

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Heat Illness Prevention Special Emphasis Program



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1) Overview, Duties, and Responsibilities

The Division's Heat Illness Prevention Special Emphasis Program (SEP) provides a comprehensive approach to preventing heat illnesses and deaths of employees employed in California. This approach includes strong enforcement, extensive outreach and education, and multimedia coverage.

This written SEP provides clear and uniform direction in enforcement of the Heat Illness Prevention regulation, California Code of Regulations, title 8, section 3395 ("section 3395"), and other applicable regulations. The various units of the Division will work together to go beyond statutorily required obligations, where reasonably possible, to address the hazards of heat exposure to employees.

Duties and Responsibilities

Division Chief (Chief) has overall authority for the SEP and its implementation.

Deputy Chief for Field Enforcement, under the direction of the *Chief*, has overall responsibility for SEP enforcement implementation. The **Assistant Deputy Chief for Field Enforcement** shares these responsibilities.

Program Manager for Communications and Strategic Planning, under the direction of the *Chief*, has overall responsibility for SEP worker outreach and education implementation.

Legal Unit, under the direction of the *Designated Assistant Chief Counsel*, is responsible for assisting with OPU determinations (See Section 3.d), supporting *CSHOs* in completion of the Questionnaire for Evaluating Unobserved Violations (Appendix I), and responding to legal questions concerning implementation of the SEP. The *Legal Unit* must approve settlement of any heat-related case involving a serious citation. The *Legal Unit* can also provide assistance regarding citations for indoor heat-related violations under section 3203 or other sections.

Heat Program Coordinator is responsible for coordinating the SEP elements and activities statewide and has responsibility for operations, overall quality control, and meeting the SEP's goals and objectives.

Other duties include:

- Holding biweekly heat calls from May through September, or longer as necessary, to review past and upcoming activities, obtain feedback on SEP operations, review heat illness and fatality cases, and provide ongoing instruction.
- Monitoring the National Weather Service (NWS) for Watches, Special Weather Statements, and Warning Advisories and providing pertinent weather information to the *Deputy Chief for Field Enforcement*, *Assistant Deputy Chief of Field Enforcement*, *Regional Managers*, *Regional Heat Coordinators*, *District Managers*, and the DIR Public Information Office (PIO).
- Interfacing with Cal/OES and other agencies during a "heat emergency."
- Reviewing enforcement actions (See Section 4).
- Advising Regional Offices when to conduct high heat inspections in their regions.

Assistant Heat Program Coordinator is responsible for gathering information on and maintaining updated logs for heat-related complaints, illnesses, fatalities, and Orders Prohibiting Use (OPUs).

Other duties include:

- Gathering information for and maintaining the “high-heat” inspection log.
- Compiling statistics and preparing reports summarizing heat inspection data.
- Sending out email reminders to the following DOSH staff when a suspect or confirmed heat illness case is reaching the following deadlines:
- 90 days – Email to CSHO, District Manager, and Regional Heat Coordinator
- 120 days – Email the above, and the *Regional Manager*
- 150 days – Email the above, and the Assistant Deputy Chief for Field Enforcement

Medical Unit is responsible for providing timely medical opinions and written reports on suspect heat illnesses and fatalities. The *Medical Unit* is also responsible for assisting *CSHOs* in obtaining records from hospitals, medical providers, and the coroner’s office.

Regional Managers and Regional Heat Coordinators are responsible for the planning, staffing, and executing field heat activities within their regions and for the quality of the enforcement actions arising from their regions. The *Regional Manager* is responsible for designating a *Regional Heat Coordinator*.

Other duties include:

- Making staffing assignments across district office boundaries based upon emerging needs.
- Monitoring the status of all heat cases generated within their Region.
- Notifying the district offices when the *Heat Program Coordinator* has advised that “high-heat” inspections should be conducted and ensuring compliance with such advisements.
- Ensuring *District Managers* complete the “high-heat” inspection statistics form in Appendix A, including the inspection number, and forward it to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* within one week of the onsite inspections.
- Participating in biweekly heat calls.
- Providing support to the district offices within their Region on heat inspection procedures, field operations, coordinated inspection activities, and follow-up reporting.
- Reviewing enforcement actions (See Section 4).
- Ensuring required casefile documents are sent to the *Heat Program Coordinator*, *Assistant Heat Program Coordinator*, *Legal Unit*, and/or *Assistant Deputy Chief of Enforcement* for review in a timely manner (See Section 4).
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District Managers are responsible for planning, staffing, and executing the field heat activities within their district office territory and for ensuring the quality of the enforcement actions arising from their Districts.

Other duties include:

- Ensuring a copy of all reports of suspect heat illness/fatalities and heat-related complaints are promptly forwarded to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* (See Section 3.c).
- Communicating with complainants immediately for all heat-related complaints received late on Fridays or on days before state holidays where work will continue the following day.
- Ensuring that all reports of suspect heat illnesses/fatalities are investigated by their district office, as soon as feasible.
- Ensuring the correct determination of all suspect heat illnesses/fatalities in conjunction with the *Medical Unit*. (See Section 3.c.ii).
- Monitoring the status of heat inspections; managing and reviewing all heat cases generated within their District; and complying with all reporting requirements (See Section 3.i)
- Ensuring the “high-heat” inspection statistics form in Appendix A is completed, including the inspection number, and forwarded to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* within one week of the inspections.
- Ensuring *CSHOs* have and provide outreach materials during inspections (See Section 2 - Outreach).
- Ensuring the Heat Complaint Response Checklist (Appendix L) is completed for all heat-related complaints and placed in the inspection case file (See Section 3.a).
- Ensuring appropriate staffing levels for timely response to heat-related complaints, heat related illness/accident reports, and high-heat inspections, and notifying the *Regional Manager* when additional staffing is needed.

Note: Appropriate consideration will be given to *CSHOs* who have health-related restrictions from working in hot outdoor environments. Please refer to the Division’s HIPP for guidance.

- Providing staff for urgent assistance to other nearby district offices, as necessary.
- Developing and maintaining an ongoing, up-to-date body of information regarding the outdoor activities subject to the Heat Illness Prevention regulation, including, but not limited to, crop maps and calendars, location and status of construction projects, golf courses, and other substantial landscaped terrains.
- Assigning *CSHOs* to perform “high-heat” inspections when instructed to conduct inspections by their *Regional Manager* or *Regional Heat Coordinator*.

CSHOs, compliance safety and health officers, are responsible for conducting quality inspections, in accordance with this Heat SEP and applicable Compliance Policy and Procedures, and completing those inspections timely.

Other duties include:

- Contacting the complainant if a heat-related complaint is unclear to obtain clarifying information regarding the alleged hazards and location of the workplace.
- Contacting the complainant for an interview and to discuss testifying, if the *CSHO* is unable to confirm an allegation of a heat-related violation after inspection.
- Determining the location and expected hours of work for the coming week when taking heat-related complaints.
- Contacting the complainant from the field if unable to locate the site or locate employees at the site.
- Documenting all contacts and attempts at contacting the complainant on the Heat Complaint Response Checklist (Appendix L).
- Forwarding all heat-related complaints and reports of suspect heat illnesses/fatalities to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* immediately.
- Reviewing and following the Water Sampling Protocol (Appendix F) when assigned inspections with possible non-potable or unclear water issues.
- Recording temperature and relevant distances (time/distance to water, time/distance to shade).
- Communicating with complainants, employees, and other persons involved in the inspection in their language, whenever feasible (See Section 3.h).
- Providing employers and employees with educational materials highlighting heat illness prevention in English and other languages.
- Encouraging employers and employees to visit the Cal/OSHA Heat Illness Prevention website.
- Contacting one of the designees listed in Appendix C when an imminent hazard exists to discuss the issuance of an OPU.
- Completing and including in the case file the appropriate Heat Illness Prevention Evaluation Questionnaire (HIPEQ) using information gathered during the inspection.
- Contacting the *Medical Unit* within seven days of opening an inspection involving a suspect heat illness or fatality.
- Completing a Medical Records Request (Appendix J) for suspect heat illnesses or fatalities.
- Submitting the Medical Unit Referral (Cal/OSHA Form 90M), HIPEQ, NOAA (National Oceanic and Atmospheric Administration) report, and other relevant documents (See Section 3.c.iii) to the Medical Unit within 30 days of opening an inspection and code OIS S-07 "MEDICAL."
- Reporting inspection data to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* within the required timeframes (See Section 3.i).
- Providing a copy of all heat-related citations to the *Regional Heat Coordinator* for review prior to review by the *District Manager* (See Section 5).
- Enter the inspection into OIS and coding it S-18 "Heat" and/or S-18 "Indoor Heat" as appropriate.

