

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 North Carolina Department of Labor, Occupational Safety and Health (OSH) Division, 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, *Agricultural Safety and Health (ASH) Bureau* and Complaint Desk/Laboratory Section. The organizational structure includes an assistant director, an eastern bureau chief, a western bureau chief, an ASH bureau chief, 11 district supervisors, a staff industrial hygienist, 113 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.

The OSH Division 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 North Carolina 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.

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.

E. **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 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 Compliance and Agriculture Safety and Health Bureaus 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: *Responsibilities include, but are not limited to: logging action requests into the annual log and updating as actions occur, distributing action requests to OSH management team (assistant director, bureau chiefs, bureau management representative) in a timely manner, monitoring customer complaint logs, ensuring procedural changes resulting from action requests are forwarded to ETTA for timely inclusion on the One Stop Shop.*

Bureau Management representative: *Employee responsible for ensuring that the quality system is established, implemented and maintained in accordance with APN 13. The management representative will report to OSH management on the system performance regarding all documentation requirements. Additional responsibilities include, but are not limited to: annual compliance case file audits, scheduling quarterly management review meetings, and ensuring a timely response/determination is provided to any individual submitting an action request. This representative will monitor all action requests assigned to individual management team members and will provide regular updates on their status, until assignments are completed. The staff industrial hygienist is presently performing these duties.*

Compliance safety and health officers (CSHO): The primary responsibility of the 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.

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.

F **Management Review.**

An OSH compliance review of processes and procedures will be conducted at least quarterly to 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 will 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 bureau management representative sets a date and time for the quarterly management review and transmits notice to all participants. If an action request involves another OSH Division Bureau, the affected bureau chief (or their designated representative) should be invited to attend the quarterly meeting.*
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 (if any customer complaints have been received since the previous meeting), action requests, and quality plan elements (which include the procedures outlined in the FIS). A response regarding OSH management's decision on each action request item will be documented and the response will be provided to the individual that submitted the request.*
5. *If no action requests are submitted, the management review team will review several existing polices and improvement opportunities will be discussed. This will be the basis for the continuing improvement program.*
6. Management review assignments will be made, as necessary and **due dates** will be assigned.
7. The bureau document coordinator prepares /maintains record of each review meeting.
8. *All completed actions will be processed by the bureau management representative.*
9. *The assistant director and the bureau chiefs will close the review.*
10. *The state plan coordinator will schedule a quarterly meeting with the OSHA area director. The director, assistant director, bureau chiefs, state plan coordinator and OSHA area director will attend the meeting and review compliance activity, strategic plan activities, performance measures, and any pertinent procedural issues.*

G. **Document Control.**

Document control is an important aspect of the OSH Division 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. All documents will be maintained electronically. The document coordinator will work with ETTA Bureau representatives to ensure compliance procedures are maintained in the One Stop Shop.*
2. Ensures that only current and authorized instructional documents are available where the lack thereof could adversely affect the quality of services being conducted.
3. Reports to the assistant director, as appropriate, the status of the bureau's quality plan system relevant to changes in the current documents.
4. 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. 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.

H. **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. OSH Division compliance management has determined 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. *An Action Request Form is located on the One Stop Shop under NC OSH Resources, Quality Program.* The following procedures establish a method for OSH compliance employees to initiate effective corrective or preventive action within the North Carolina 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:

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.
2. All Action Request Forms 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 will receive a response from the management team in a timely manner. The document control coordinator *and the bureau management representative* 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 will be taken to ensure that the appropriate process is changed to prevent a reoccurrence of the error, mistake, or nonconformity.
7. If any OSH Division 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 complaint, findings, and resolution will be documented in the Bureau Customer

Complaint Logs. Bureau Customer Complaint Logs will be reviewed at the management review meetings.

I. Clarification of Customer Requirements.

Clarification of customer requirements may be summarized as: the process by which all OSH Division, Compliance Bureaus 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 Bureaus must ensure that appropriate resources, and training, are provided and that employees possess the necessary skills to deliver services associated with their position. 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. OSH Division 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 the OSH Compliance Bureau.

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 N.C. 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 in part to the structure of the bureau, which is operated state plan procedures and monitored by federal OSHA.

J. Internal Evaluations of Quality (Audit Procedures).

OSH Division 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 will 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 the OSH Division is adhering

to process procedures in a consistent manner. These audits will be conducted in accordance with established procedures and documentation of all audits will 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. 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.

K. **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/referral/accident, the CSHO contacts the contact person (if known or documented on the applicable form) to verify information.
- d. The CSHO gathers equipment for the inspection.
- e. If needed, (ex: first inspection of SIC/NAICS) the CSHO reviews potential hazards associated with the SIC/NAICS.

