be from the employer, unassociated third party (e.g., doctor, law enforcement, OSHA Consultation, etc.) or media. Referrals can be received via phone, fax, email or by a letter. The OSHA Express system provides the Referral interface to track the referrals that are logged and tracked by OSHA.

Referral Lookup

The Referral Lookup interface is the primary window to search for existing referrals and to create new referrals. The Referral Lookup interface can be launched from the Referral Lookup menu item under the Desktop menu or from the Referral Lookup toolbar icon. Referrals that have been previously created and routed can also be accessed via the workflow queue functionality.



The Referral Lookup interface accepts the following search criteria to search for existing referrals:

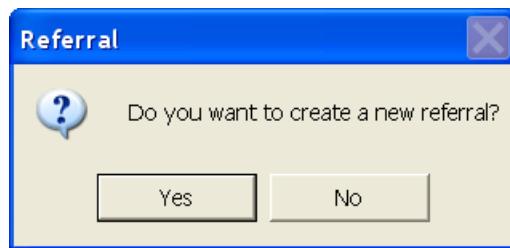
- Referral Number
- Supervisor
- Referral Received Date Range
- Establishment Name
- Establishment Site Address

The user can enter search criteria and click the Retrieve button to retrieve any referrals that match the search request. Any entries that are listed can either be selected and double-clicked or the user can click the Select button to launch the referral interface. The Establish button will display the details for the establishment associated with the currently highlighted referral.

The New button is used to launch the Referral interface to create a new referral.

Referral Interface

The user can click the New button on the Referral Lookup interface to create a new referral. They will be prompted as to whether they want to continue with the creation of a new referral.



An assignment will be made with the referral referenced as a related activity.

The Referral window is comprised of three tabs.

- Referral Tab
- Emphasis/Initiatives Tab (typically not used for referrals)
- OSHA File Tab (please reference OSHA File chapter)

Referral Tab

The first task when a new referral is created is to associate the referral with an establishment by clicking the Establishment button. See the Establishment Processing section for details.

Referral - 203461884

Referral Number: 203461884	Establishment: INDUSTRIAL FABRICATORS, INC.	Establishment														
Referral Date: 7/5/2019	105 Chickasaw Road, Gastonia, NC 28052	Referral Info														
Referral Details Emphasis/Initiatives OSHA File																
1. Reporting ID 0453730 Industry & Ownership 11. Primary NAICS/SIC 332312 3441 12. Number Employed 175 <input checked="" type="checkbox"/> NAICS/SIC Xref	17. Referral Classification Safety <input type="checkbox"/> Imminent Danger <input checked="" type="checkbox"/> Serious <input type="checkbox"/> Other Health <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Serious <input type="checkbox"/> Other															
14a. Referred By Other 14b. CSHO/FA Code 15. Date/Time Received 07/05/2019 08:00 AM 90. Employer Reported Yes 91. Rapid Response (RRI) 92. Event Date/Time 07/03/2019 06:06 PM	93. Number Hospitalized 1 94. Number Amputations 95. Number Eye Injuries															
99. Contact Name Amy Shirley Title Safety Manager Address Phone 704 616 8328 Email amy.shirley@ifabrication	Referral Action 21a. Safety Sup Assigned 21b. Health Sup Assigned Cagle, Jennie 22a. Inspection Planned? Yes b. Priority 24. Transfer Date 00/00/0000 25a. Transfer To 25b. Rpt ID/FA Code 28. Close Referral <input checked="" type="checkbox"/>															
Intake Info Deborah Samad 07/05/2019																
29. Optional Information <table border="1"> <thead> <tr> <th>Type</th> <th>ID</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td></td> <td>N</td> <td>20</td> </tr> <tr> <td></td> <td>N</td> <td>20</td> </tr> <tr> <td colspan="3"> Complaint desk called employer, (7/5/19, 9:03 AM), and left voice message request for details of </td> </tr> <tr> <td colspan="2"></td> <td>Add Delete</td> </tr> </tbody> </table>		Type	ID	Value		N	20		N	20	Complaint desk called employer, (7/5/19, 9:03 AM), and left voice message request for details of					Add Delete
Type	ID	Value														
	N	20														
	N	20														
Complaint desk called employer, (7/5/19, 9:03 AM), and left voice message request for details of																
		Add Delete														

1. Reporting ID. Pre-fills with the OSHA Enforcement RID.

11. Primary NAICS/SIC. Enter the SIC and NAICS codes or select the appropriate SIC and NAICS codes from the drop-down lists. If the NAICS/SIC Xref checkbox is checked, only the corresponding values that go with the specified SIC or NAICS will be available in the drop-down list.

12. Number Employed. Enter the number of persons employed at the establishment.

14a. Referred By. Select the source of the referral from the drop-down list.

Other

A CSHO (Within Office)
B Federal OSHA
C State OSH
D Discrimination
E Other Federal Agency
F Consultation
G State/Local Government
H Media
I Other
J Building Inspector Referrals

14b. CSHO/FA Code. This field is only enabled when the referral is from another CSHO (within the office). Select the compliance officer (CSHO ID) from the drop-down list.

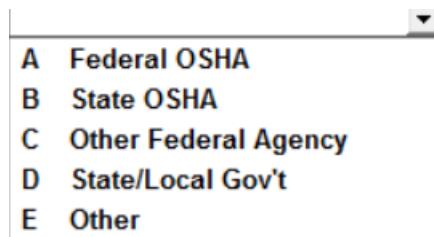
15. Date/Time Received. Enter the date and time that the referral was received (will pre-fill with the current date).

17. Referral Classification. Click the appropriate safety and/or health checkboxes depending upon the severity of the hazard alleged in the referral.

21a/b. Supervisor Assigned. Select the safety and/or health supervisor assigned to the referral.

22a/b. Inspection Planned?/Priority. Indicate whether an inspection is planned in order to investigate the referral.

24. Transfer Date. If the referral is transferred to another State Division or Agency or Federal Osha the date is entered here.



A dropdown menu with the following options:

- A Federal OSHA
- B State OSHA
- C Other Federal Agency
- D State/Local Gov't
- E Other

25a. Transfer To.

25b. Rpt ID/FA Code. Using the drop-down box, you will choose the code for the transfer.

28. Close Referral. Click the checkbox when the referral is ready to be closed. If there is an inspection, ensure that the related activity row for the referral is checked for satisfying the referral. The referral can also be closed from the related activity row on the inspection (Cmp/Ref Close checkbox on the Inspection interface).

29. Optional Information. Optional information codes can be entered for the referral.

90. Employer Reported. You will choose Yes or No.

91. Rapid Response (RRI). If the Complaint is an investigation, it will be YES. If an Inspection, it will be NO. Rapid response means, communication with the employer and complainant with a letter being sent to the employer for response of findings and action taken.

92. Event Date/Time. When the accident or injury took place.

Referral Info

The user can click the Referral Info button to view the referral form.