2) Outreach Activities

The Division has a comprehensive strategy and wide range of activities to provide outreach and education to employees, employers, and community-based organizations about the hazards of heat exposure and the measures needed to both prevent heat illness and comply with the Heat Illness Prevention regulation. Outreach includes, (1) in-person and virtual training events, (2) webinars, (3) educational materials on the Cal/OSHA Heat Illness Prevention website, and (4) multimedia educational campaigns and (5) worker caravan events. Materials are distributed by *CSHOs*, Cal/OSHA Consultants, Bilingual Outreach Team members, Bilingual Community Engagement Liaisons, the Heat and Agriculture Coordination program staff and DIR's Communications Office.

Outreach during Inspections

During heat inspections, *CSHOs* should provide employers and employees with information about available education and training resources and publications, as appropriate. *CSHOs* should provide employers and employees with materials highlighting heat illness prevention in English and Spanish, and Punjabi, Hmong, or other languages, as appropriate and when available. They should also recommend employers and employees visit the Cal/OSHA Heat Illness Prevention website where numerous multi-language materials are posted and can be ordered at no cost.

At a minimum, *CSHOs* should provide the [heat illness prevention pocket guide](#) and DLSE Anti-Retaliation Flier, printed double-sided in [English/Spanish](#).

Outreach Materials

The Division will make available multi-lingual materials and training to the extent feasible. *District Managers* must ensure that *CSHOs* have sufficient quantities of the appropriate materials to distribute in the field. *District Managers* can order materials from the Heat Unit by emailing heat@dir.ca.gov.

Available material can be viewed on the 99Calor.org website: <http://99calor.org/Resources.html>.

Additional materials are available here: www.dir.ca.gov/dosh/heatillnessinfo.html

3) Enforcement Activities

a) Response to Complaints

A complaint must be deemed heat-related if it alleges one or more heat-related hazards, including any violations of section 3395.¹

All outdoor heat-related complaints (formal and non-formal) will be addressed via onsite inspection. **There shall be no investigation by letter in lieu of inspection** of any alleged outdoor heat-related complaint. An onsite inspection must be attempted in response to any heat-related complaint that is deemed valid, even when the complainant is unknown or additional contact is not possible. See below regarding indoor heat complaints.

¹ Complaints alleging inadequate water at outdoor workplaces that may be cited under Construction Safety Orders or Field Sanitation sections must be considered a heat-related complaint.

District Managers will ensure that all the routes through which complaints may be filed are constantly monitored and will assign investigations to CSHOs who have received appropriate heat-related training.

If a heat-related complaint is unclear, immediately upon its receipt, the *CSHO* must make a diligent effort to contact the complainant, when their contact information is available, to obtain information to clarify the alleged hazards and location of the workplace. If the *CSHO* takes the complaint over the phone, the *CSHO* must get as much information as possible while the complainant is on the phone. Attempts to contact the complainant and any new information received must be documented on the Heat Complaint Response Checklist. If these attempts fail, or if contact information is unavailable, the *District Manager* will designate the complaint as being heat-related or not and classify it as valid/invalid (See P&P C7), and will document the bases for these determinations.²

CSHOs should attempt to ascertain the location and expected hours of work for the coming week. If the location of a worksite subject to the complaint cannot be determined, *CSHOs* should note this on the Heat Complaint Response Checklist (Appendix L).

The *CSHO* must ensure every heat-related complaint case file includes a completed Heat Complaint Response Checklist.³

Note: Should the number of heat-related complaints exceed the district office's available resources, the *District Manager* must contact the *Regional Manager* to facilitate appropriate response to the complaints.

b) Timing of Response

All complaints alleging that employees are exposed to imminent hazards (See Section 3.d – OPU, for conditions that may represent imminent hazards) must be investigated within 24 hours of receipt by the Division. All other heat-related complaints must be investigated within 24 hours, whenever possible, but in no case later than three working days, of receipt by the Division.

If complaints are received "late in the day," the inspection may be opened the following day. "Late in the day" is defined as any time that precludes traveling to the location and inspecting in the same workday while the work is still being performed.

Complaints received late on Fridays or on days before a State Holiday that indicate that work will continue on the following day, will immediately be reviewed by the *District Manager*, who will endeavor to speak to the complainant to confirm where and when work is occurring.

² If it becomes apparent that the complaint does not allege heat-related hazards, but other violations, it must be addressed in accordance with DOSH P&P C-7

³ The Heat Complaint Response Checklist must be kept in the confidential section of the case file. If it is responsive to a discovery request or a Public Records Act request received by the district office, it must be redacted to remove any information that would divulge the identity of the complainant and produced in its redacted form only.

c) Response to Suspect Heat Illnesses or Fatalities

All reports that allege an outdoor suspect heat illness or fatality, including those received from sources other than the employer or emergency responders, must be taken on an Accident Report form (Cal/OSHA 36) and investigated. **If a complaint alleges a suspect heat illness, an Accident Report form (36) must be completed in addition to the Complaint form (Cal/OSHA 7).** To ensure complainant's information remains confidential, do not place any identifying information on the Form 36 (e.g., name, title, address, or contact information, etc.).

The Accident Report form must be used even if the initial report does not indicate that the affected employee was hospitalized.⁴

All reports of suspect heat illnesses/fatalities will be investigated by the district office, as soon as feasible. Criteria for determination of a suspect heat illness/fatality were developed with guidance from the Division's *Medical Unit* (See Section 3.c.ii).

The *CSHO* must complete and include in the case file the Heat Illness Prevention Evaluation Questionnaire (HIPEQ, contained in Appendix H).

The *District Manager* must ensure prompt delivery of all Accident Reports (Form 36) for outdoor suspect heat illnesses/fatalities to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator*, who will keep a log of such reports.

i. Additional Instruction for Fatalities:

The county coroner's report is a critical document in a fatality investigation. Copies of coroner's reports should be obtained as early in the investigation as possible.

NOTE: In some circumstances, when a coroner's report is unavailable or is delayed, the *Medical Unit* may render an opinion concerning the cause of the fatality prior to obtaining an official copy of the coroner's report.

ii. Determination of a Suspect Heat Illness/Fatality Case (developed with guidance from the *Medical Unit*)

While high temperatures increase the risk of heat illness, determining the contribution of heat to an illness is difficult. Cal/OSHA wants to ensure that it investigates those illnesses where we can collect evidence to determine whether heat was a contributing factor to the illness. To that end, Cal/OSHA should treat certain injuries as suspect heat illnesses.

Not every illness inspection involving an outdoor employee who receives medical attention is classified as a suspect heat illness case. The following questions provide guidance to determine whether an illness or fatality should be investigated as heat-related. When in doubt, contact the *Medical Unit*.

⁴ Although the Form 36 is being used to document the reported incident, no citation for title 8 CCR section 342 will be issued unless the employer has failed to meet the reporting requirements for a serious illness.

- If the answer to any of the following questions is “YES,” investigate as a suspect heat illness:
- Was the actual or reported temperature at the time of the incident > 70°F (65°F if work conducted in direct sunlight)?
- Was the injured employee performing moderately strenuous or strenuous physical work for more than 2 hours on the day of the incident or on the previous day?
- On the day PRIOR to the incident: Was the high temperature > 80°F (75°F if work conducted in direct sunlight) AND the injured employee was performing outdoor activities considered moderate or strenuous?
- Did the injured/affected employee report onset of symptoms suggestive of heat illness while performing outdoor activities or exposed to indoor heat on the day of, or day(s) prior to, the incident?

Note: if the employee suffered sudden collapse, or a sudden loss of consciousness, without any antecedent symptoms, do not regard the incident as suspicious for heat illness. A few examples of suggestive symptoms include dizziness, nausea, headache, vomiting, confusion, altered behavior, excessive sweating or thirst, and weakness. While these symptoms may occur with other conditions, such as heart disease or stroke, these cases must be considered heat-related until further investigated.

