

North Carolina Department of Labor  
Occupational Safety and Health Division  
Bureau of Compliance

Field Operations Manual  
Chapter I – Purpose, Scope and Quality Management



## Chapter I

### Purpose, Scope and Quality Management

#### A. Purpose.

The Occupational Safety and Health Division of North Carolina (OSHNC), Compliance Bureaus, are charged with delivery of on-site safety and health compliance enforcement activity to private and public sector employers. The Compliance Program consists of an East and West Compliance Bureau and Complaint Desk/Laboratory section. The organizational structure includes an Assistant Director, an Eastern Bureau Chief, a Western Bureau Chief, 11 District Supervisors, a Staff Industrial hygienist, 110 safety and health compliance officers, 2 complaint intake officers, a laboratory technician, and an administrative support staff. In addition, 3 positions have been assigned to work in the Employment Discrimination Bureau (EDB) to investigate discrimination complaints associated with Occupational Safety and Health.

OSHNC is required to develop and maintain procedures that describe those specific processes that affect quality as defined in terms of satisfying customer requirements while completing legislative mandated activity and requirements. The purpose of the Field Operations Manual (FOM) is to provide guidance to Compliance personnel, to ensure responsibilities are carried out in an effective, efficient and consistent manner.

#### B. Scope.

The procedures in the FOM apply to all OSH Compliance personnel.

#### C. OSH Compliance Mission Statement.

OSH Compliance is committed to increasing awareness of workplace safety and health issues of the state's employers and employees through an efficient and effective compliance program. Each bureau employee is responsible for understanding customer needs and expectations, for integrating this information into the process, and for producing and delivering efficient and effective services in accordance with the overall Quality Policy of the Department of Labor.

#### D. OSH Quality Statement.

Administrative Procedure Notice #13 (APN 13) describes the OSH Division Quality Plan. This Chapter of the FOM contains specific procedures associated with elements described in APN #13 including: management review, document control, corrective preventative actions, clarification of customer requirements, process control, control of quality records, internal evaluations and training.

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E. **Definitions.**

Action Request - A document used to define an observed or potential problem, opportunity for improvement, complaint, or other nonconformity and provide the control mechanism for resolution.

Action Request Log – A log of all action requests received and the status of the action request. The Bureau Documentation Coordinator maintains this log.

Administration Staff (Admin Staff) - Refers to the district office clerical staff.

Bureau Documentation Coordinator- Individual assigned the responsibility for the quality documentation system.

Case file- A group of forms and completed documents prepared by the CSHO as a result of a compliance inspection.

Case File Summary- A tracking form used to note dates and activities related to the inspection case file.

Citation approval form – form used to obtain Bureau Chief (BC) approval on significant cases.

Complaint – Refers to an alleged workplace safety or health hazard (s) brought to the attention of OSHNC by an employee, an employee representative or other non-referral source. Formal and Non Formal complaints are identified in the FOM.

Complaint Desk – Refers to the location that OSH complaints are received. The complaint desk is staffed by CSHO's.

Compliance Officer (CSHO) - refers to either a Safety or Health Compliance Officer.

Controlled Document List- contains OSHNC documents that are reviewed and approved by the OSH assistant Director and maintained by the Bureau Document Coordinator (unless otherwise noted). Approved documents are readily available in electronic format. Invalid or obsolete documents will not be available electronically. Document list will contain document title, latest revision date, location of document and person responsible for maintenance.

Corrective Action - An action that remedies or eliminates errors or mistakes. This action also includes addressing the cause of the problem and confirming that a solution is found. Corrective action is a proactive approach that does not always wait for an internal assessment or external audit to uncover errors or mistakes.

Customer Complaint Log - A document used to record a complaint received from the customer and any action taken in response to that complaint.

District Supervisor – Refers to a Health or Safety Compliance Supervisors.

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Employee Development Plan - A written plan developed by supervisors and employees to further develop an employee's skills during an upcoming evaluation cycle.

Federal Fiscal Year- A year measured from October 1st to September 30th (i.e. October 1, 1999 to September 30, 2000 is one fiscal year—FY 2000).