Referral Information

Referral of Alleged Safety or Health Hazards

NORTH CAROLINA DEPARTMENT OF LABOR Division of Occupational Safety and Health		Referral Number 200360006												
Employer Name Jons Bar and Grill														
Site Location (Street, City, State, ZIP) 4 W Edenton St Raleigh NC 27603														
Mailing Address (Street, City, State, ZIP) 4 W Edenton St Raleigh NC 27603														
Referral Assigned To L1785		SIC/NAICS 5812 722110												
<table border="1"><thead><tr><th colspan="3">Safety</th><th colspan="3">Health</th></tr></thead><tbody><tr><td>Imminent Danger</td><td>Serious <input checked="" type="checkbox"/></td><td>Other</td><td>Imminent Danger</td><td>Serious</td><td>Other</td></tr></tbody></table>			Safety			Health			Imminent Danger	Serious <input checked="" type="checkbox"/>	Other	Imminent Danger	Serious	Other
Safety			Health											
Imminent Danger	Serious <input checked="" type="checkbox"/>	Other	Imminent Danger	Serious	Other									
Hazard Description: The was a problem with the electrical panel.														

Details Tab

Referral - 203461967

Referral Number: 203461967 Establishment: RICH FARMS, INC.
Referral Date: 7/8/2019 Tobacco field on Race Track Road, Castalia, NC 27816

Establishment

Referral Referral Details Emphasis/Initiatives OSHA File Referral Info

19. Hazard Description

An employee, working in a tobacco field, became ill and was transported and admitted to the hospital; an infection was suspected initially, but the employee was eventually diagnosed with heat exhaustion.

EDIT

UPA Action UPA Response

Action Date	Action Type	Date Due	Communication
07/08/2019	Do Inspection = N	07/11/2019	
07/08/2019	Do Inspection = Y	00/00/0000	

Add Delete

19. Hazard Description. Enter the description of the hazardous safety or health condition as it was relayed from the referral. Specify sufficient detail for the compliance officer to investigate during an inspection.

UPA Actions/UPA Response. This information is used to track the correspondence related to the referral that is sent out from OSHA Enforcement. An entry for the letters and forms that are sent to the various parties (i.e. employer, complainant, etc.) should be made by clicking the “Add” button. Entries can be deleted by clicking the “Delete” button. Existing entries can be edited/updated by double-clicking the entry or by pressing the Enter key.

See the Complaint section above for UPA Action and Response entries.

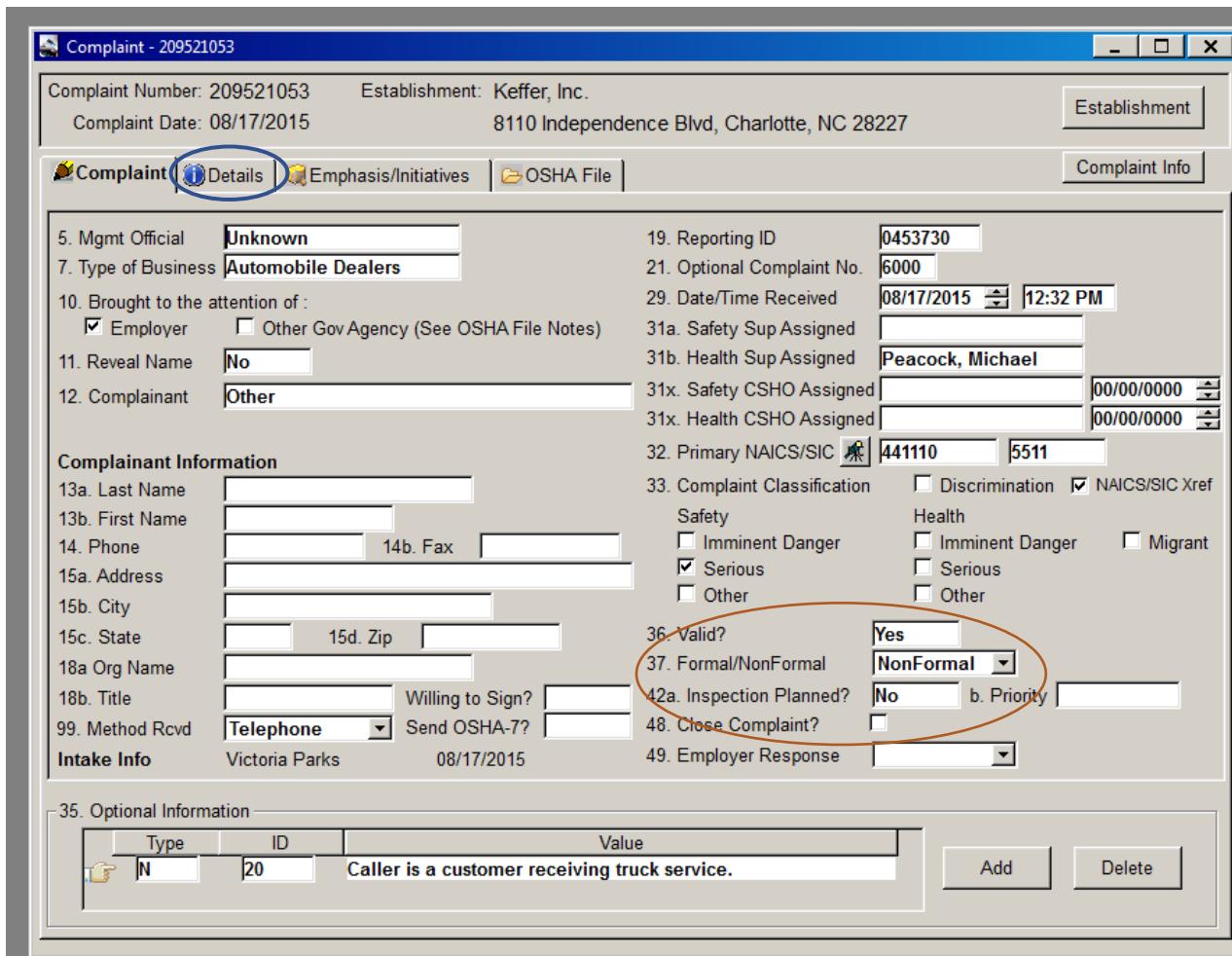
Note that the letter generation functionality can also be initiated from the Complaint interface by clicking either the “Document Generation” menu item under the Desktop menu or by clicking the Letters/Documents toolbar icon.



Paperless Complaint and Referral Investigation Procedures

This is a Non-Formal Complaint investigation where no inspection is to be conducted. All Non-Formal complaint investigations are paperless in the OE. This includes all UPA action dates, letters sent, response(s) received and any other actions up to requiring an inspection if it becomes necessary. At that time, all information would be transferred to the inspection case file by the CSHO assigned. The procedures below will outline how to process paperless in the OE system.

Complaint



Complaint - 209521053

Complaint Number: 209521053 Establishment: Keffer, Inc.
Complaint Date: 08/17/2015 8110 Independence Blvd, Charlotte, NC 28227

Complaint Details Emphasis/Initiatives OSHA File Complaint Info

5. Mgmt Official Unknown 19. Reporting ID 0453730
7. Type of Business Automobile Dealers 21. Optional Complaint No. 6000
10. Brought to the attention of:
Employer Other Gov Agency (See OSHA File Notes)
11. Reveal Name No 29. Date/Time Received 08/17/2015 12:32 PM
31a. Safety Sup Assigned
31b. Health Sup Assigned Peacock, Michael
31x. Safety CSHO Assigned 00/00/0000
31x. Health CSHO Assigned 00/00/0000
12. Complainant Other 32. Primary NAICS/SIC 441110 5511
33. Complaint Classification Discrimination NAICS/SIC Xref
Safety Imminent Danger Health Imminent Danger Migrant
 Serious Serious
 Other Other
13a. Last Name
13b. First Name
14. Phone 14b. Fax
15a. Address
15b. City
15c. State 15d. Zip
18a Org Name
18b. Title Willing to Sign?
99. Method Rcvd Telephone Send OSHA-7?
Intake Info Victoria Parks 08/17/2015
36. Valid? Yes 37. Formal/NonFormal NonFormal
38. Close Complaint? 42a. Inspection Planned? No b. Priority
49. Employer Response
35. Optional Information

Type	ID	Value
	20	Caller is a customer receiving truck service.