- Was the injured employee wearing protective clothing or gear that added to the heat load?
- Did the injured employee’s work tasks involve a hot process or material?
- Does or did the injured employee believe that heat caused or contributed to the illness?
- Is there any other reason the CSHO believes that the illness is heat-related?

NOTE: If the answer to one or more above questions is “YES,” but the *CSHO* believes that there is a compelling explanation other than heat to explain the illness, the *District Manager* must promptly contact the *Medical Unit* to discuss the specifics of the incident and the evidence that supports the determination of non-suspect heat illness. Such evidence may include a Patient Care Report (ambulance report); Emergency Department report; and Police or Fire Department reports. The employer’s assertion as to cause of illness is not acceptable evidence.

When contacting the *Medical Unit*, contact the assigned *Medical Unit clinician* as shown below:

Region	<i>Medical Unit Clinician (current as of April 2022)</i>
Region 1	James Seward, MD
Region 2	Rajiv Das, MD
Region 3	Paul Papanek MD
Region 4	Mary Kochie, RN, MSN, COHN-S
Region 5 (M&T)	Mary Kochie, RN, MSN, COHN-S
Region 6 (HHU-N / LETF-N)	James Seward, MD

Contact information:

Dr. James Seward: JSeward@dir.ca.gov, (510) 912-4973

Dr. Rajiv Das: Rdas@dir.ca.gov, (408) 438-1279

Mary Kochie, RN MSN COHN-S: Mkochie@dir.ca.gov, (818) 901-5751

Dr. Paul Papanek: Ppapanek@dir.ca.gov, (310) 351-0709

iii. Medical Unit Referrals**How to Involve the Medical Unit (MU) in Suspect Heat Illness Cases**

Once an investigation has been determined to involve a suspect heat illness or fatality, the *CSHO* must contact the assigned *MU clinician* within seven days of opening the inspection. This initial interaction can help both the *CSHO* and the *MU* determine the need to gather important information early in the inspection. If the inspection involves a suspect heat fatality, the *CSHO* may request the *MU* to contact the coroner's office or autopsy pathologist, if such assistance could provide clarification or direction.

Requesting Medical Records

The *CSHO* must use the template found in Appendix J when requesting medical records from a healthcare provider or treatment facility.

The request should instruct the healthcare provider or treatment facility to send all medical records directly to the *MU clinician*. If the medical records inadvertently arrive at a district office, the *CSHO* must promptly forward them to the *MU*, who will maintain them.

Completing the Medical Unit Referral (Cal/OSHA Form 90M)

The *CSHO* must submit the Medical Unit Referral (Cal/OSHA Form 90M) to the *MU* no later than 30 days after the inspection is opened. The Medical Unit Referral (Cal/OSHA Form 90M) must include a brief summary of what the *CSHO* thinks are the important factors in this case.

Attach to the Medical Unit Referral (Cal/OSHA Form 90M) the following (as available):

- HIPEQ (even if incomplete)
- Inspection Report (Cal/OSHA 1)
- Accident Report (Cal/OSHA 36)
- Copy of completed request for medical records
- Patient Care Reports (ambulance)
- Fire or Police Department Reports

Medical Unit Report

The *Medical Unit* staff must complete a *Medical Unit* report timely and forward the report to the following DOSH staff:

- CSHO
- Regional Heat Coordinator
- Heat Program Coordinator
- Assistant Heat Program Coordinator

CSHOs must place a copy of the completed *Medical Unit* report in the confidential section of the case file.

d) Log 300

If the *CSHO* identifies any potential heat-related illness when reviewing a Log 300, the *CSHO* should request the employer's injury or illness investigation.

e) Issuance of Orders Prohibiting Use (OPUs)

According to California Labor Code section 6325, when, in the opinion of the Division, a place of employment constitutes an imminent hazard to employees, entry therein must be prohibited by the Division. This is done by issuing an Order Prohibiting Use (OPU). Its purpose is to provide immediate protection to employees so that they will not suffer serious physical harm or death. Citations may be, and often are, issued to employers following the issuance of an OPU. The decision to issue an OPU is always made on a case-by-case basis, depending on the specific circumstances, and should be consistent with the governing principles applicable to heat exposure, as described below.

Employees working outdoors in high-heat⁵ without one or more of the four fundamental protective measures (water, shade, emergency preparedness⁶ and training on the importance of drinking water and the signs and symptoms of heat illness) could be at immediate risk of serious physical harm or death due to heat illness, and *CSHOs* must consider issuing an OPU where such a situation is found to exist. For example, where the temperature at the worksite is 95°F and no shade and/or water are present at the worksite, an OPU will be issued.

An imminent risk of heat illness may also exist at temperatures lower than 95°F. *CSHOs* must assess the need to issue an OPU if the temperature exceeds 80°F and one or more of the four fundamental protective measures are lacking and one of the following critical factors exists:

1. There is a heat wave OR high radiant heat or humidity; or
2. Employees are not acclimatized, have a heavy workload, OR are wearing PPE that interferes with cooling.

Note: If a *CSHO* is considering issuing an OPU, they must immediately seek authorization from someone on the list of designated staff.

Contacting Designated Staff

The above triggers may not define every situation in which an imminent hazard exists. If, in the judgment of the *CSHO*, an imminent hazard exists, the *CSHO* must contact one of the designated staff to discuss the issuance of an OPU.

⁵ High-heat means a dry bulb temperature in excess of 95° F. Because the thermometers used by the Division are accurate to ± 0.9° F, a reading of 94° F or higher should be considered in the range of high-heat when considering OPUs. **Note:** when considering violations of 3395(e) – High-heat procedures, *CSHOs* may need to measure temperatures of at least 96° F.

⁶ The supervisor or other designated employee must be able to describe the appropriate first aid actions the employer would take until medical aid arrives. Simply indicating that they would call "911" is not adequate.

The *CSHO* should be prepared to completely describe conditions at the worksite, including temperature, precise location of water and shade, and other relevant facts (See Appendix G for the HIPEQ – OPU). *CSHOs* should not hesitate to call designated staff for clarification, advice, or assistance as the inspection is progressing or when in doubt.

Completing the OPU

The OPU Form 8 is contained in Appendix D.⁷ Sample wording for a heat OPU is contained in Appendix E. The scope of an OPU may be limited to the site where the imminent hazard was observed or may apply to the employer’s operations statewide, depending on the degree to which circumstances indicate that the violation is site-specific or systemic.

If the exposed employees do not have their own means of safely traveling to a safe place, the employer will be responsible for transporting them and ensuring they do not return to work until the employer has presented sufficient evidence of corrective actions to the Division.

When issuing an OPU, the *CSHO* must:

- Notify the *Heat Program Coordinator* of the issuance of an OPU by phone.
- Notify the Deputy Chief for Field Enforcement and Designated Assistant Chief Counsel.
- Notify the *Designated Assistant Chief Counsel* immediately if the employer expresses an intent to appeal the OPU.
- Send the Inspection Report (Cal/OSHA 1) and OPU (Cal/OSHA 8) to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator*, as soon as possible after issuance of the OPU.
- Complete the HIPEQ – OPU and correctly code OPUs in OIS (See Section 3.j).

NOTE: All cases with an OPU for heat exposure are “High Profile” cases. These cases should be completed and submitted for required review as soon as possible (See Section 5). If appealed, they must be referred to the *Legal Unit* for legal representation.

Lifting the OPU

Before lifting an OPU, the following must be done:

- The *CSHO* must send the employer a letter stating that the OPU will be lifted if the employer agrees to notify the nearest Cal/OSHA district office of the employer’s work locations every Monday for the next number of days to be determined by the Legal Unit. The letter must be signed by the employer and returned to the Division prior to lifting the OPU. (See Sample Letter in Appendix K.)
- The Division must conduct onsite verification of imminent hazard abatement.
- The employer must demonstrate that it has implemented a procedure to ensure that the violative conditions will not be repeated.

Note: Upon lifting the OPU, the *CSHO* must notify the *Heat Program Coordinator*, *Deputy Chief for Field Enforcement*, *Assistant Deputy for Field Enforcement*, and *Designated Assistant Chief Counsel*.

