

**DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
POLICY AND PROCEDURES MANUAL**

**FORMS COMPLETION  
AND IMIS DATA ENTRY  
for the Cal/OSHA 7**

P&P C-7  
Issue Date:  
2/20/02  
Revised:

**General Instructions**

NOTE: If using the electronic version of the Cal/OSHA 7, and new screen items appear, contact your IMIS Systems Administrator, or Regional IMIS Coordinator, for assistance.

**1. Complaint Number**

This is a pre-printed or computer-generated number which uniquely identifies the complaint.

**2. Employer Name**

Enter the legal name of the employer or establishment against which the complaint is being made. If an establishment name cannot be determined, enter "Unknown."

**3. Site Location**

Enter the street address or nearest major cross streets, city, state and ZIP Code of the worksite where the alleged hazard exists.

**4. Mailing Address**

Enter the mailing address for the establishment if it is different from the site address.

**5. Management Official**

Enter the name of the owner, operator, or agent in charge at the worksite.

**6. Telephone Number**

Enter a telephone number of the establishment. This may be the number of the management official. A facsimile number or e-mail address may be included.

#### 7. Type of Business

Describe the type of industrial activity performed at the workplace. For governmental agencies, indicate the type of activity that would be comparable to the private sector, not the agency title.

EXAMPLE: Use "Freeway Construction" rather than "Department of Transportation."

#### 8. Hazard Description

Describe the alleged hazard in sufficient detail so that the hazard can be readily identified during an inspection.

#### 9. Hazard Location

Describe the specific building or worksite where the alleged violation exists. Identify the building or worksite in such detail that it will enable the compliance personnel to locate the hazard readily when performing the inspection.

#### 10. Has This Condition Been Brought to the Attention of

Indicate whether the alleged hazard has been brought to the attention of either the employer or another government agency and specify which government agency, if applicable.

#### 11. Confidentiality

Indicate whether the complainant wishes to permit his/her name to be released.

#### 12. The Undersigned (Source of Complaint). Indicate who originally made the complaint:

Employee -- The complaint originated from an employee.

Representative of Employees -- The complaint originates from an employee representative, e.g., attorney, health and safety professional, union

representative; or representative of a government agency (including state or local prosecutor).

California Safety and Health Committee -- The complaint originates from a labor-management committee.

Other (Specify) -- Specify any other source when the complaint is anonymous.

NOTE: If the complainant is a family member of an employee, enter "family."

Employer -- The complaint originates from the employer of an employee at the site.

### 13. Complainant Name

Enter the full name of the complainant. For anonymous complaints, write in "Anonymous" as the last name.

### 14. Telephone Number

Enter the telephone number of the complainant.

### 15. Address

Enter the street address, city, state and ZIP Code of the complainant's mailing address.

### 16. Signature

This space is provided for the complainant's signature when a complaint is filed in person in the district office.

### 17. Date

If applicable, enter the date the complaint was signed by the complainant.

### 18. Authorized Representative

Provide the organization name and title of complainants who are authorized representatives of employees affected by the complaint.

### 19. Reporting ID

Enter the Reporting ID of the District Office.

20. Previous Activity? Leave blank.

21. Optional Complaint Number.

Enter the sequential log number if used in your District.

22. Establishment Name Change

Indicate the FORMER employer's name, if applicable, in Optional Information.

23. Site Address Change

Indicate the FORMER address, if applicable, in Optional Information.

24. Employer ID -- Leave blank.

25. City Code

The four-digit code for the city will pre-fill when the site address if data entered.

26. County Code

The three-digit code for the county will prefill when the site address is data entered.

27. Received by

Enter the name or identifying number of the Cal/OSHA employee who received the complaint.

28. Send Cal/OSHA 7 -- Not Applicable.

29. Date

Enter the month, day and year the complaint was initially received.

30. Time

Enter the approximate time the complaint was initially received.

### 31. Compliance Personnel Assigned

Enter the IDs of the compliance personnel assigned to investigate the complaint.

### 32. Primary SIC Code

Enter the four-digit Standard Industrial Classification (SIC) Code to indicate the type of industrial activity performed by the establishment where the alleged hazard exists.

NOTE: Do not use the SIC Code 9999 unless there is no information to make a reasonable determination. This item should be modified when an accurate SIC Code becomes available.

### 33. Ownership

Indicate the ownership of the establishment as private, state or local.

### 34. Evaluated By

Enter the name of the individual who evaluated the complaint.

### 35. Subject and Severity

Mark the appropriate boxes to indicate whether the hazards alleged in the complaint are imminent danger, serious, or other.

NOTE: Do not mark discrimination.

### 36. Is this a Valid Complaint?

Indicate whether valid or invalid.

### 37. Formality

Indicate whether formal or nonformal.

### 38. Migrant Farmworker Camp

Mark if this complaint alleges safety and health hazards at a migrant farmworker camp. Note procedures for making a referral to Department of Housing and Community Development (DHCD).