Add Delete

Once the complaint is assigned to the District Supervisor by the Complaint Desk, and the determination is made that it is a valid non-formal complaint, it will then be addressed as an investigation (mail/phone/fax/email) using the UPA Action/UPA Response area in the Complaint Details section below.

UPA actions must be addressed in the following manner.

Complaint - 209521053

Complaint Number: 209521053 Establishment: Keffer, Inc.
Complaint Date: 08/17/2015 8110 Independence Blvd, Charlotte, NC 28227

Establishment

Complaint Details Emphasis/Initiatives OSHA File Complaint Info

8. Hazard Description

1. Employees are complaining about experiencing heat exhaustion due to the heat in the service area.
2. Employees are concerned about their health because they do not have ventilation in garage to vent the fumes from vehicles.

EDIT

9. Hazard Location

Truck Center/Ram Center

EDIT

UPA Actions UPA Response 39. Send Letter 40. Receive Letter

Action Date	Action Type	Date Due	Communication
08/17/2015	Do Inspection = N	00/00/0000	
08/17/2015	Valid = Y	00/00/0000	
08/17/2015	Contact with Employer	08/26/2015	Mail Letter
08/26/2015	Contact with Employer	09/03/2015	Phone Discussion

Add Delete

UPA Actions are an important part of the tracking events that set your due dates in the Dashboard for tracking of the events for each action you have set. You must set the Action Dates for specific Action Types for the tracking to work as it should and for reporting functions.

What do you set?

Do Inspection = N – *Complaint Desk will set the Do Inspection=N date using 3 days. This enables the Supervisor to address the Complaint before the >5 days.*

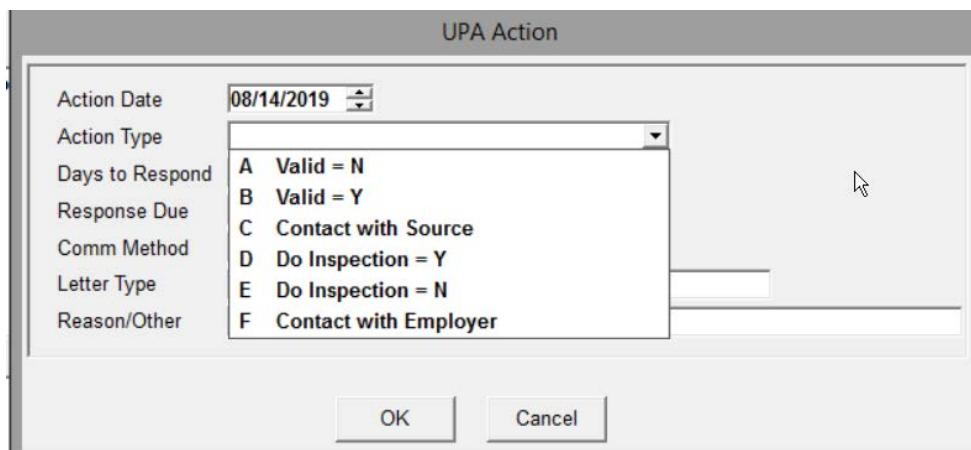
Valid = N – Due dates are not set.

Valid = Y – Due dates are not set.

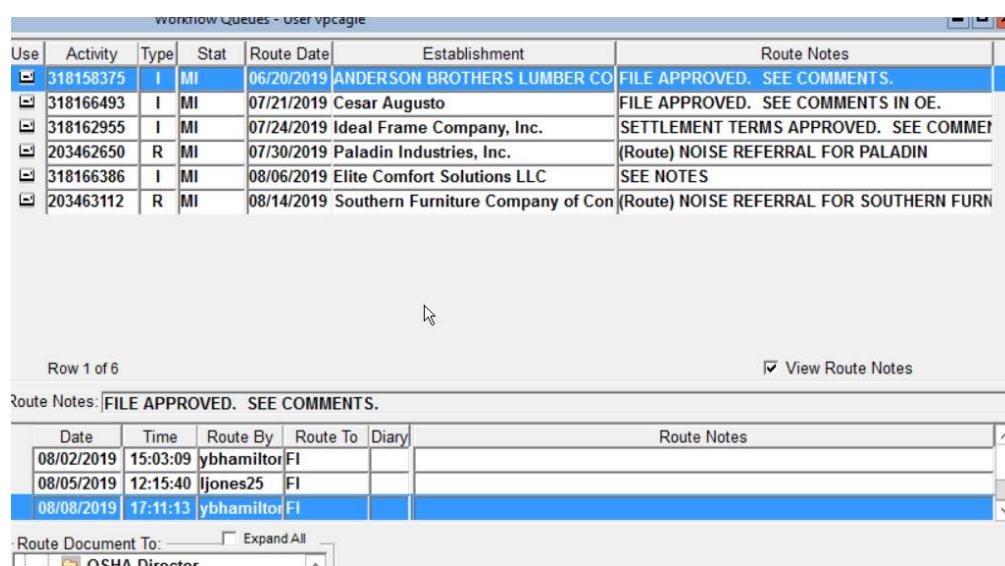
Initial “Contact with the Employer” – Initial contact would have a due date along with Communication as to processing.

Contact with Source – This will not have a due date.

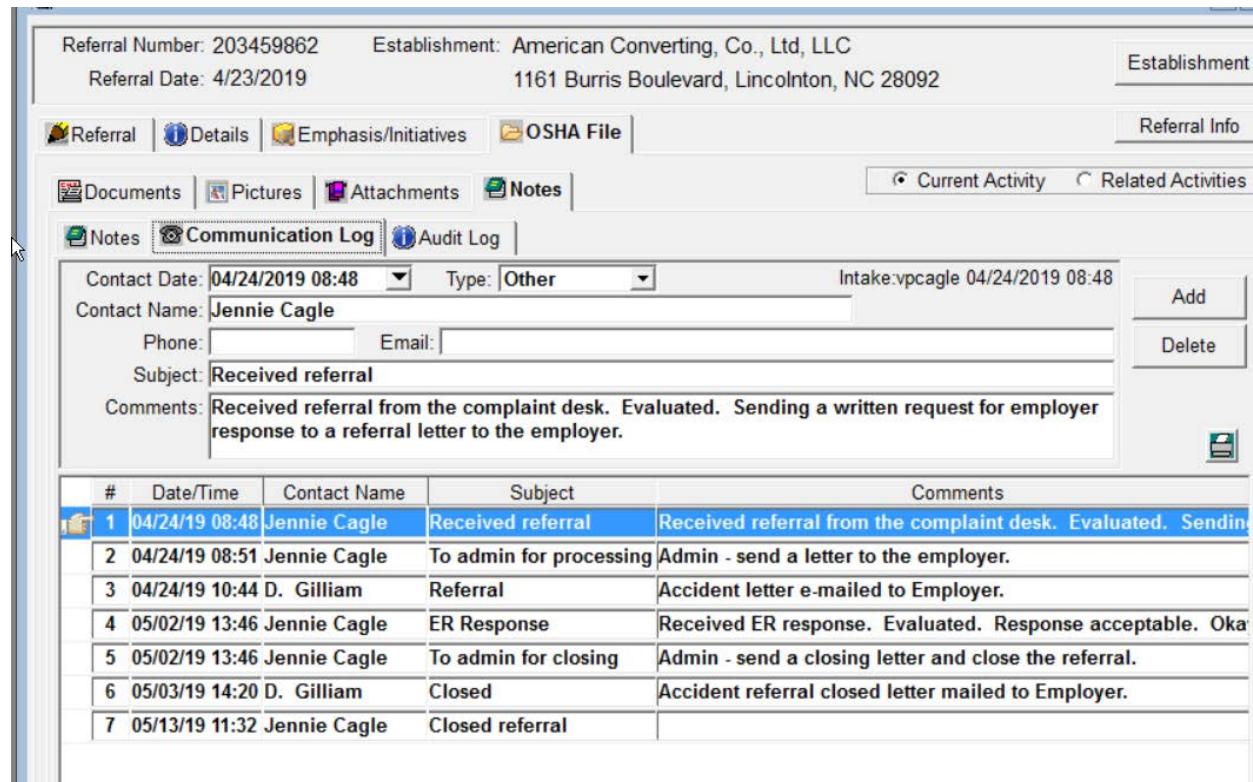
Additional “Contact with Employer” – Additional contact concerning the employer response may have a due date based on extensions for the response.