Field Information System (FIS) - Refers to the Compliance Field Information System, which is an electronically maintained database. The FIS is a dynamic series of documents that provides information, policies and guidance to the OSHNC staff in the conduct of their daily work. The documents may be OSHNC developed or they may be federal OSHA documents adopted for application to North Carolina workplaces. It defines the activities and procedures that OSHNC Compliance programs are to follow.

Field Operations Manual (FOM) - Refers to the Compliance Field Operations Manual, which is an electronically maintained document that is part of the FIS. It defines the activities and procedures that OSHNC Compliance employees are expected to follow.

Final Order - a final determination on the status of citations and penalties associated with a case file. A case can become a final order through a settlement agreement, hearing process or by the failure of the employer to request an action by a specified date.

Green Card - card received from post office verifying delivery of mail.

Informal Conference (IC) - A meeting held between OSHNC, the employer (and possibly employee representatives) after citations have been issued, to discuss pertinent inspection issues.

Informal Settlement Agreement (ISA) - An agreement between OSHNC and the employer reached after citations are issued and prior to contest (usually reached during an informal conference).

Integrated Management Information Systems Manual (IMIS) – Refers to a federally controlled forms documentation manual.

NCR System - NCR is an acronym for “National Cash Register”, which was the manufacturer of the Federal computer system used by compliance officers for recording compliance activities and writing reports.

No Change Letter (NCL) - A letter issued by the District Supervisor after an informal conference indicating no changes are warranted in the citation package.

Operational Procedure Notice (OPN) – Refers to an operating procedure related to a specific standard/topic. OPN's are part of the FIS.

OPN 64 – Training plan that has been established for all compliance officers in training.  
OSHA 1 - Inspection Activity Form. Information form prepared for every compliance inspection, it provides information on the employer, type of inspection and CSHO conducting inspection. Specific information can be found in the FOM and IMIS manuals.

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OSHA 1B - Form utilized to record information related to a violation of the OSHA standards.

OSHA 36 - Accident intake form used for gathering information on accidents.

OSHA 7 - Complaint intake form used for gathering information from complainants.

OSHA 90 - Referral intake form used for gathering information from a referral source.

OSHA 91A - Air Sampling Report. This NCR form is used in case file to record air-sampling data.

OSHA 92 - Noise Survey Report. This NCR form is used in a case file to record noise measurement data.

OSHA 93 - Direct Reading Report. This NCR form is used in a case file to record data from direct reading instruments.

OSHNC - The North Carolina Department of Labor, Occupational Safety and Health Division.

Position Descriptions – Written descriptions of the requirements and expected activity for each of the OSH Compliance positions.

Preventive Action - A review of operation(s) with information from management reviews, quality records, audit reports, action requests or customer complaints. The intention is to use analysis of data or root causes to prevent future non-conformities in written or unwritten practices or written procedures within the bureau's quality management system.

Processing Assistant – Clerical support in the field office.

Records Retention and Disposition Schedule for OSHNC - This is a written schedule for retention periods developed by OSHNC and the Division of Archives and History in accordance with the provisions of Chapters 121 and 132 of the General Statutes of North Carolina.

State Fiscal Year - A year measured from July 1<sup>st</sup> to June 30th (i.e. July 1, 1999 to June 30, 2000 is one state fiscal year—FY 2000).

Travel Package - A group of forms related to approval for and funding of training, professional development or compliance activity.

Work Plan - A written plan developed by supervisors and employees combining what an employee will accomplish with the skills used to reach those results.

F. **Responsibilities and Authorities.**

Administrative Staff: The “admin staff” provides support to the Bureau Chiefs, supervisors and field staff. Their responsibilities include, but are not limited to, processing citations, copying case

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file information, mailing documents to employers and employees, receiving and distributing incoming mail, and numerous other administrative tasks associated with keeping the field office running smoothly.

All OSH Compliance personnel: Ensure that services are managed, performed, and verified in conformance with the OSH Compliance procedures. All employees have the authority to halt activity when nonconformity occurs and provide appropriate corrective action and notification.