⁷ For instructions on completing the OPU Form (Cal/OSHA Form 8), refer to DOSH P&P C-8.

f) Heat Illness Prevention Evaluation Questionnaire (HIPEQ)

There are two types of HIPEQ used for outdoor heat inspections:

- HIPEQ-OPU (Appendix G) must be used when an OPU is issued.
- HIPEQ (Appendix H) must be used for heat illness and complaint inspections.⁸

The *CSHO* is required to complete the pertinent HIPEQ for all outdoor heat-related complaint and heat-related illness cases. HIPEQs are not required for high-heat inspections or Regional coordinated inspections.

Using the HIPEQ as a reminder or a “checklist” is both a valuable investigative tool and a good framework for identifying the hazards and potential violations. It provides the *CSHO*, the reviewers of the file, and the *MU* clinician with a comprehensive overview of the case. However, the *CSHO* must not use the HIPEQ in the field to record field notes. Instead, the HIPEQ must contain the *CSHO*'s conclusions drawn from their field notes and observations.

District Managers must verify the HIPEQ was properly completed as part of their case management and review.

g) High-heat Inspections

The Division will supplement its field enforcement related to outdoor heat illness prevention by engaging in “high-heat” inspections.

The primary objective of these inspections is to conduct evaluations of as many outdoor workplaces in the affected areas as possible to ensure that employees working in high-heat, where life-threatening heat illnesses are possible, are effectively protected (including through the issuance of OPUs where warranted) and that employers are in compliance with the Heat Illness Prevention regulation. This does not preclude the issuance of citations for other hazards observed, including non-imminent hazards. One out of every five sites that appear to be in compliance must be investigated, but the focus will be on sites that appear to be non-compliant.

In order to accomplish this, *District Managers* must:

- Assign *CSHOs* “high-heat” inspections when the District Manager is instructed to conduct inspections by the Heat Program Coordinator through the Regional Manager. These inspections will target primarily agricultural, construction, and landscaping activities.
- Assign *CSHOs* to work in pairs in accordance with the DOSH Heat Illness Prevention Program.
- Ensure that all inspection equipment and outreach/educational materials are available and are taken out in the field by the *CSHOs*.
- Record the “high-heat” inspection statistics on the “high-heat” inspection statistics form included in Appendix A, including the inspection number. This form must be sent to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* within one week of the inspections.

⁸ If a complaint alleges a heat illness, or a heat illness is discovered during a complaint inspection, the *CSHO* must complete Part B of the HIPEQ.

NOTE: When completing the “Appendix A” form, only violations observed at the time of inspection must be recorded on this form. This does NOT preclude the issuance of violations based on declarations from non-DOSH persons (See Appendix I).

- Develop and maintain up-to-date information regarding outdoor activities in its jurisdiction, including, but not necessarily limited to, crop maps and calendars, location and status of construction projects, golf courses, and other substantial landscaped terrains.
- Local County Agricultural Commissioners and University of California Cooperative Extension Advisors could assist as additional resources to identify locations of agricultural activities in their respective regions.
- Ag Commissioners: <https://www.cdfa.ca.gov/exec/county/countymap/>
- UC Davis Extension Advisors: http://ucanr.edu/County_Offices/

h) Regional Coordinated Inspections

The goal of these inspections is to conduct evaluations of targeted workplaces in the inspection area to determine compliance with title 8 regulations, focusing on section 3395 and other regulations, as appropriate (e.g., agricultural, construction regulations, etc.). These inspections are to be conducted by district office staff primarily within their home district office jurisdiction, with minimal associated travel and per diem expenses.

The objective of these inspections is to conduct additional thorough, wide-ranging inspections to evaluate all heat-related hazards and as many other workplace hazards as time, conditions, and circumstances allow. If possible, these inspections should only be conducted when site temperatures are above 80°F.

Every effort will be made to target and plan to address areas and industries that local surveillance and information indicates warrant inspection resources.

Regional Heat Coordinators of the *CSHOs* who conducted the regional coordinated inspections are responsible for ensuring that the respective cases are completed in a timely manner and that they are submitted to the appropriate district offices for the required review process.

District Managers are responsible for reviewing serious citations, after the 1BY forms are returned to the district office or after the conclusion of the waiting period if the inspected employers fail to return them.

District Managers are responsible for providing regional coordinated inspections statistics, by completing the form included in Appendix A, including the inspection number, and forwarding it to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* by the end of the week that the regional coordinated inspections occur.

i) Indoor Heat Hazards

Indoor Heat Complaints

Notwithstanding P&P C-7 section (E)(3)(b)(2), all valid, formal, indoor heat-related complaints will be addressed via onsite inspection. There shall be no investigation by letter in lieu of inspection of any indoor heat-related complaints filed by employees or their representatives, or when another type of formal complaint is made, as defined by [P&P C-7](#). Onsite inspections must be performed regardless of whether the complainant would accept a letter in lieu of inspection.

A complaint must be deemed an indoor heat-related complaint if it alleges one or more heat-related hazards for an indoor environment. "Indoor" refers to a space that is under a ceiling or overhead covering that restricts airflow; and is enclosed along its entire perimeter by walls, doors, windows, dividers, or other physical barriers that restrict air flow, whether open or closed.

Determining Complaint Validity

An indoor heat-related complaint shall be deemed valid if it alleges an indoor heat hazard that has a reasonable basis in fact and does not represent willful harassment of the employer.

Citations for Indoor Heat-Related Inspections

During the course of indoor heat-related complaint inspections, *CSHOs* must evaluate compliance with the standards addressing heat hazards, as appropriate. The following standards relate to indoor heat hazards:

[Section 3203. Injury and Illness Prevention Program](#): Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program. Where indoor heat hazards exist, the employer shall: identify and evaluate these hazards; follow a procedure to investigate heat-related illnesses; implement methods and/or procedures for correcting unhealthy heat-related conditions; and provide training on indoor heat-related hazards.

[Section 3363. Water Supply](#): Potable water in adequate supply shall be provided in all places of employment for drinking

[Section 3364. Sanitary Facilities](#): Bathrooms shall be kept clean, maintained in good working order and be accessible to the employees at all times.

[Section 5142. Mechanically Driven Heating, Ventilating and Air Conditioning \(HVAC\) Systems to Provide Minimum Building Ventilation](#): The HVAC system shall be operated continuously during working hours except during scheduled maintenance and emergency repairs.

Depending on the facts and evidence, citations should be classified as "serious" when there is a realistic possibility that death or serious harm could result from the actual hazard created by the violation. Temperature, humidity and working conditions (e.g., employee metabolic heat load) should be considered when evaluating the "actual hazard."

Additionally, any other hazards or violations found during the course of inspections must also be documented and evaluated, and citations issued as appropriate.

j) Bilingual Services

The Division's policy is to conduct interviews with employees in the language they speak. Every effort will be made by *CSHOs* to obtain on-site translation services for all heat inspections. The following resources are available:

- Contract language services
- Language Line Solutions is the current provider (as of April 2020)
- Their number is 1-866-874-3972.
- You will need a 6-digit "access code." Find your access code here:

<http://web.dir.ca.gov/Informational/Intranet/DOSH/LanguageLineServices.pdf>

- After you input your access code, it will ask for your inspection number. If you are just opening an inspection and do not have one yet, input any number you would like (e.g., 1234).
- *CSHOs* and Senior Safety Engineers receiving bilingual pay will be assigned as needed to support inspections.⁹
- Only bilingual or multilingual *DOSH* administrative staff who received the Division's HIPP training can support *CSHOs* in the field.

k) Notifications to Heat Illness Prevention Program

The *Assistant Heat Program Coordinator* maintains extensive tracking and statistical information on heat inspection cases. Therefore, it is essential for *CSHOs*, *District Managers*, *Regional Managers*, and *Regional Heat Coordinators* to properly track and report all types of heat cases to the *Assistant Heat Program Coordinator*.