Once the initial UPA is completed, you will then Queue  the complaint to the Administrative Specialist in your field office for processing.



Once **Queued**, you will go to the Communication Log and enter your comments for the referral and processing information.



The screenshot shows a software interface for managing a referral. At the top, it displays the Referral Number (203459862), Establishment (American Converting, Co., Ltd, LLC), and Referral Date (4/23/2019). Below this, there are tabs for Referral, Details, Emphasis/Initiatives, OSHA File, Documents, Pictures, Attachments, and Notes. The Notes tab is currently selected, showing a sub-tab for Communication Log. The Communication Log table has columns for #, Date/Time, Contact Name, Subject, and Comments. The first entry is highlighted with a blue background. The comments for this entry mention receiving a referral from the complaint desk and sending a written request for employer response. The table shows a total of 7 entries.

#	Date/Time	Contact Name	Subject	Comments
1	04/24/19 08:48	Jennie Cagle	Received referral	Received referral from the complaint desk. Evaluated. Sending a written request for employer response to a referral letter to the employer.
2	04/24/19 08:51	Jennie Cagle	To admin for processing	Admin - send a letter to the employer.
3	04/24/19 10:44	D. Gilliam	Referral	Accident letter e-mailed to Employer.
4	05/02/19 13:46	Jennie Cagle	ER Response	Received ER response. Evaluated. Response acceptable. Okay.
5	05/02/19 13:46	Jennie Cagle	To admin for closing	Admin - send a closing letter and close the referral.
6	05/03/19 14:20	D. Gilliam	Closed	Accident referral closed letter mailed to Employer.
7	05/13/19 11:32	Jennie Cagle	Closed referral	

When the response from the employer is received in the field office the Administrative Specialist will date stamp the response letter, enter the date the letter is received into the Communication Log, and Scan the response letter into the Document section. They will then send the complaint to the Supervisor/POC **Queue** with a comment “response letter received, dated and scanned”.

UPA Response Complaint

If the response is satisfactory, the Supervisor/POC will code the information using the available drop-down boxes in the “ADD” function for the response. The Supervisor/POC will close the complaint and direct the Administrative Specialist, if needed, to send a response letter by routing to the Administrative **Queue** with comment “file closed send closure letter”. **Emailed responses that come in, can be printed out, date stamped and scanned or tiffed into the Documents section by the Supervisor or POC.*

OSHA Express - Enforcement

Desktop Queues Tools Reports Administration Window Help

Complaint - 209519875

Complaint Number: 209519875 Establishment: Rainier, Inc
Complaint Date: 07/24/2015 1801 Salisbury Hwy, Statesville, NC 28677

Establishment

Complaint Details Emphasis/Initiatives OSHA File Complaint Info

8. Hazard Description

1. Employees are exposed to contaminated water which comes out of the faucets a brown color.
2. The employer has an eyewash station which is not plumbed in, preventing the employees from flushing out their eyes.
3. The fire extinguishers are not properly mounted. There are several sitting on the floor throughout the facility.
4. There is no ventilation while working near the painting tube located at the cut saw area.
5. Employees are exposed to a struck-by hazard caused by working underneath a hole in the upstairs floor in the parts

9. Hazard Location

Throughout facility, Cut saw area, Part assembly area

UPA Actions UPA Response 39. Send Letter 40. Receive Letter

Resp Date	Response Type	Evaluation
08/25/2015	Employer - Response with Corrective Action Describ	Satisfactory
09/01/2015	Employer - Response with Corrective Action Describ	Satisfactory

Add Delete

*If the response is not satisfactory, it will be coded in the UPA response using the drop-down box and assigned for inspection.

Complaint Number: 209519875 Establishment: Rainier, Inc
Complaint Date: 07/24/2015 1801 Salisbury Hwy, Statesville, NC 28677

Establishment

Complaint Details Emphasis/Initiatives OSHA File Complaint Info

8. Hazard Description

1. Employees are exposed to contaminated water which comes out of the faucets a brown color.
2. The employer has an eyewash station which is not plumbed in, preventing the employees from flushing out their eyes.
3. The fire extinguishers are not properly mounted. There are several sitting on the floor throughout the facility.
4. There is no ventilation while working near the painting tube located at the cut saw area.
5. Employees are exposed to a struck-by hazard caused by working underneath a hole in the upstairs floor in the parts

9. Hazard Location

Throughout facility, Cut saw area, Part assembly area

UPA Actions UPA Response 39. Send Letter 40. Receive Letter

UPA Response

Response Date	Response Type	Evaluation
09/03/2015	A Complainant - Signed Complaint B Complainant - Disputes Employer Response C Complainant - Provides additional Information D Employer - Request for Additional Time E Employer - Correcting but no Time Given F Employer - Response with Corrective Action Described G Employer - Response to advise No Corrective Action Needed H Other - specify	Satisfactory
08/25/2015	Employer - Response with Corrective Action Describ	Satisfactory
09/01/2015	Employer - Response with Corrective Action Describ	Satisfactory

Add Delete

Placing Photos in the Pictures Section

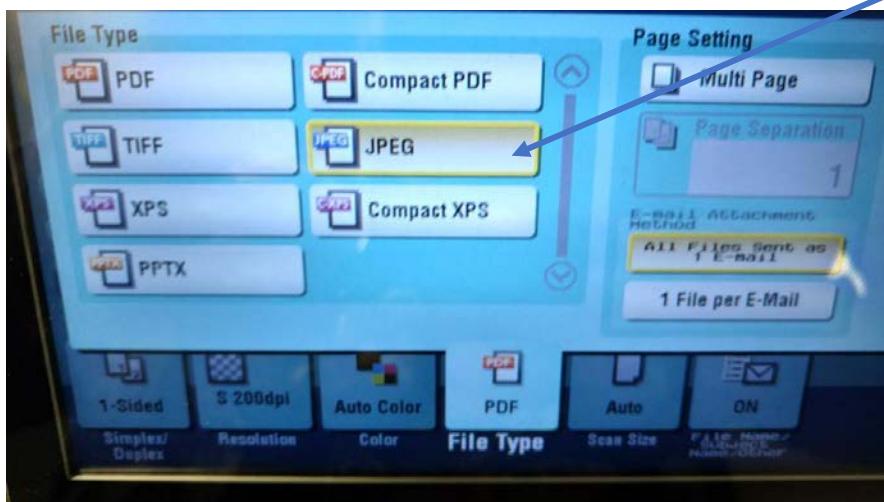
Complaint Number: 209630342 Establishment: Minervini's NY Bagel Company
Complaint Date: 02/20/2019 1016 Old Folkstone Rd, Sneads Ferry, NC 28460

