

Directives
STD 03-01-001 - STD 3-1.1 - Clarification of Citation Policy

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! Title:	Clarification of Citation Policy
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OSHA Instruction STD 3-1.1 June 22, 1987 Office of Construction and Maritime Compliance Assistance

SUBJECT: Citation Policy Regarding 29 CFR 1926.20, 29 CFR 1926.21 and Related General Safety and Health Provisions

A. Purpose. This instruction clarifies the citation policy for 29 CFR 1926.20, General Safety and Health Provisions, 29 CFR 1926.21. Safety Training and Education, 29 CFR 1926.23, First Aid and Medical Attention, and 29 CFR 1904.2, Recordkeeping Requirements.

B. Scope. This instruction applies OSHA-wide.

C. Action. OSHA Regional Administrators and Area Directors shall ensure that the policy set forth in this instruction is applied in enforcing the referenced standards for the construction industry.

D. Federal Program Change. This instruction describes a Federal program change which affects State programs. Each Regional Administrator shall:

1. Ensure that this change is promptly forwarded to each State designee.
2. Explain the technical content of this change to the State designee as requested.
3. Ensure that State designees are asked to acknowledge receipt of this Federal program change in writing, within 30 days of notification, to the Regional Administrator. This acknowledgment should include a description either of the State's plan to implement the change or of the reasons why the change should not apply to that State.
4. Review policies, instructions and guidelines issued by the State to determine that this change has been communicated to State personnel. Routine monitoring shall also be used to determine if this change has been implemented in actual performance.

E. Interpretation. When a construction inspection is performed, the following guidelines will be followed:

1. An evaluation of the safety and health program will be completed. (See sample guidelines in Appendix A.) These guidelines will be modified, based on the CSHO's professional judgment, to account for size and type of construction. A key indicator of an effective program will be the degree of knowledge which employees have of potential site specific safety and health hazards. This knowledge requires training (site familiarization) of skilled as well as nonskilled crafts in hazard recognition based on the employee's specific work environment and job related hazards.
2. Program deficiencies such as lack of management policy, safety and health rules, inadequate assignment of responsibility, or poor employee awareness/participation shall be discussed with the employer.

3. Violations of the requirements for instruction, first aid, recordkeeping, and identification and control of hazards shall be cited as indicated in the appropriate section of 29 CFR 1926.20, 29 CFR 1926.21, 29 CFR 1926.23, or 29 CFR 1904.2.
4. Where the conditions warrant a citation for violation of 1926.20 or 1926.21, it may be issued even if additional 29 CFR 1926 alleged violations were not documented. Note that 1926.21(b) requires only safety and health instructions. Employers are required to implement a safety and health program in accordance with the above mentioned standards. However, employers should be encouraged to implement a formal safety and health training program with the guidelines in Appendix A.
5. Violations for 29 CFR 1926.20(b) in a routine inspection may be cited as other-than-serious or serious as circumstances warrant.
6. Recordkeeping violations (29 CFR 1904) shall be cited where records are not available for the individual site. Where construction employees are subject to common supervision, but do not report or work at a fixed establishment on a regular basis or where employees are engaged in physically dispersed activities, records for such employees shall be maintained as follows: a. Records must be maintained either at the field office or at the mobile base of operations. b. Records may also be maintained at an established central location. If records are maintained centrally: (1) The address and telephone number of the place where the records are kept must be available at the worksite, and (2) There must be personnel available at the central location during normal business hours to provide information from the records.

NOTE: The sections above describe the proper location of OSHA records. Although the supplementary record and the summary must be maintained according to the aforementioned criteria, it is possible to prepare and maintain the log at an alternate location or by means of data processing equipment, or both. Two criteria must be met: (1) Sufficient information must be available at the alternate location to complete the log within 6 workdays after receipt of information that a recordable case has occurred, and (2) A copy of the log updated to within 45 calendar days must be present at all times in the establishment

F. Background. Due to OSHA's increasing emphasis on preventing construction injuries and illnesses, OSHA is reemphasizing the review of the contractor's safety citation policy regarding 29 CFR 1926.20 through 1926.23 and 29 CFR 1904.2. It also provides uniform field procedures for evaluation of safety and health programs in the construction industry.

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DISTRIBUTION: National, Regional and Area Offices Compliance Officers State Designees 7(c)(1) Project Managers NIOSH Regional Program Directors

Appendix A EMPLOYER'S SAFETY AND HEALTH PROGRAM

A. Management Commitment and Leadership.

1. Policy statement: goals established, issued, and communicated to employees.
2. Program revised annually.
3. Participation in safety meetings, inspections; agenda item in meetings.

4. Commitment of resources is adequate.
5. Safety rules and procedures incorporated into site operations.
6. Management observes safety rules.

B. Assignment of Responsibility.

1. Safety designee on site, knowledgeable, and accountable.
2. Supervisors (including foremen) safety and health responsibilities understood.
3. Employees adhere to safety rules.

C. Identification and Control of Hazards.

1. Periodic site safety inspection program involves supervisors.
2. Preventative controls in place (PPE, maintenance, engineering controls).
3. Action taken to address hazards.
4. Safety Committee, where appropriate.
5. Technical references available.
6. Enforcement procedures by management.

D. Training and Education.

1. Supervisors receive basic training.
2. Specialized training taken when needed.
3. Employee training program exists, is ongoing, and is effective.

E. Recordkeeping and Hazard Analysis.

1. Records maintained of employee illnesses/injuries, and posted.
2. Supervisors perform accident investigations, determine causes and propose corrective action.
3. Injuries, near misses, and illnesses are evaluated for trends, similar causes; corrective action initiated.

F. First Aid and Medical Assistance.

1. First aid supplies and medical service available.
2. Employees informed of medical results.
3. Emergency procedures and training, where necessary.