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/referral/accident inspections are limited to specific items and other hazards in "plain view" and 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 in *the Osha Express (OE) 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 the Request for Extension of Abatement form.
- c. The CSHO reviews the information provided on the request for extension of 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 *OE*.
- g. Once all abatements and payments are complete, the CSHO submits the completed case file with audit report to the supervisor for verification of completion.
- h. The supervisor verifies appropriate closure of the file and submits to the admin staff, who will then close the file and tiff the case file summary page(s) into the document section of *OE*.

L. **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 the bureau chief 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 packet to the employer by certified mail. The admin staff will also mail in-compliance letter to the employer.
- 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 15 working days have elapsed.
- l. Once the green card/receipt is returned or 15 working days has elapsed the admin staff records the receipt date in *OE* and places the green card/receipt 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, admin staff closes case file in *OE* and tiffs the case file summary page(s) into the document section of *OE*.

FOM Chapter I, cont'd.

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 gives to the district supervisor for review.
- b. Admin staff retrieves case file and provides notice of contest/request for informal conference to district supervisor.
- 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 (2l).
- e. The district supervisor or designee holds the informal conference with the employer in accordance with 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 OE System.
- h. The admin staff mails the ISA or NCL certified (if not hand delivered to employer at IC).
- i. Upon receipt of the signed ISA or notice of contest, the admin staff provides the information and case file to the district supervisor.
- j. 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, 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 OE and provides the case file to the CSHO.
- k. 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.
- l. If a notice of contest is received, the admin staff notifies the supervisor. The district supervisor verifies employer's intent to contest.
- m. The admin staff updates OE and notifies the OSH Review Commission.
- n. The admin staff retrieves the case file and makes certified copies of the case file *per FOM Chapter XVI*.
- o. The CSHO contacts the AG's office to prepare for the hearing.

M. Complaint/Referral/Accident Intake Procedures.

The following is an overview of the complaint/referral/accident intake process. Detailed procedures can be found in the relevant FOM Chapter IX *and at the OSH Complaint Desk*.

1. General.

- a. All OSH complaints/referrals/accidents will be directed to the OSH Complaint Desk.
- b. *All complaints/referrals/accidents will be entered into the OE System.*
- c. A hard copy of each complaint/referral/accident will be filed in the complaint desk area.
- d. The supervisor of the complaint desk performs periodic audits of complaints/referrals/accidents received to verify information needed for

FOM Chapter I, cont'd.

- e. evaluation by the district supervisor.
- e. 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.
- f. All fatality reports and any updates will be submitted to the complaint desk.
- g. The complaint desk will issue all fatality reports and updates.

2. Phone Complaints/Referrals/Accidents.

- a. Phone complaints/referrals/accidents are received by the OSH Complaint Desk.
- b. If messages are left on the voice mail the Complaint Desk 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 OE on the OE complaint/referral/accident form in accordance with FOM Chapter IX. The OE System gives each complaint/referral/accident a distinct tracking number.
- e. The CSHO taking the call will review the OE appropriate form to verify completeness.
- f. Completed forms are forwarded to the district supervisor by email 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/referrals/accidents are received by the CSHO at the Complaint Desk.
- b. The Complaint Desk CSHO will respond to the source of the complaint/referral/accident indicating receipt.
- c. All information is recorded in OE on the OE appropriate form in accordance with FOM Chapter IX and OIS.
- d. Completed forms are forwarded to the district supervisor by email covering the county that the employer's business resides. Imminent danger complaints are immediately sent to the district supervisor.
- e. The electronic complaint/referral/accident form will be forwarded to the district supervisor when the appropriate form has been recorded in OE.

4. Mail Complaints.

- a. Mail complaints/referrals/accidents are received by the Complaint Desk.
- b. All information is recorded in OE on the appropriate OE form in accordance with FOM Chapter IX and OIS.
- c. Completed complaints/referrals/accidents are forwarded to the district supervisor by email covering the county that the employer's business resides. Imminent danger cases are immediately relayed to the district supervisor.
- d. The mail complaint/referral/accident will be forwarded to the district supervisor when the complaint/referral/accident has been recorded on the appropriate OE form.

6. Unsatisfied Activities.

- a. The complaint desk supervisor, *the district supervisors and the bureau chiefs* will review the unsatisfied activities report monthly.
- b. The complaint desk supervisor will notify the bureau chiefs of any complaints 30 calendar days or more beyond receipt, that have not been addressed.

N. **Training.**

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 the OSH Division. 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 the most current revision of OPN 64 as their initial development plan. OPN 64 was developed to prepare CSHOs to conduct safety and/or health investigations in a professional manner. The division established minimum training requirements during the "Initial Training Program" which when completed will qualify a CSHO to conduct independent inspections.)

OSH compliance uses 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 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.