Assistant Director: Plans, coordinates and implements the programs and activities of the Bureaus of Compliance and Bureau of Agriculture Safety and Health in accordance with Division goals. Responsible for ensuring the establishment, implementation, maintenance, and approval of the bureau level procedures.

Bureau Chiefs: Ensure timely, quality service; identify opportunities for operational improvement; foster open communications; keep staff informed of issues impacting on responsiveness or service standards; ensure that programs have a current action plan for service delivery; and ensure that progress continues according to plan.

Bureau Documentation Coordinator: Responsible for the physical handling of all documents, to include maintaining a master list and controlling archives of all versions of the documents.

District Supervisor: The district supervisor has first level supervisory responsibility over CSHOs in the discharge of their duties and may also conduct compliance inspections. They receive and evaluate inspection assignments, assign inspections, evaluate case files, sign citations, hold informal conferences, issue informal settlement agreements, along with providing guidance and support to the CSHOs, in accordance with the FOM.

Management Representative: Employee responsible for all aspects of coordinating the maintenance of the OSHNC quality management system. The staff industrial hygienist is presently performing these duties.

Safety and Health Compliance Officers: The primary responsibility of the Compliance Safety and Health Officer (CSHO) is to carry out the mandate given to the NC Commissioner of Labor, namely, "to ensure so far as possible every working man and woman in North Carolina safe and healthful working conditions...." To accomplish this mandate the NCDOL-OSH Division employs a wide variety of programs and initiatives, one of which is enforcement of standards through the conduct of effective inspections. CSHOs receive inspection assignments, conduct inspections, prepare case files, make corrections as needed, ensure abatement of hazards, and complete case file management all in accordance with the FOM. Through inspections and other employee/employer contact, the CSHO can help ensure that hazards are identified and abated to protect workers. During these processes, the CSHO must use professional judgment to adequately document hazards in the case file, as required by the policies and procedures in effect in the Division. The CSHO will be responsible for the technical adequacy of each case file.

G. **Management Review.**

An OSH Compliance review of processes and procedures shall be conducted at least quarterly to

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ensure that effective, efficient service is being maintained. Quarterly Management Reviews of Quality plan elements outlined in APN #13 will be conducted by a management team consisting of: the Assistant Director, the East Bureau Chief, the West Bureau Chief, the Management Representative (staff industrial hygienist), and the Bureau Documentation Coordinator. Each Quality Plan element shall be reviewed on at least a bi-annual (once every two years) basis. The following actions will take place during the management review process:

1. The Management Representative sets a date and time for the management review and transmits notice to all participants.
2. The Management Representative prepares an agenda for the management review and distributes it to all participants prior to the scheduled review.
3. The Management Representative ensures that all information and documents required for the review are assembled and made available.
4. Quarterly meetings will be conducted between Bureau Chiefs, Bureau Documentation Coordinator, Management Representative and the Assistant Director. At a minimum, the following items will be reviewed: customer complaint logs, intranet web site, action requests, and quality plan elements (which includes the procedures outlined in the FIS).
5. Improvement opportunities will also be discussed at each quarterly meeting. This will be the basis for continuing improvement program.
6. Management Review assignments will be made, as necessary and due dates shall be assigned.
7. The Bureau Document Coordinator prepares /maintains record of the review.
8. The Assistant Director completes the review.

H. **Document Control.**

Document control is an important aspect of the OSHNC quality plan system. It is important for operational consistency and effectiveness to ensure that only current documents are available for use. The Bureau Documentation Coordinator and the Management Representative are responsible for maintaining the document control system. The individual responsibilities of these positions are outlined below:

The Bureau Documentation Coordinator:

1. Develops the document control system, which describes how the documents will be accessed and retrieved.
2. Maintains the Controlled Document List.

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3. Ensures that only current and authorized instructional documents are available where the lack thereof could adversely affect the quality of services being conducted.
4. Reports to the Assistant Director, as appropriate, the status of the Bureau's Quality Plan System relevant to changes in the current documents.
5. Ensures that prior documents are maintained for historical reference.