Complaint Inspections – Outdoor Heat

The following documents should be forwarded to the *Assistant Heat Program Coordinator* as they are completed by the *CSHO* within the noted timeframes:

- Complaint (Cal/OSHA 7) – immediately
- Heat Complaint Response Checklist – immediately
- Inspection Report (Cal/OSHA 1) – within 10 days
- HIPEQ (See Appendix H) – within 30 days
- Questionnaire for Evaluating Unobserved Violations (See Appendix I), as applicable – prior to closing inspection
- Alleged Violation Worksheet, finalized Proposed Penalty Worksheet (Cal/OSHA 10), OR Notice of No Violations After Inspection (Cal/OSHA 1AX) – prior to closing heat-related complaint inspections.

Complaint Inspections – Indoor Heat

The following documents should be forwarded to the *Assistant Heat Program Coordinator* as they are completed by the *CSHO* within the noted timeframes:

⁹ The names of staff receiving bilingual pay are indicated on the Organization Charts with red font.

http://web.dir.ca.gov/informational/Portal.asp?goto=Dosh/DOSH_Org_Chart.htm

- Complaint (Cal/OSHA 7) – immediately
- Inspection Report (Cal/OSHA 1) – within 10 days
Alleged Violation Worksheet, finalized Proposed Penalty Worksheet (Cal/OSHA 10), OR
Notice of No Violations After Inspection (Cal/OSHA 1AX) – prior to closing heat-related
complaint inspections.

Heat Illness Inspections

The following documents must be forwarded to the *Assistant Heat Program Coordinator* and *Heat Program Coordinator* as they are completed by the *CSHO* within the noted timeframes:

- Accident Report (Cal/OSHA 36) – immediately
- Inspection Report (Cal/OSHA 1) – within 10 days
- HIPEQ (See Appendix H), for outdoor heat inspections – within 30 days
- Medical Unit Referral (Cal/OSHA Form 90M) – within 30 days
- *Medical Unit* Report – when received by *CSHO*
- Notice of intent to classify as serious (1BY notice)¹⁰
- Alleged Violation Worksheets and Proposed Penalty Worksheet (Cal/OSHA 10) OR
Notice of No Violations After Inspection (Cal/OSHA 1AX) – prior to issuance if the heat
illness is confirmed, otherwise prior to closing inspection

High-heat Inspections

Regional Heat Coordinators must complete the “high-heat” inspection statistics form in Appendix A, including the inspection number, and forward to the *Heat Program Coordinator* and *Assistant Heat Program Coordinator* within one week of the inspections.

- The *CSHO* must forward a copy of the Proposed Penalty Worksheet (Cal/OSHA 10) to the *Assistant Heat Program Coordinator* and *Heat Program Coordinator* after citations have been approved and issued.

I) OIS Coding Procedures for Indoor and Outdoor Heat

If a complaint, referral, or report of injury/illness concerns outdoor heat, the UPA must be coded “S 18 HEAT” in OIS. If an inspection is opened as a result of that UPA, the *CSHO* must also code the Inspection Report in OIS as “S 18 HEAT.”

CSHOs must review the Heat Illness Prevention Plan for all employers with outdoor employees.¹¹ Whenever a *CSHO* reviews an employer’s Heat Illness Prevention Plan, the *CSHO* must code the Inspection Report in OIS as “S 18 HEAT.”

NOTE: Inspections that result in “No Inspection” shall NOT be coded S 18 HEAT.

¹⁰ The 1BY notice must be sent to the *Heat Program Coordinator* for review prior to delivering it to the Employer.

¹¹ Even if current weather conditions do not pose a hazard to the outdoor workers.

Whenever a CSHO receives a complaint, referral, or report of injury/illness that involves indoor heat, the UPA must be coded "S 18 INDOOR HEAT" in OIS. If an inspection is opened as a result of that UPA, the CSHO must also code the Inspection Report in OIS as "S 18 INDOOR HEAT."

An inspection or UPA that concerns both indoor and outdoor heat should be coded for both.

If a CSHO opens an inspection for reasons unrelated to heat but then discovers and investigates a heat hazard, the CSHO must code the Inspection Report in OIS as "S 18 HEAT" and/or "S 18 INDOOR HEAT," as appropriate.

This coding must be entered in the OIS Inspection Type Tab by going to the "Additional Codes" box, then selecting "Add from State Reference" and choosing the S 18 HEAT code from the drop down menu.

For "high-heat" inspections, the Initiating Type will be "Referral." For inspections conducted by LETF as part of the unit's targeted program, the Initiating Type will be "Programmed – Planned." The CSHO must code all inspections in which the MU is involved with "S 07 MEDICAL."

- This coding must be entered in the OIS Inspection Type Tab by going to the "Additional Codes" box, then selecting "Add from State Reference" and choosing the S 07 MEDICAL code from the drop down menu.

The CSHO must code all inspections in which OPU were issued with "S 01 #."

- This coding must be entered in the OIS Inspection Type Tab by going to the "Additional Codes" box, then selecting "Add from State Reference" and choosing the S 01 # code from the drop down menu, and entering the number of OPU tags issued.

m) Water Sampling Protocol

Ensuring that employees have access to potable drinking water is an essential element of an effective Heat Illness Prevention Plan. When assigned inspections with possible non-potable or unclean water issues, CSHOs must review and follow the Water Sampling Protocol (Appendix F) and contact Calico for guidance (calico@dir.ca.gov; (510) 614-2651).

In addition, when CSHOs investigate complaints related to plumbed/public water systems (i.e., not water from Igloo containers or similar), CSHOs should refer complaints to the Division of Drinking Water (DDW). District Engineers working for DDW oversee public water systems.¹²

A list of the State's District Engineers can be found here:

https://www.waterboards.ca.gov/drinking_water/programs/documents/ddwem/DDWdistrictofficesmap.pdf

¹² In some cases, the District Engineer may refer the complaint to the County Local Primacy Agency (LPA) if the water system is regulated at county level.

4) Citations

It is the policy of the Division to evaluate Heat Illness Prevention procedures during all inspections of employers with outdoor employees. At a minimum, *CSHOs* must review the employer's Heat Illness Prevention Plan for outdoor workplaces, regardless of weather conditions at the time of inspection. During the course of inspections of outdoor places of employment, where heat is identified as a hazard to employees, *CSHOs* must evaluate compliance with the standards addressing heat hazards, as appropriate.

In addition to section 3395, several other standards address hazards relating to exposure to heat in outdoor places of employment, including, but not limited to sections 3363 (GISO Water Supply), 3400 (GISO First Aid), 3439 (Ag First Aid), 3457 (Ag Field Sanitation), 1512 (CSO First Aid), and 1524 (CSO Water Supply). Although there is substantial overlap in the coverage of these standards, section 3395 does not cover all of the requirements found in the industry-specific standards. *CSHOs* must cite under section 3395 if they encounter hazards in the field that are citable under that section. *CSHOs* should cite violations under one of the industry-specific standards only if they identify violations that are not addressed by section 3395. See the section on indoor heat, above, for regulations applicable to indoor heat hazards.

California Code of Regulations, title 8, section 3395 – Heat Illness Prevention

The main requirements of the regulation are provision of water (c), access to shade (d), high-heat procedures for selected industries at temperatures of 95°F or higher (e), emergency response procedures (f), acclimatization (g), training for employees and supervisors (h), and availability and effectiveness of written procedures (i).

- Potable drinking water must be as close as practicable to employees to facilitate the frequent drinking of water.¹³
- Shade must be located as close as practicable to employees.¹⁴
- Supervisors must have effective training on the employer's emergency response procedures to respond to signs or symptoms of possible heat illness.¹⁵
- If the employer does not have their Heat Illness Prevention Plan available at the inspection site, the employer should be cited for 3395(i).

Additional guidance on water and shade access can be found in the Heat Illness Prevention Q&A at: <http://www.dir.ca.gov/dosh/heatIllnessQA.html>

Citations should be classified as "serious" when there is a realistic possibility that death or serious harm could result from the actual hazard created by the violation. Weather and working conditions

¹³ This requirement should not be confused with the Field Sanitation (T8CCR 3457) requirements, which allows placement of bathroom facilities within one quarter of a mile or a five minute walk. Water must be closer than this. Placing water only in designated shade areas or where bathroom facilities are located is not sufficient. When employees are working across large areas, water should be placed in multiple locations or move with the employees.