#	Activity	Type	Date	User	Stat	Size	Description
1	209630342	C	03/04/2019	fdurham	M	16k	Minervini's Supplied Photo
2	209630342	C	03/18/2019	Inatkinson	M	20k	Glove
3	209630342	C	03/18/2019	Inatkinson	M	20k	Packaging

Row 2 of 3



Photos that come in, must be placed in the Pictures section of the OE. If they do not come to you on a CD, or in an email that can be converted to a JPG, you will Scan them in at the BizHub and convert to JPG then export them in. Pictures should never be in the Documents section as they will not print out correctly since they are a small tiff item not a JPG.



This is a Referral Investigation where no inspection is to be conducted. All referrals are paperless in the OE system and this includes all UPA action dates, letters sent, response(s) received and any other actions up to requiring an inspection if it becomes necessary. At that time, the information would be transferred to the inspection by the CSHO assigned. The procedures below will outline how to process Referral Investigation paperless in the OE system.

Referral

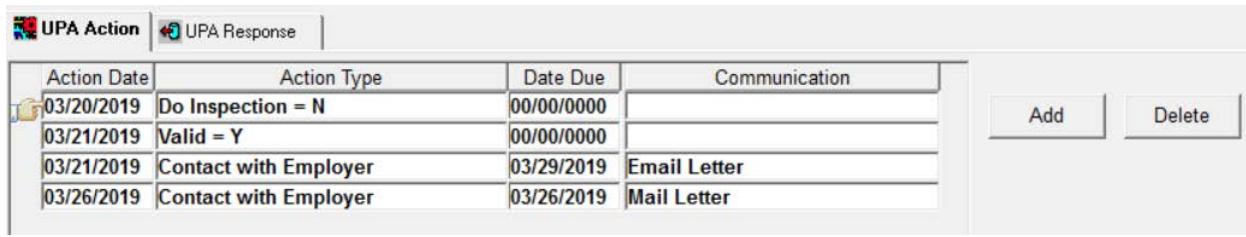
Referral - 203459086

Referral Number: 203459086	Establishment: General Steel Drum, LLC	Establishment																																																																																																																																		
Referral Date: 3/20/2019	4500 S. Blvd, Charlotte, NC 28209																																																																																																																																			
Referral Details Emphasis/Initiatives OSHA File		Referral Info																																																																																																																																		
<table border="0"> <tr> <td>1. Reporting ID</td> <td>0453730</td> <td>17. Referral Classification</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">Industry & Ownership</td> <td>Safety</td> <td>Health</td> <td colspan="2"></td> </tr> <tr> <td>11. Primary NAICS/SIC</td> <td>332439</td> <td><input type="checkbox"/> Imminent Danger</td> <td><input type="checkbox"/> Imminent Danger</td> <td colspan="2"><input type="checkbox"/> Migrant</td> </tr> <tr> <td>12. Number Employed</td> <td>45</td> <td><input checked="" type="checkbox"/> Serious</td> <td><input type="checkbox"/> Serious</td> <td colspan="2"><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Source</td> <td>93. Number Hospitalized</td> <td colspan="2"></td> </tr> <tr> <td>14a. Referred By</td> <td>Other</td> <td>94. Number Amputations</td> <td colspan="2">1</td> <td></td> </tr> <tr> <td>14b. CSHO/FA Code</td> <td></td> <td>95. Number Eye Injuries</td> <td colspan="2"></td> <td></td> </tr> <tr> <td>15. Date/Time Received</td> <td>03/20/2019 08:00 AM</td> <td>Referral Action</td> <td colspan="3"></td> </tr> <tr> <td>90. Employer Reported</td> <td>Yes</td> <td>21a. Safety Sup Assigned</td> <td colspan="3"></td> </tr> <tr> <td>91. Rapid Response (RRI)</td> <td>Yes</td> <td>21b. Health Sup Assigned</td> <td colspan="3">Peacock, Lee</td> </tr> <tr> <td>92. Event Date/Time</td> <td>03/19/2019 09:46 AM</td> <td>22a. Inspection Planned?</td> <td>No</td> <td>b. Priority</td> <td></td> </tr> <tr> <td>99. Contact Name</td> <td>Ricci Keller</td> <td>24. Transfer Date</td> <td colspan="3">00/00/0000</td> </tr> <tr> <td>Title</td> <td>ERS Manager</td> <td>25a. Transfer To</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td>8435 NE Killingsworth St</td> <td>25b. Rpt ID/FA Code</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Portland OR 97220</td> <td>28. Close Referral</td> <td colspan="3"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Phone</td> <td>503 339 6968</td> <td></td> <td colspan="3"></td> </tr> <tr> <td colspan="3">Intake Info</td> <td colspan="3">Email: rkeller@myerscontainer.</td> </tr> <tr> <td colspan="6">29. Optional Information</td> </tr> <tr> <td colspan="6"> <table border="1"> <thead> <tr> <th>Type</th> <th>ID</th> <th>Value</th> <th>Add</th> <th>Delete</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </td> </tr> </table>			1. Reporting ID	0453730	17. Referral Classification				Industry & Ownership		Safety	Health			11. Primary NAICS/SIC	332439	<input type="checkbox"/> Imminent Danger	<input type="checkbox"/> Imminent Danger	<input type="checkbox"/> Migrant		12. Number Employed	45	<input checked="" type="checkbox"/> Serious	<input type="checkbox"/> Serious	<input type="checkbox"/> Other				<input type="checkbox"/> Other	<input type="checkbox"/> Other			Source			93. Number Hospitalized			14a. Referred By	Other	94. Number Amputations	1			14b. CSHO/FA Code		95. Number Eye Injuries				15. Date/Time Received	03/20/2019 08:00 AM	Referral Action				90. Employer Reported	Yes	21a. Safety Sup Assigned				91. Rapid Response (RRI)	Yes	21b. Health Sup Assigned	Peacock, Lee			92. Event Date/Time	03/19/2019 09:46 AM	22a. Inspection Planned?	No	b. Priority		99. Contact Name	Ricci Keller	24. Transfer Date	00/00/0000			Title	ERS Manager	25a. Transfer To				Address	8435 NE Killingsworth St	25b. Rpt ID/FA Code					Portland OR 97220	28. Close Referral	<input checked="" type="checkbox"/>			Phone	503 339 6968					Intake Info			Email: rkeller@myerscontainer.			29. Optional Information						<table border="1"> <thead> <tr> <th>Type</th> <th>ID</th> <th>Value</th> <th>Add</th> <th>Delete</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Type	ID	Value	Add	Delete					
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The Referral Investigation initial form will require an entry in block 91. Rapid Response (RRI) will be **YES** when addressed as an investigation. Rapid Response or RRI means that no Inspection will be done but an investigation with letter notification sent to the employer will be done.

UPA Action Referral

The UPA action will be the same in the referral investigation as it is the complaint investigation.