**The Management Representative:**

1. Ensures that quality documents are reviewed on bi- annual basis to ensure that they are effective and accurate.
2. Coordinates the writing, review, and revision of procedures.
3. Reviews revisions or changes to controlled documents and makes recommendations to Assistant Director.
4. Assists Assistant Director and Bureau Chiefs in developing a bureau training process for new/revised procedures.
5. Coordinates with the Documentation Coordinator quality records to be purged, rescinded, and retired from the register in accordance with the Records Retention and Disposition Schedule.
6. Ensures that changes made to documents receive the same review and approval as the original document.

**The Assistant Director:**

1. Following management review, approves and authorizes controlled documents, revisions, or changes to documents within the Compliance Bureau.
2. Assesses the adequacy of documents for inclusion in the system.

**I. Corrective and Preventative Actions.**

It is important for the success of any organization to have systems in place that will allow for continuous improvement and elimination of nonconformities. OSHNC Compliance management feels that it is extremely important to have procedures and guidelines in place that allow OSH Compliance to achieve strategic goals in the most effective manner possible. A critical component in the development and maintenance of effective procedures is employee input and response to customer complaints. The following procedures establish a method for OSH Compliance employees to initiate effective corrective or preventive action within the Department of Labor as it relates to the responsibilities of the bureau. The following procedure should be followed to initiate an action request for corrective or preventative actions:

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1. OSH Employees should prepare and forward an "Action Request Form" to their immediate supervisor, a Bureau Chief or the Management Representative upon identification or observance of non-conformity or potential improvements to the system. This form is available on the Compliance intranet page.
2. All Action Requests received by a supervisor, Bureau Chief or Management Representative will be forwarded to the Documentation Coordinator and will be logged on the Action Request Log. The Bureau Documentation Coordinator will maintain a log of all action requests received and the status of the requests.
3. If a supervisor is notified of a potential error, mistake, or nonconformity, but does not receive a completed Action Request Form they should do the following: a) begin the process of analyses to determine root cause and initiate corrective action, or b) complete and submit an Action Request Form.
4. All employees should periodically review procedures, work instructions, and other related information to proactively prevent errors, mistakes, or non-conformities.
5. Action requests for preventative and corrective actions will be reviewed at the regular management review and all employees that submit an Action Request Form shall receive a response from the management team in a timely manner. The Document Control Coordinator will track the status of an Action request.
6. Corrective action, in all cases, will be a high priority and completed quickly. When appropriate, corrective action will be accompanied by a root cause analysis, and in cases where the root cause is identified, action shall be taken to ensure that the appropriate process is changed to prevent a reoccurrence of the error, mistake, or nonconformity.
7. If any OSHNC employee receives an external customer complaint (for items that would not be addressed through the informal conference process), it should be forwarded to the appropriate Bureau Chief for resolution. The Bureau Chief will maintain a Bureau Customer Complaint Log and will ensure that complaints are addressed in an appropriate manner and the complainant is provided with a timely response to their complaint items. The compliant, findings, and resolution will be documented in the Bureau Complaint Logs. Bureau Customer Complaint Logs will be reviewed at the Management Review meetings.

J. **Clarification of Customer Requirements.**

Clarification of customer requirements may be summarized as: the process by which all OSH Compliance Bureau employees ensure that they have an accurate and complete understanding of customer requirements prior to work on a particular service or project (i.e. compliance inspection activity, conducting migrant pre-occupancy inspections, delivering speeches, conducting training, answering phone inquiries, fielding complaints, etc.) In order for this to successfully occur, the Compliance Bureau must ensure that appropriate resources, and training, are provided and that employees possess the necessary skills to deliver services associated with their position.

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Management is committed to providing the necessary training and resources to enable delivery of quality customer service.

OSH Compliance employees are expected to comply with Departmental, Division and Bureau guidelines and procedures during the performance of work activities. The procedures contained in the FIS were developed to ensure that quality services are delivered in an effective, consistent manner. OSHNC Compliance management expects all Bureau employees to take the required steps to ensure that clarification of customer requirements occurs. Review of customer requirements and an assessment of resource requirements must be completed prior to delivery of services. This includes inspection preparation, developing lesson plans for training, clarifying objectives for speeches, etc. Specific approaches and methods for clarifying customer requirements are left to the discretion of employees within OSH Compliance.