¹⁴ Because shade is more portable, it can and should be placed closer to where employees work than bathroom facilities. This may involve placing shade structures in multiple areas over large work sites and/or moving the structures as the work area changes (such as movement across fields and rows).

¹⁵ The supervisor or other designated employee must be able to describe the appropriate first aid actions the employer would take until medical aid arrives. Simply indicating that they would call "911" is not adequate.

(e.g. employee metabolic heat load) should be considered when evaluating the "actual hazard." *CSHOs* must carefully consider whether to classify each 3395 violation as serious.

Citations for alleged violations of the Heat Illness Prevention regulation should be classified as "willful" where evidence shows that an employer knew the requirements of section 3395 and violated them intentionally, as opposed to inadvertently; or where evidence shows that even though the employer was not consciously violating the Heat Illness Prevention regulation, he or she was aware that an unsafe or hazardous condition existed and made no reasonable effort to eliminate the condition.

Additionally, any other hazards or violations found during the course of inspections must also be documented and evaluated, and citations issued as appropriate.

Questionnaire for Evaluating Unobserved Violations (QEUV)

In situations where the *CSHO* does not observe a violation, but receives evidence from a witness, the *CSHO* must:

- Use the Questionnaire for Evaluating Unobserved Violations in Appendix I.
- Obtain assistance from the Legal Unit to determine whether the witness' account alone is adequate to support a citation.
- Forward the completed Questionnaire for Evaluating Unobserved Violations to the Assistant Heat *Program Coordinator* and *Heat Program Coordinator* prior to closing the inspection.

5) Inspection Review Procedures

Inspections addressing suspect or confirmed heat illnesses and/or heat-related complaints will undergo a thorough review to ensure (1) correct title 8 regulations are cited, (2) violations are adequately documented with sufficient evidence, (3) consistent and uniform enforcement actions throughout the state are taken, and (4) Heat SEP related directives, policies, and procedures are followed.

District staff must ensure that the name and title of each reviewer and the date that each reviewer completed their review is entered on the case file summary sheet (case diary). The Division will endeavor to issue citations for all heat inspections within four months of opening the inspection.

***CSHOs* must:**

- Thoroughly review all facts and evidence collected during the investigation (including *Medical Unit* opinions and Reports) and propose the appropriate enforcement actions.
- Ensure that before issuing any enforcement actions, all required levels of review and approval are completed.
- Consult with the Regional Heat Coordinator before submitting any case addressing suspect heat illnesses or fatalities and/or heat-related complaints to the District Manager for review and approval.
- For suspect or confirmed heat illness or fatality cases with potential serious violations: Ensure Regional Heat Coordinator and Heat Program Coordinator has reviewed 1BYs prior to sending to the employer.

- For confirmed heat illness or fatality cases: Obtain written approval from the Heat Program Coordinator prior to closing.
- Submit the completed case file to the District Manager for review before issuing any enforcement actions, including no violations.

Note: A completed case file includes: documents, notes, and forms generated and collected during the course of the inspection, including, but not limited to, the Inspection Report (Cal/OSHA 1), the Inspection Procedures Form (Cal/OSHA 1A), Note Taking Sheets (Cal/OSHA 1AV), Alleged Violation Worksheets, notice(s) of intent to classify as serious (1BY notice) and employer's response(s) (if applicable), appropriate HIPEQ, Proposed Penalty Worksheet (Cal/OSHA 10), Heat Compliant Response Checklist (if applicable), photographs, and Accident Investigation Summary (if applicable), Medical Report (if applicable) and any other information used to support the proposed enforcement action.

Regional Heat Coordinators must:

- Review all proposed heat-related citations, Proposed Penalty Worksheets (Cal/OSHA 10), Alleged Violation Worksheets, Supplemental Violation Worksheets, and investigation reports, as well as case files for all heat complaints and heat illnesses with no violations for accuracy and compliance with this SEP.
- Seek clarification from the Legal Unit, and the Heat Program Coordinator as necessary, concerning consistency of classification and penalties.
- Work with CSHOs to address and correct deficiencies before approving Proposed Penalty Worksheets (Cal/OSHA 10), heat-related citations, and investigation reports.

District Managers must:

- Thoroughly review all case files to ensure accuracy, thoroughness, organization, completeness, and compliance with this SEP.
- Work with CSHOs to address and correct deficiencies before approving Proposed Penalty Worksheets (Cal/OSHA 10), heat-related citations, and investigation reports.
- Ensure that all case files have undergone the required review and approval process as specified in this SEP, before approving any enforcement actions.
- Ensure that the name and title of each reviewer and the date reviewers completed their review is recorded on the case file summary sheet (case diary) before approving any enforcement actions.
- Ensure that a complete copy of the following types of heat-related case files are sent to and reviewed by the Regional Manager, before approving any enforcement actions:
 - Cases where heat-related OPU's were issued.
 - Heat-related complaint cases with no proposed heat citations (regardless of whether other citations are proposed for issuance).
 - Confirmed heat illness and fatality cases.
 - Cases meeting the criteria of "High Profile."
 - Cases with proposed violations based on a Questionnaire for Evaluating Unobserved Violations.

Regional Managers must:

Review the following types of heat-related cases received from the *District Manager* for accuracy, thoroughness, completeness, and compliance with this SEP:

- Cases where heat-related OPU's were issued.
- Heat-related complaint cases with no proposed heat citations (regardless of whether other citations are proposed for issuance).
- Confirmed heat illness and fatality cases.
- Cases meeting the criteria of "High Profile."
- Cases with proposed violations based on a Questionnaire for Evaluating Unobserved Violations.

Regional Managers may have their *Regional Heat Coordinator* perform these reviews and ensure that complete copies of the following types of heat-related cases are sent to the *Heat Program Coordinator* for review, before approving any enforcement action(s):

- Cases where heat-related OPU's were issued.
- Confirmed heat illness and fatality cases.
- Cases meeting the criteria of "High Profile."
- Cases with proposed violations based on a Questionnaire for Evaluating Unobserved Violations.

Ensure that a complete copy of the following types of heat-related case files are sent to the *Assistant Deputy Chief for Field Enforcement* for review, before approving any enforcement actions:

- Cases where heat-related OPU's were issued.
- Cases meeting the criteria of "High Profile."
- Any other cases considered significant in the judgement of the *Regional Manager*.

Heat Program Coordinator must:

Review all proposed heat-related citations, Proposed Penalty Worksheets (Cal/OSHA 10), Alleged Violation Worksheets, evidence grids, and investigation reports for accuracy and compliance with this SEP for the following types of heat-related case files:

- Cases where heat-related OPU's were issued.
- Confirmed heat illness and fatality cases.
- Cases meeting the criteria of "High Profile."
- Cases with proposed violations based on a Questionnaire for Evaluating Unobserved Violations

Seek clarification from the *Legal Unit*, as necessary, concerning consistency of classification and penalties.

Communicate the result of all reviews to the *Regional Heat Coordinator*, *Regional Manager*, and *Assistant Deputy Chief for Field Enforcement*.

6) **Abatement Procedures**

Abatement of hazards is one of the essential goals of the Division's enforcement activities. When an employer is in violation of the Heat Illness Prevention regulation, it is imperative to make every effort to achieve compliance, including the provision of water, shade, training, and emergency procedures, as early in an inspection as possible.

It is the Division's policy to encourage the employer to abate any heat violations at the time of inspection. When such abatement is achieved, the *CSHO* must document in the case file the means, methods, procedures, equipment, etc., of abatement.

District Managers must coordinate the actions necessary for ensuring timely abatement, including contacting the employer, sending reminder letters, and arranging for follow-up inspections.

7) DOSH Heat Illness Prevention Plan

The Division has developed a Heat Illness Prevention Plan (HIPP) to ensure the safety of staff who may be exposed to the hazards of heat exposure outdoors. The HIPP is available in DOSH's Administrative Policies and Procedures Manual, P&P A-23.

<http://web.dir.ca.gov/Informational/Intranet/PandP/PnPA-23.pdf>

All DOSH managers must ensure their staff has completed the mandatory Heat Illness Prevention training before being assigned outdoor work activities.