NOTE: All referrals to DHCD must be made by completing a Cal/OSHA 90L (Labor Camp Housing Referral Form). See P&P C-90.

### 39. Send Letter

Mark the appropriate box to indicate which letter was sent.

Date Letter Sent. Indicate the date the letter is mailed.

40. Letters Received -- Indicate the type of letter received based on the following codes:

a. Additional information received from complainant about the complaint.

b. Signed OSHA 7 Returned. Do not use.

c. Complainant Disputing Satisfactory Employer Response.

d. Nonformal Response from Employer -- District Manager evaluates as:

1. Satisfactory Employer Response

2. Unsatisfactory Employer Response

3. Remedying Situation/ Abatement Date

e. Other (Information is received by any other entity not specified above).

For nonformal serious complaints responded to by telephone/faxed letter, enter the date the letter was faxed to the employer (not the date that the employer was contacted by telephone).

### 41. Date Response Due

Enter the date by which the response is due.

### 42. Inspection Planned?

Indicate whether an inspection is planned by following the priorities in P&P C-1.

On the Cal/OSHA 7, inspection priorities are as follows:

1. Complaint about, or observations by anyone of, an imminent hazard.
2. Formal, serious complaint.
3. Formal, nonserious complaint.
4. Nonformal, serious complaints not investigated by letter.
5. Nonformal, nonserious complaints not investigated by letter.

For nonformal, nonserious complaints where a letter "d" was sent.

TL -- Tenth Satisfactory Response Letter

For nonformal, serious complaints where a letter "m" was sent.

FL -- Fifth Satisfactory Response Letter

For nonformal, serious complaints where an inspection is planned, priorities are entered as follows:

LP -- Local Emphasis Program, e.g., High Hazard Program, or any other Special Emphasis Program.

NP -- National Emphasis Program

DI -- Disabling injury or illness

SH -- Significant history of noncompliance

OD -- Cal/OSHA disputes employer response, e.g., employer is non-responsive to facsimile or e-mail letter or sends an inadequate response

ED -- Employee complainant disputes the employer's written response to the Division's facsimile or e-mail letter "m."

43. Transfer to (Name)

Enter the name of the entity to which the complaint is to be transferred, i.e., Cal/EPA.

44. Transfer Date

Enter the date the complaint was transferred.

45. Transfer To (Category)

Indicate the category of the entity to whom the complaint is being transferred.

a. Federal OSHA/Reporting ID. If the complaint is being transferred to the Federal OSHA office in San Francisco, enter the reporting ID 932000.

b. State OSHA/Reporting ID. Enter the appropriate RID if transferring the complaint.

c. Other Federal Agency/Code -- Indicate if transferring the complaint to a Federal agency.

d. State/Local Government

Indicate if the complaint is being transferred to a state or local government (i.e., DOSH Elevator Unit, DOSH Pressure Vessel Unit, Division of Labor Standards Enforcement, Contractors License Board, etc.).

e. Other

Indicate if transferring the complaint to an entity not specified above.

46. Optional Information

Enter one or more of the following codes if the complaint involves any of the following, even if no inspection is planned:

TYPE	ID	VALUE	NUMBER OR COMMENTS
S	03	ATT	Attorney Representative
S	03	PROF	Health/Safety Professional
S	03	UNION	Union Representative
S	03	GOVT	Government Agency Representative
S	06	LEAD	Lead-in-Construction Alleged in Complaint
S	12	ECIS	LA East Central Interceptor Sewer Tunnel Project (M&T)
N	20	COMMENTS	Do not enter names or IDs

47. Total Entries -- Leave blank.



#### 48. Close Complaint

Indicate that the complaint is closed.

#### 49. Comments/Strategic Performance Goals

If an employer is in a SIC Code related to one or more Strategic Performance Goals, regardless if an inspection is planned, enter the appropriate goal(s).

NOTE: The paper form of the Cal/OSHA 7 does not have a preprinted area designated for Strategic Performance Goals. Therefore, compliance personnel shall write in Item 46, the appropriate Goal that the complaint corresponds to. For IMIS Data Entry, the goal is not entered in Item 46, but inputted in Line 52 of the Complaint Data Entry Screen. Line 52 of the Complaint Data Entry Screen has a pop-up window where the specific Performance Goal is selected from the Choice List provided.

<b>TYPE</b>	<b>ID</b>	<b>VALUE</b>	<b>TOPIC</b>	<b>SIC CODES</b>
SP		ASHIP	Agricultural Safety and Health Inspection Project	0111 through 0783
SP		CSHIP	Construction Safety and Health Inspection Project	1521 through 1799
SP		BSHIP	Bloodborne Safety and Health Inspection Project	8011 through 8099
SP		RMI	Repetitive Motion Injuries	All SIC Codes
SP		TARGET	High Hazard Inspection Program	All SIC Codes