Customer requirements can be obtained through direct contact (telephone, mail, and in-person) with the customer (**CSHOs will not contact employers prior to a compliance inspection activity, except as permitted in the FOM. Advanced notice of inspection activity is prohibited, unless authorized by the Director**). As outlined in the FOM, attempts should be made to contact complainants and referral sources, prior to an inspection activity to clarify information.

Once an employee defines the customer requirements for a particular service and begins to deliver the service, the employee is responsible for handling amendments or changes to customer requirements. This includes making changes to the product or service, modifying a project or project plan, and interfacing with affected individuals.

Department, Division or Bureau procedures may restrict the scope of change allowed in customer requirements. This is due to the structure of the bureau, which is operated under a cooperative agreement with Federal OSHA.

**K. Internal Evaluations of Quality (Audit Procedures).**

The OSHNC policies and procedures have been developed to achieve program goals and objectives in a consistent, effective and efficient manner. It is important to monitor the effectiveness of our program and to determine if quality needs are being met. Internal evaluations will be conducted on a routine basis to measure effectiveness of procedures and to ensure the desired level of quality is maintained. The Bureau Management Representative shall conduct a random audit of case files on a quarterly basis (each office will have a case file audit on at least an annual basis). The purpose of these audits will be to ensure that OSHNC is adhering to process procedures in a consistent manner. These audits will be conducted in accordance with established procedures and documentation of all audits shall be maintained in accordance with the retention schedule. Other actions such as accompanied inspections and random inspection monitoring will be conducted to monitor on-site services. In addition, OSHNC will develop customer satisfaction monitoring tools (such as a survey), to solicit customer feedback on services rendered by the OSHNC staff. The audits will be discussed during Management Reviews, and corrective actions will be taken, if necessary. Finally, positive and negative feedback of customers will also be evaluated during Management Reviews (complaint log, thank-you letters, phone calls, etc.) Follow-ups will be conducted to verify that appropriate corrective action has been taken.

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**L. Inspection Process Control Procedure.**

The following is an overview of the compliance inspection process. Detailed procedures can be found in the relevant Chapters of the FOM.

**1. Inspection Preparation.**

- a. The CSHO receives an inspection assignment from the District Supervisor.
- b. The CSHO utilizes OSHA records to research the employer's previous inspection history.
- c. If a complaint, the CSHO contacts the complainant (if known) to verify information.
- d. The CSHO gathers equipment for the inspection.
- e. If needed, (ex: first inspection of SIC) the CSHO reviews potential hazards associated with the SIC.

**2. Inspection activity.**

- a. The CSHO presents credentials and conducts an opening conference in accordance with the FOM.
- b. The CSHO conducts the inspection in accordance with the FOM; Complaint inspections are limited to complaint items and other hazards in "plain view" in accordance with the FOM.
- c. The CSHO documents violations observed in accordance with the FOM.
- d. After completion of the onsite activity the CSHO holds a closing conference in accordance with the FOM Chapter III.

**3. Post Inspection activity.**

- a. The CSHO documents the report on the NCR system and completes appropriate forms.
- b. The CSHO assembles the case file in accordance with the FOM.
- c. The CSHO submits the completed case file to the Supervisor for review of file content and approval of citations.
- d. The case file and citations are processed in accordance with the FOM

**4. Post Citation activity – CSHO.**

- a. The CSHO receives and reviews abatement information in accordance with the FOM
- b. If the employer requires more time to abate a hazard, the CSHO instructs the employer to provide the information as outlined in the FOM on Request for Extension of Abatement.
- c. The CSHO reviews the information provided on the request for extension of

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- abatement and discusses with the Supervisor as appropriate.
- d. The CSHO documents the extension status in a letter to the employer.
- e. The CSHO tracks the abatement of hazards to closure.
- f. The CSHO documents the abatement information in the NCR
- h. Once all abatements and payments are complete, the CSHO marks the file closed in the NCR.
- i. The CSHO runs a case file audit report.
- j. The CSHO submits the completed case file with audit report to the supervisor for verification of completion.
- k. The Supervisor verifies appropriate closure of the file and submits the closed case file to the admin staff.