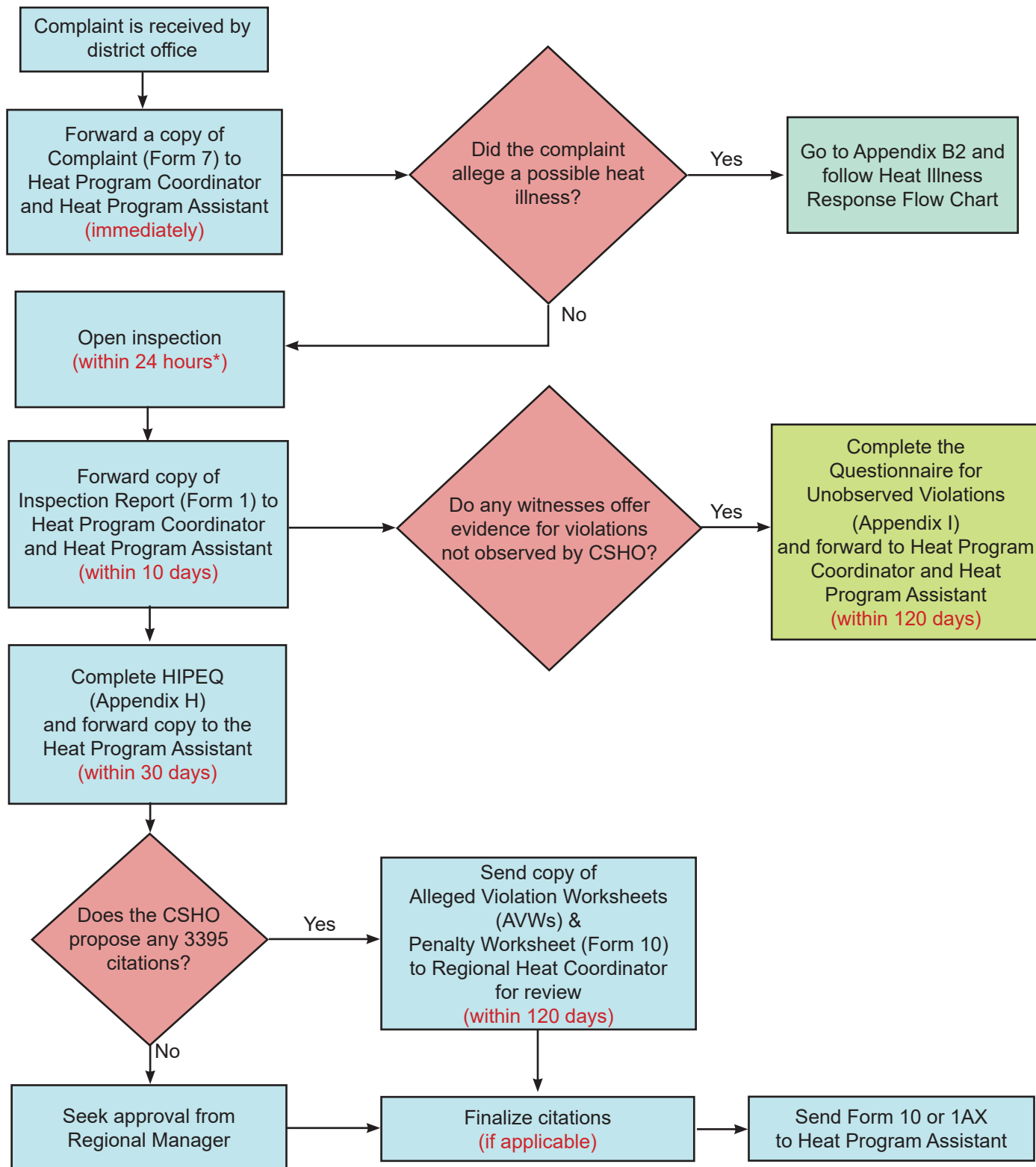
Appendices

- [Appendix A: High-heat Inspection Statistics Form](#)
- [Appendix B1: Heat Complaint Response Flow Chart](#)
- [Appendix B2: Heat Illness Response Flow Chart](#)
- [Appendix C: Order Prohibiting Use Issuance Flow Chart](#)
- [Appendix D: Order Prohibiting Use Form](#)
- [Appendix E: Sample Wording for Heat OPU](#)
- [Appendix F: Water Sampling Protocol](#)
- [Appendix G: HIPEQ - OPU](#)
- [Appendix H: HIPEQ](#)
- [Appendix I: Questionnaire for Evaluating Unobserved Violations](#)
- [Appendix J: Sample Letter for Medical Records Request](#)
- [Appendix K: Sample for OPU Lift Letter](#)
- [Appendix L: Heat Complaint Response Checklist](#)
- [Appendix M: Document Reporting Checklist](#)

APPENDIX A – High-heat Inspection Statistics Form

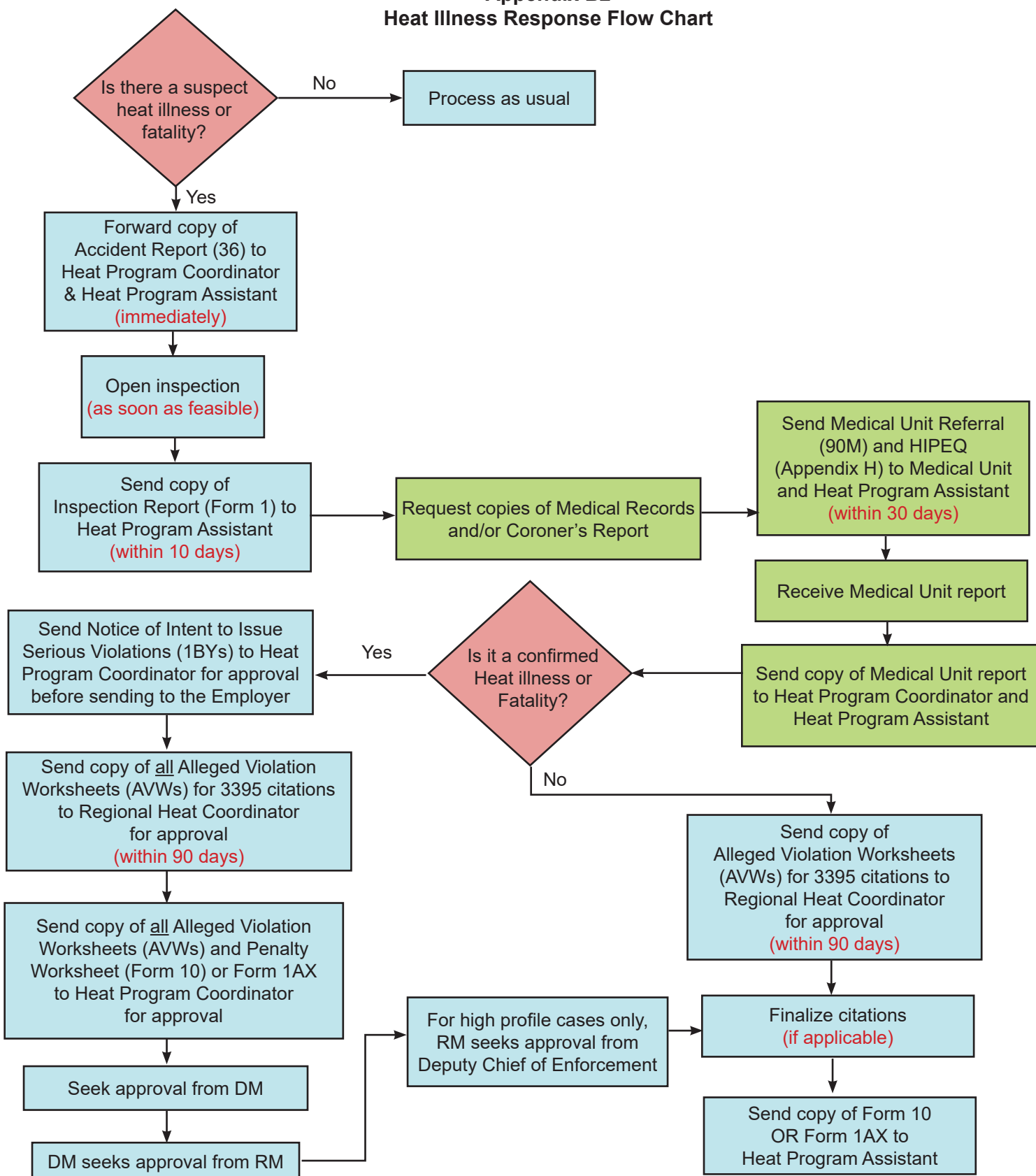
High Heat Inspections Statistics Form										
<p>CSHOs must only list violations observed at the time of inspection. This does NOT preclude the issuance of additional citations, including those based on violations discovered later in the inspection process. District Managers must ensure this form is completed and forwarded to the Heat Program Coordinator and Heat Liaison within <u>one week</u> of the inspections.</p>										
Inspection Date	Industry (Ag, Const, etc)	Establishment Name	Site Address	County	Crop and Activity	Inspection #	District Office	CSHO	Temperature measured during Inspection	Violations Observed at the Time of Inspection (Including OPU's issued)
7/1/18	Ag	DOSH Family Farming	1234 Brophy Rd., Sacramento	Sacramento	Peach thinning	123456789	Sacramento	A. Smith	87	gen 3203(a) no IIPP gen 3395(i) no HIPP available serious 3395(d) no shade OPU 3395(c) no water