Action Date	Action Type	Date Due	Communication	
03/20/2019	Do Inspection = N	00/00/0000		
03/21/2019	Valid = Y	00/00/0000		
03/21/2019	Contact with Employer	03/29/2019	Email Letter	
03/26/2019	Contact with Employer	03/26/2019	Mail Letter	

Do Inspection = N – Due date not set.

Valid = N – Due dates are not set.

Valid = Y – Due dates are not set.

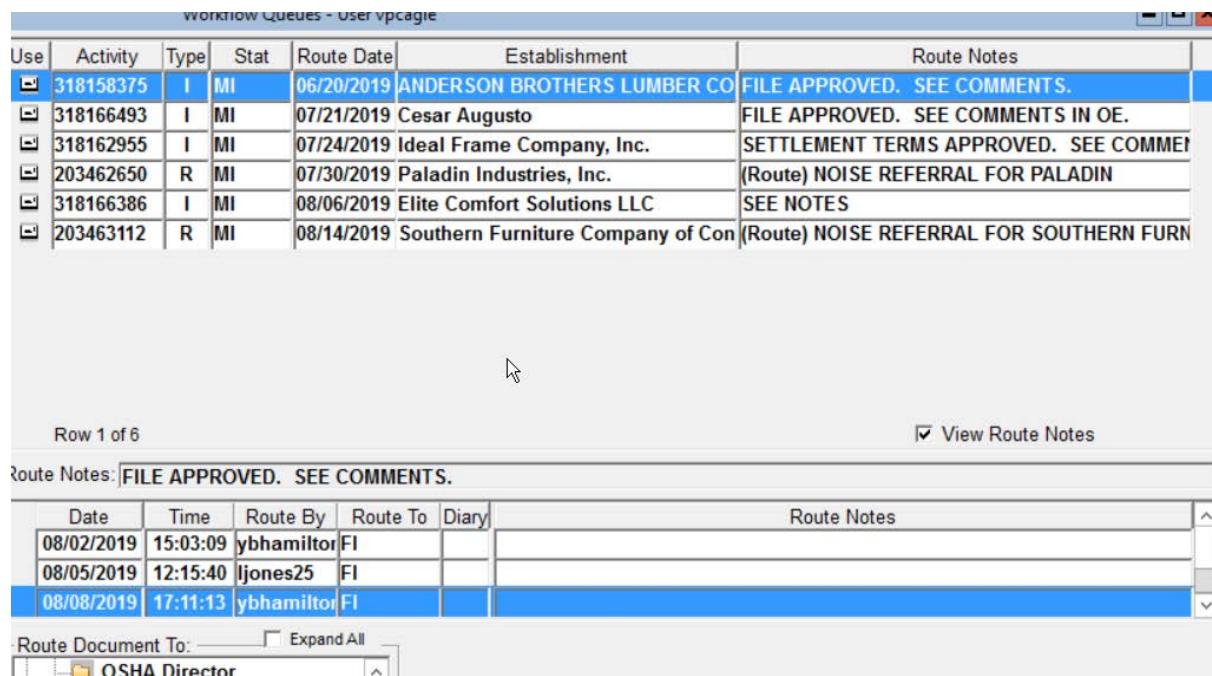
Initial “Contact with the Employer” – Initial contact would have a due date along with Communication as to processing.

Contact with Source – This will not have a due date

Additional “Contact with Employer” – Additional contact concerning the employer response may have a due date based on extensions for the response.



Once the initial UPA is completed you will then Queue the referral to the Administrative Specialist in your field office for processing.



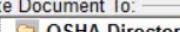
Workflow Queues - User vpcagie						
User	Activity	Type	Stat	Route Date	Establishment	Route Notes
318158375	I	MI	06/20/2019	ANDERSON BROTHERS LUMBER CO	FILE APPROVED. SEE COMMENTS.	
318166493	I	MI	07/21/2019	Cesar Augusto	FILE APPROVED. SEE COMMENTS IN OE.	
318162955	I	MI	07/24/2019	Ideal Frame Company, Inc.	SETTLEMENT TERMS APPROVED. SEE COMMEN	
203462650	R	MI	07/30/2019	Paladin Industries, Inc.	(Route) NOISE REFERRAL FOR PALADIN	
318166386	I	MI	08/06/2019	Elite Comfort Solutions LLC	SEE NOTES	
203463112	R	MI	08/14/2019	Southern Furniture Company of Con	(Route) NOISE REFERRAL FOR SOUTHERN FURN	

Row 1 of 6 View Route Notes

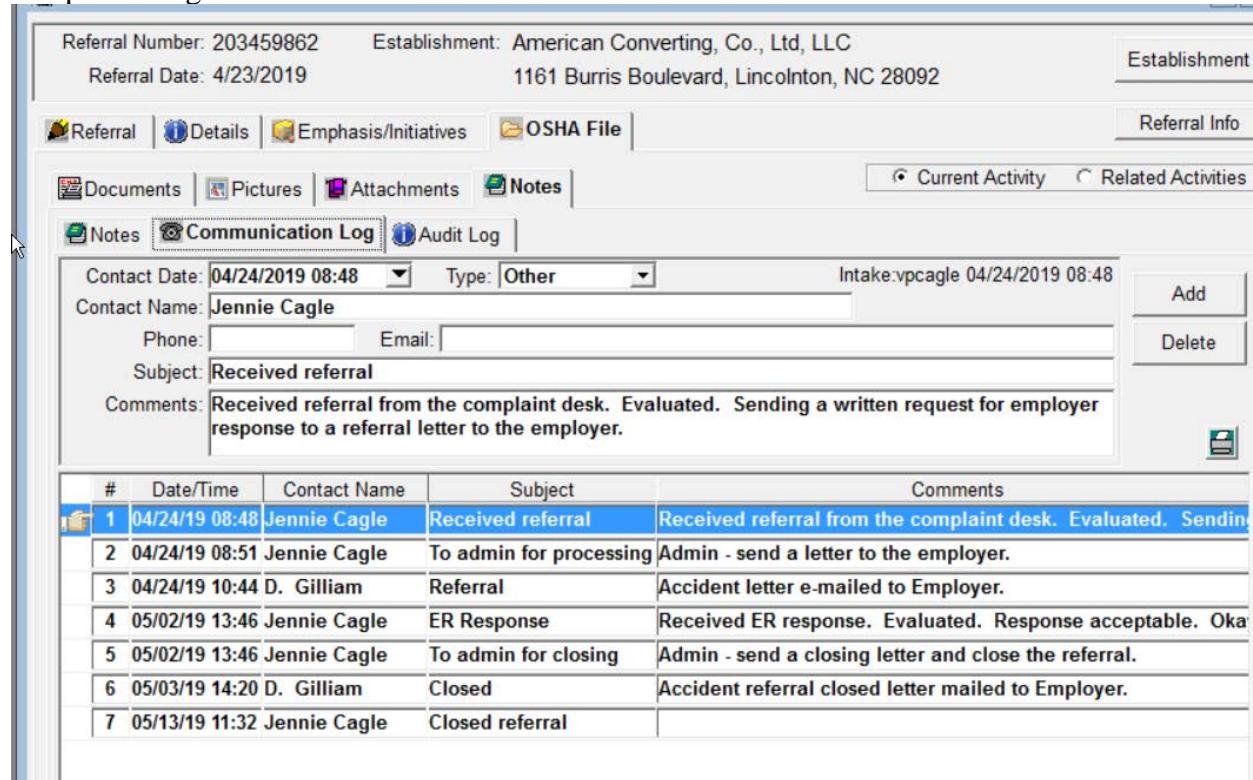
Route Notes: FILE APPROVED. SEE COMMENTS.