**M. Case file/Citation Processing Procedure.**

The following is an overview of the case file/citation process. Detailed procedures can be found in the relevant Chapters of the FOM.

**1. Case File/Citation processing.**

- a. The District Supervisor reviews completeness of file.
- b. The District Supervisor approves the file.
- c. The District Supervisor submits files requiring Bureau Chief approval to BC with citation approval sheet.
- d. The Bureau Chief approves file and returns to District Supervisor
- e. The District Supervisor submits the approved file to the admin staff.
- f. The admin staff processes the citation package and returns it to the District supervisor for review and approval.
- g. The District Supervisor compares with case file and signs the citations/in compliance letter and returns the file to the admin staff.
- h. The admin staff makes copies of the citations and inserts them into the case file.
- i. The admin staff mails the citation/in-compliance letter to the employer by certified mail.
- j. The admin staff returns the case file to the CSHO.
- k. The admin staff holds the letter to the complainant until the green card is returned or fifteen days have elapsed.
- l. Once the green card is returned or fifteen days has elapsed the admin staff records the information in the NCR and places the green card in the case file.
- m. The admin staff mails copies of any citations and the letter to the complainant and/or next of kin *within 5 working days*.
- n. If inspection is in compliance, CSHO closes case file on NCR.

**2. Post Citation Activity.**

- a. Upon receipt of a notice of contest or request for informal conference the Admin Staff date stamps the received request and logs the information in the NCR.
- b. Admin Staff retrieves case file and provides notice of contest/request for informal conference to District supervisor.

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- c. The District supervisor contacts the employer to verify requests and if appropriate schedules the informal conference in accordance with the FOM.
- d. If the employer is filing a notice of contest see step (2n)
- e. The District supervisor or designee holds the informal conference with the employer in accordance with the FOM chapter III.
- f. The District supervisor completes the Informal Settlement Agreement (ISA) or No Change Letter (NCL) in accordance with the FOM, updates the case file with information from the meeting and returns the case file to the admin staff.
- g. The District supervisor updates the NCR.
- h. The admin staff mails the ISA or NCL certified (if not hand delivered to employer at IC).
- i. The admin staff holds the case file pending the receipt of the signed ISA/Notice of contest or 15 days, whichever occurs first.
- j. Upon receipt of the signed ISA or notice of contest, the admin staff provides the information and case file to the District supervisor.
- k. If a signed ISA is received the District supervisor counter signs the ISA and provides the case file to the admin staff, copies are made, a copy is sent to budget and a copy of the final signed ISA is mailed to the employer. The admin staff places the original signature copy in the file, updates the NCR and provides the case file to the CSHO
- l. If the allowed 15 days have elapsed, the admin staff provides the case file to the District supervisor.
- m. The District supervisor attempts to contact the employer to notify that the time has elapsed and signed ISA is obtained or, the case is now a final order and then provides the case file to the CSHO.
- n. If a notice of contest is received, the admin staff notifies the supervisor and CSHO. The District Supervisor verifies employer's intent to contest.
- o. The admin staff updates the NCR and notifies the Review Board.
- p. The admin staff retrieves the case file and makes three certified copies of the case file. (1 for the CSHO, 1 for AG's office and 1 for the Review Board.)
- q. The CSHO contacts the AG's Office to prepare for the hearing.

**N. Complaint Intake Procedures.**

The following is an overview of the Complaint Intake Process. Detailed procedures can be found in the relevant chapter of the FOM.

- 1. General.
  - a. All OSH complaints will be directed to the CSHO on the complaint desk.
  - b. Each complaint received will be recorded on the complaint intake log.
  - c. A hard copy of each complaint will be filed in the complaint desk area.
  - d. A Complaint Intake Daily Checklist is completed daily and submitted weekly to the supervisor of the complaint desk.
  - e. The supervisor of the complaint desk performs periodic audits of complaints received to verify information needed for evaluation by the district supervisor.