Date	Time	Route By	Route To	Diary	Route Notes
08/02/2019	15:03:09	ybhamilton	FI		
08/05/2019	12:15:40	ljones25	FI		
08/08/2019	17:11:13	ybhamilton	FI		

Route Document To: Expand All

 OSHA Director

Once **Queued**, you will go to the Communication Log and enter your comments for the referral and processing information.



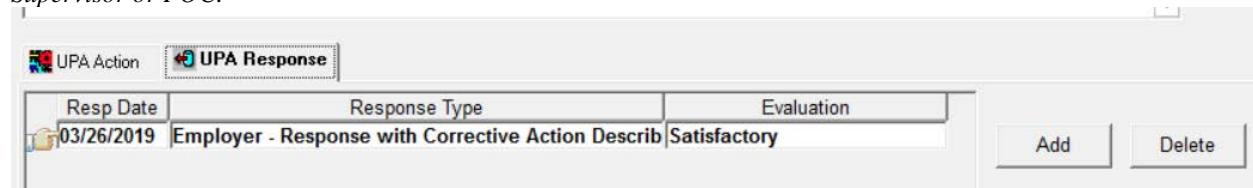
The screenshot shows a software interface for managing referrals. At the top, it displays the Referral Number (203459862), Establishment (American Converting, Co., Ltd, LLC), and Referral Date (4/23/2019). Below this, there are tabs for Referral, Details, Emphasis/Initiatives, OSHA File, Referral Info, Documents, Pictures, Attachments, Notes, Current Activity, and Related Activities. The Notes tab is selected, showing a contact log entry for Jennie Cagle on 04/24/2019 at 08:48, categorized as 'Other'. The comments field contains: 'Received referral from the complaint desk. Evaluated. Sending a written request for employer response to a referral letter to the employer.' Below this is a table of communication log entries:

#	Date/Time	Contact Name	Subject	Comments
1	04/24/19 08:48	Jennie Cagle	Received referral	Received referral from the complaint desk. Evaluated. Sending
2	04/24/19 08:51	Jennie Cagle	To admin for processing	Admin - send a letter to the employer.
3	04/24/19 10:44	D. Gilliam	Referral	Accident letter e-mailed to Employer.
4	05/02/19 13:46	Jennie Cagle	ER Response	Received ER response. Evaluated. Response acceptable. Oka
5	05/02/19 13:46	Jennie Cagle	To admin for closing	Admin - send a closing letter and close the referral.
6	05/03/19 14:20	D. Gilliam	Closed	Accident referral closed letter mailed to Employer.
7	05/13/19 11:32	Jennie Cagle	Closed referral	

When the response letter is received in the field office, the Administrative Specialist will date stamp the response letter, enter the date the letter is received into the Communication Log, and Scan the response letter into the Document section. They will then send the referral to the Supervisor/POC Queue with a comment “response letter received, dated and scanned”.

UPA Response Referral

If the response is satisfactory the Supervisor/POC will code the information properly using the available drop-down boxes in the “ADD” function for the response. The Supervisor/POC will close the complaint and direct the Administrative Specialist, if needed, to send a response letter by routing to the Administrative Queue with comment “file closed send closure letter”. **Emailed responses that come in, can be printed out, date stamped and scanned or tiffed into the Documents section by the Supervisor or POC.*

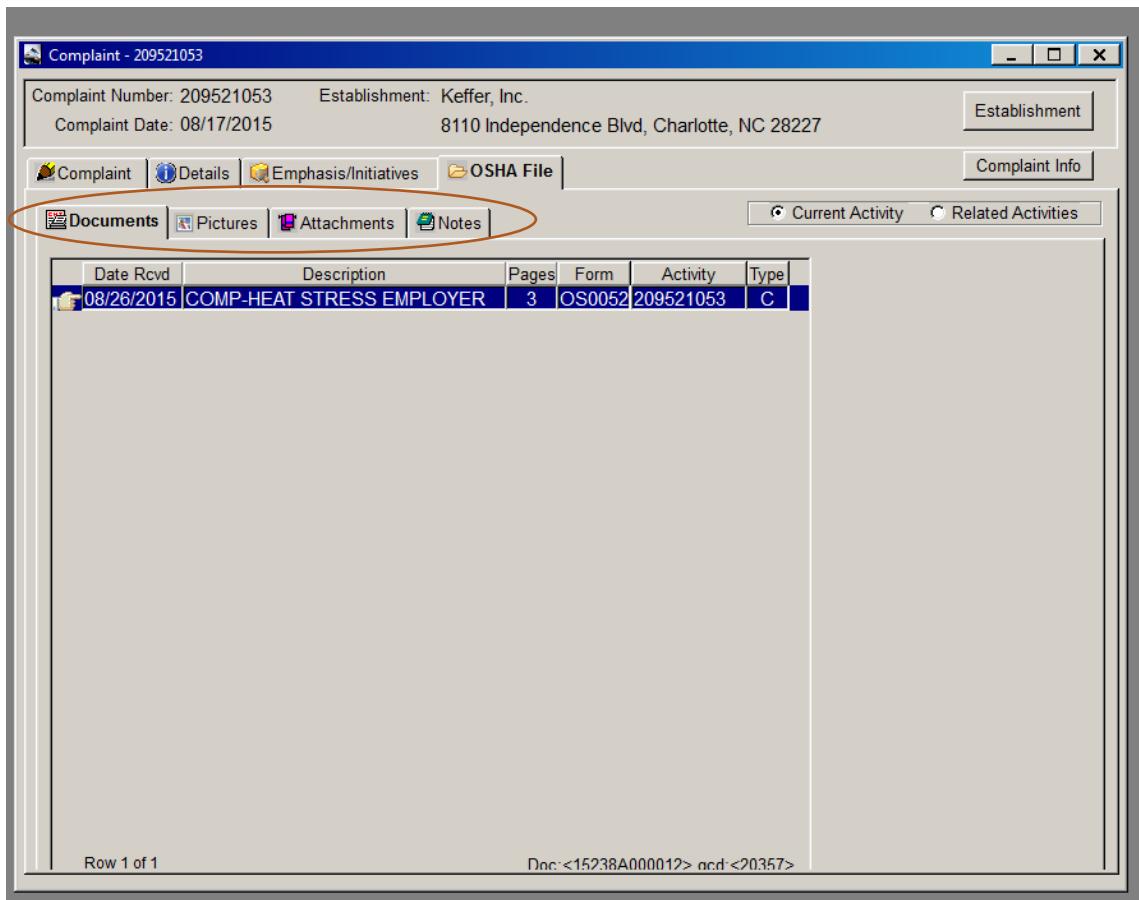


The screenshot shows a software interface for managing UPA responses. At the top, it displays the UPA Action (UPA Response) and UPA Response tabs. Below this, there are fields for Resp Date (03/26/2019), Response Type (Employer - Response with Corrective Action Describ), and Evaluation (Satisfactory). There are also Add and Delete buttons.

Retention Sections of the Complaint and Referral Files in the Osha Express

The Document section of the complaint will house all the information that the paper file previously held. This will include all letters, faxes, emails, and responses from the employer etc.

- The Document section will hold this information for 3 years.
- The Attachment section will hold information for **30 days only** after the Complaint/Referral has been satisfied and closed.
- The Pictures Section will hold photos for 5 years.
- The Notes section does not have an expiration date but is used for “in house” communication only.



The screenshot shows a software window titled "Complaint - 209521053". At the top, it displays the Complaint Number (209521053), Establishment (Keffer, Inc.), and Address (8110 Independence Blvd, Charlotte, NC 28227). Below this, there are tabs for "Complaint", "Details", "Emphasis/Initiatives", "OSHA File", "Documents", "Pictures", "Attachments", and "Notes". The "Documents" tab is highlighted with a red oval. A radio button for "Current Activity" is selected. The main area shows a table with one row of data:

Date Rcvd	Description	Pages	Form	Activity	Type
08/26/2015	COMP-HEAT STRESS EMPLOYER	3	OS0052	209521053	C

At the bottom, it says "Row 1 of 1" and "Doc: <15238A000012> ocd: <20357>".

Updating the Serious Fatal Log - When/Where/How

The Serious Fatal Log can be accessed by Date Range, CSHO, Establishment, Employee Name, First name, or Activity number, if known. The Log will include not only Accidents (Fat/Cats) but Referrals and Complaints. When an inspection is opened that was a Accident/Fatality/Referral/Complaint where injury or death occurred based on the FOM, the inspection number must be included on the form with all the correct fields completed.

Serious Injury / Fatality Lookup

Search Criteria		Date Range		Employee	
Activity Number	CSHO	From	To	Last Name	First Name
CSHO		06/14/2019	08/14/2019	Employee	
Establishment		Address		Employee Last Name	
Employee First Name					
Log Number	CSHO	Type	Event Date	Employee	Establishment
20190640	N5659	S	08/12/2019	Pope, Gordon	Georgia-Pacific Wood Products LLC - 2457-B Old Mount Olive Hwy, DUDLEY, NC 28135
20190637	20190636	F	08/11/2019	Hudson, Kendrick	Piedmont Airlines, Inc.
20190636	20190642	S	08/10/2019	Phillips, John	Carolina West Enterprises, LLC
20190642	20190627	S	08/09/2019	Cooper, David	Fountain Electric, Inc. dba Fountain Electric
20190627	20190631	F	08/08/2019	Wilson, James	Stavely Forest Products, Inc.
20190631	20190634	S	08/08/2019	Triston, Craven	City of Charlotte
20190634	20190639	S	08/08/2019	Norman, Nathaniel	Sir Raleigh Electric, Inc.
20190639		S	08/08/2019	Walker, Gavin	North Carolina Department of Natural Resources - 1000 Longleaf Rd, Kure Beach, NC 28449

Serious Injury / Fatality Log - 20190621

Log Number: 20190621	Accident Address: 2501 Front Street, Beaufort, NC 28516							
Accident Date: 08/02/2019	Accident Type: Serious							
FAT/CAT								
Accident Employee(s) Inspection Info OSHA File Accident Info								
R Report Date	08/02/2019	Report Time	07:41 PM	Log Number	20190621	Accident Type	Serious	
E Caller Name, Title	Officer Raulo Ferreira, Beaufort Police Department					Caller Phone	252 342 2017	
O OSHA Covered	Yes	Employer Reported	No	Industry	Construction	Number Hospitalized	2	
A Accident Date	08/02/2019	Accident Time	07:00 PM	Death Date	00/00/0000	FAT/CAT	203462924	
C Accident Address	2501 Front Street					Referral		
I						Complaint		
D						Inspection	318174786	
E City	Beaufort					State		NC
N ZIP	28516	County	CARTERET					
O Report Taken By	Ric Schumann	Inspection Planned	Yes	Assigned CSHO	Griffith, Ira			
S Supervisor:	Atkinson, Lafayette	Date Assigned:	08/05/2019					
Accident Description								
Three employees were installing a metal roof on a residential house. One of the workers slipped and fell and when his brother attempted to catch him, they both fell to the ground.								
EDIT								
Establishment Info								
Establishment		Address/City						
Francisco Luviano dba Luviano Roofing		612 N Steele Street, SANFORD, NC 27330						
				Add				
				Delete				

The Serious Fatal Log entries are filled in by the Complaint desk, Supervisor and CSHO.

If no inspection is to be performed, or the inspection assigned becomes a No Inspection, you will change to the following:

Inspection Update - 318111630

Inspection Number: 318111630 135095 Establishment: Smithfield Farmland Corp.
Inspection Date: 07/13/2017 15855 NC Highway 87 West, Tar Heel, NC 28392

Inspection | **Dates** | **Contacts** | **Emphasis/Initiatives** | **OSHA-1AC** | **OSHA-167** | **Health** | **Violations** | **OSHA File**

1. Reporting ID **0459710**

2. CSHO Information
a. CSHO ID **Martin, Julie**
b. Job Title **Safety Compliance Officer Tr**
c. Supervisor Assigned **Atkinson, Lafayette**
d. Trainee(1)
e. Trainee(2)

3. Optional Report Number **000-18**

18. Legal Entity **Corporation**

20. Type of Business **meat processing**

21. Inspection Category **Safety** Joint

22. Primary NAICS/SIC **311612** **5147**

23. Secondary NAICS/SIC NAICS/SIC Xref
a. Guide
b. Inspected

24. Inspection Type **Fatality/Catastrophe**

25. Inspection Classification
 Safety Manufacturing
 Safety Construction
 Safety Maritime
 Health Manufacturing
 Health Construction
 Health Maritime

26. Employed in Establishment
27. Covered by Inspection
28. Controlled by Employer
29. Union?
30. Employee Walk Around
31. Employee Interviewed
35. Scope of Inspection **No Inspection**
43. Reason No Inspection
97. Federal Contractor
98. Attempt to collect info
99. Imminent Danger Notice **Other** **Unknown** **Yes** **No** **00/00/0000**

5. Related Activity

Type	Number	Sat Safety?	Sat Health?	Cmp/Ref Close	Related Close Date
Accident	102987872	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Add Delete

42. Optional Information

Type	ID	Value
S	03	2.0
N	20	EE DEATH DUE TO NATURAL CAUSES

Add Delete

Log Number: 20190488 Accident Address: 305 Cunningham Blvd, Havelock, NC 28532
Accident Date: 06/26/2019 Accident Type: Fat/Cat FAT/CAT 102991445

Accident | **Employee(s)** | **Inspection Info** | **OSHA File** | **Accident Info**

R Report Date **06/26/2019** Report Time **01:57 PM** Log Number **20190488** Accident Type **Fatality**
E Caller Name, Title **Denise Horne, Executive Director of Human Resource** Caller Phone **252 638 7225**
O OSHA Covered **Yes** Employer Reported **Yes** Industry **General Indus** Number Hospitalized **0**
T
A Accident Date **06/26/2019** Accident Time **08:30 AM** Death Date **06/26/2019** FAT/CAT **102991445**
C Accident Address **305 Cunningham Blvd** Referral
I
D
E City **Havelock** State **NC** Complaint
N ZIP **28532** County **CRAVEN** Inspection
T
O Report Taken By **Jeffrey Mitchell** Inspection Planned **No** Assigned CSHO
S Supervisor: **Hill, Neesia** Date Assigned: **00/00/0000**
A
Accident Description

No Inspections are to be corrected on the Serious Fatal Log when a CSHO is assigned by doing the following:

“Inspection Planned” NO

Right click out the “Assigned CSHO”

Right click out “Date Assigned”

Save your modifications