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- f. The supervisor of the complaint desk will review the findings of these audits with CSHOs on the complaint desk during performance evaluation and more frequently if needed.
- g. All fatality reports and any updates will be submitted to the complaint desk.
- h. The complaint desk will issue all fatality reports and updates.

2. Phone Complaints.

- a. Phone complaints are received by the CSHO on the complaint desk.
- b. If messages are left on the voice mail the CSHO will call the complainant to obtain the needed information.
- c. For anonymous messages the CSHO will obtain all the information provided.
- d.. All information is recorded in the NCR on the OSHA 7 in accordance with the FOM chapter IX and the IMIS. The NCR gives each complaint a distinct tracking number.
- e. The CSHO taking the complaint will review the OSHA 7 to verify completeness.
- f. Completed complaints are forwarded to the District Supervisor covering the county that the Employer's business resides. Imminent danger complaints are immediately sent to the District Supervisor.

3. Electronic Complaints.

- a. Electronic complaints are received by the CSHO on the complaint desk.
- b. The CSHO shall respond to the source of the complaint indicating receipt.
- c. All information is recorded in the NCR on the OSHA 7 in accordance with the FOM Chapter IX and the IMIS.
- d. Completed complaints are forwarded to the District Supervisor covering the county that the employer's business resides. Imminent danger complaints are immediately sent to the District Supervisor.
- e. The electronic complaint shall be forwarded to the District Supervisor when the complaint has been recorded on the OSHA 7.

4. Mail Complaints.

- a. Mail complaints are received by the CSHO on the complaint desk.
- b. All information is recorded in the NCR on the OSHA 7 in accordance with the FOM Chapter IX and the IMIS.
- c. Completed complaints are forwarded to the District Supervisor covering the county that the employer's business resides. Imminent danger complaints are immediately relayed to the District Supervisor.
- d. The mail complaint shall be forwarded to the District Supervisor when the complaint has been recorded on the OSHA 7.

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5. Discrimination Complaints Inquiries.

- a. Inquiry received for the Employment Discrimination Bureau (EDB) is logged.
- b. Complaint log is reviewed for recent OSHNC complaints for the employer.
- c. The associated District Supervisors are emailed a copy of the EDB request with a copy to the designated administrative staff.
- d. Within 3 working days the information found is relayed to the employee from EDB that submitted the inquiry.
- e. Inquiry is filed in electronic file.

6. Unsatisfied Activities.

- a. The complaint desk supervisor will review the unsatisfied activities report monthly.
- b. The complaint desk supervisor will notify BC of any complaints 30 days or more beyond receipt, that have not been addressed.

O. Training.

The OSH Compliance has a responsibility to ensure all employees received adequate training to complete the duties of their position in an effective manner. Well-trained employees are critical to fulfilling the mission of OSHNC. Each employee will meet with his or her supervisor as soon as possible after beginning employment with the Division, to begin the training and development process. During this meeting the Supervisor will:

1. Assess the employees past experience, as it relates to their position;
2. Disseminate and review the employee's current job description;
3. Disseminate and review the employees work plan; and,
4. Establish an Employee Development Plan. (Newly hired safety and health compliance officers will be provided a copy of OPN 64 as their initial development plan. OPN 64 has been developed to prepare Compliance Officers to conduct safety and/or health investigations in a professional manner. The Division has established minimum training requirements during the "Initial Training Program" which when completed will qualify a Compliance Officer to conduct independent inspections.)

OSH Compliance utilizes various methods to meet training needs. A majority of the training within OSH Compliance consists of On-The Job Training (OJT). However, the OJT training will be supplemented by other training methods including, but not limited to: informal training, formal training (topic specific training), and self-study (technical manuals, research, etc.). OSH Compliance is committed to continuing education and efforts will be made to provide each employee with at least 40 hours of training annually (Compliance officers are required to receive at least 40 hours of training annually and to also attend a technical course once every three years). Following the initial establishment of an employee development plan (step 4 above), a new employee development plan will

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be established annually (this should be done in conjunction with the employee work plan). The supervisor and the employee should work, throughout the year, in completing any training included in the employee development plan.