Appendix B1 Heat Complaint Response Flow Chart

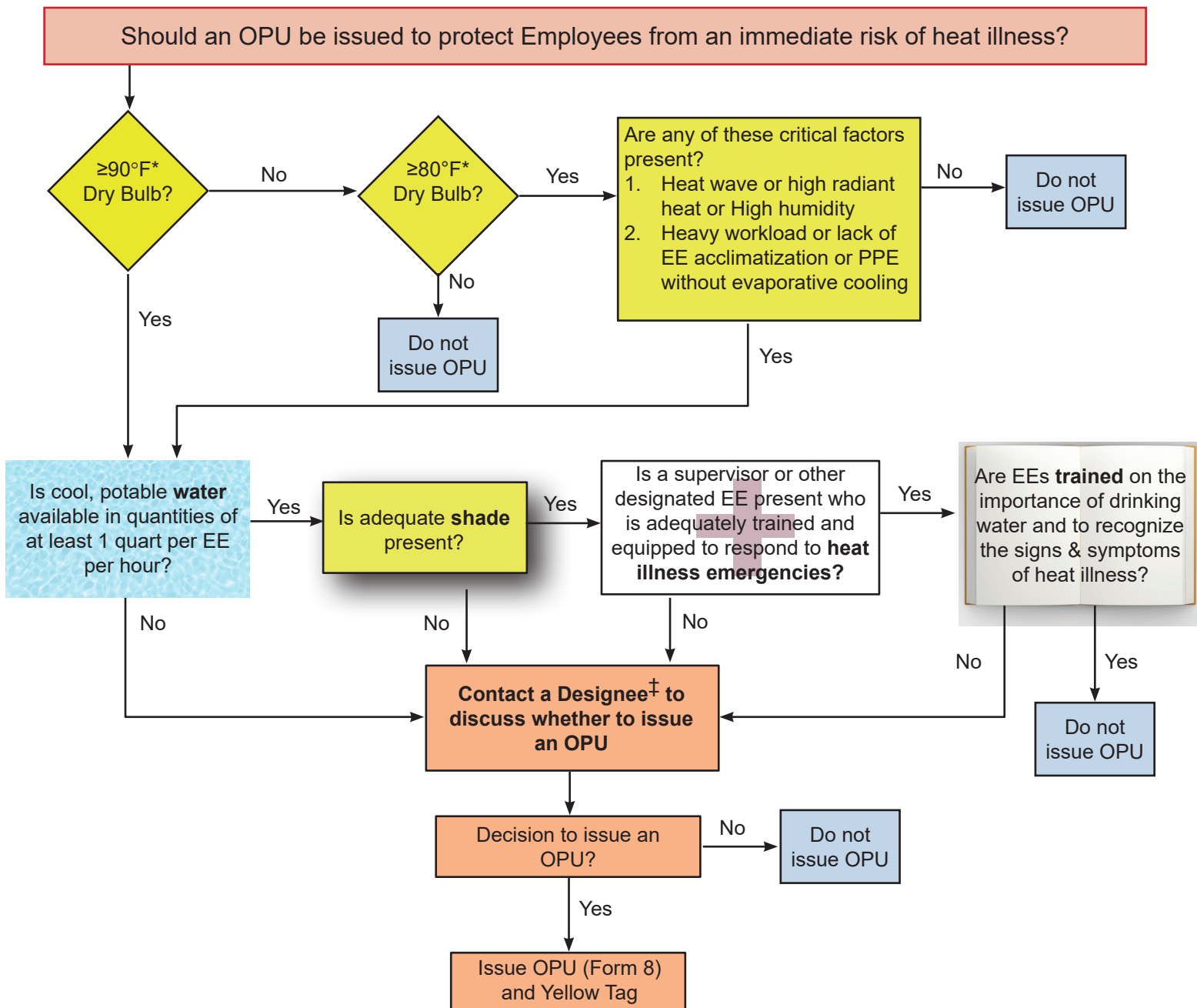


*Whenever possible, but in no case later than 3 working days

**Appendix B2
Heat Illness Response Flow Chart**



APPENDIX C – Order Prohibiting Use (OPU) Issuance Flow Chart



* Accuracy of the thermometers is ± 1°F. Therefore, readings ≥ 94°F should be regarded as ≥ 95°F when considering an OPU.

OPU will be limited to the particular place of the employer’s operation where the imminent hazard has been found to exist, if employer can demonstrate that the compliance failure was limited to the site and not the result of employer’s general operating procedures. If not, scope will be statewide.

†Designees:
 David Hornung: (510) 502-2513
 Lisa Brokaw: (510) 286-7348
 Tuyet-Van Tran: (213) 576-7496
 Efren Gomez: (661) 588-6400
 Rocio Reyes: (213) 364-8398
 Dan Lucido: (510) 407-1266

2. To _____
Employer, Owner, Operator

Address _____
Street

_____ CA _____
City Zip Code

Office:
 Fax:

ORDER PROHIBITING USE
 (California Labor Code 6325, 6326, 6327)

3. Upon an inspection and/or investigation on _____, the Division of Occupational Safety and Health has
Date
 determined that this place of employment, located at _____
Address
 or a portion thereof (exact description of that portion), _____
 _____ or this machine, device
 apparatus or equipment at this location, described as follows: _____

_____ is in a dangerous condition,
 is not guarded properly, or is dangerously placed as to constitute an imminent hazard to employees. **THEREFORE, ENTRY INTO USE
 OF SAID PLACE OF EMPLOYEMENT, OR THE PORTION DESIGNATED AS DANGROUS, OR USE OF SAID EQUIPMENT
 DESCRIBED ABOVE IS PROHIBITED.**

4.	Standard, Order, or Code Sections Violated	Description of Hazard

Labor Code Section 6326 provides that: Every person, who after such notice is attached, enters any place of employment, or uses or operates any such place of employment, machine, device, apparatus or equipment before it is made safe and the required safe guards or safety appliances or devices are provided, or who defaces, destroys or removes any such notice without the authority of the Division, is guilty of a misdemeanor, punishable by a fine of up to one thousand dollars (\$1,000), or up to one year in the county jail, or both.

NOTICE OF HEARING

Notice is hereby given that if you so request, you will be provided a hearing within 24 hours thereafter on the validity of the Order Prohibiting Use.

Order issued by: _____ Date and time issued: _____
Date

5. Yellow tags attached: _____

State of California
 Department of Industrial Relations
 Division of Occupational Safety & Health

Office:

Fax:

7.

DECLARATION OF SERVICE

By A Cal/OSHA Compliance Safety and Health Officer

On _____, I, _____
Date Name

served this **Order Prohibiting Use** upon the employer, owner, or operator by leaving the original of it with:

Name Title

who was identified as the employer, owner, or operator named in the Order or representative thereof at:

_____, CA _____
Street City Zip Code

I declare under penalty of perjury that above Declaration is correct to the best of my knowledge and belief.

CSHO Date

City or County State Zip

8.

CONTINUED FROM FRONT SIDE

Standard, Order, or Code Sections Violated	Description of Hazard

APPENDIX E - Sample Wording for Heat OPU

The *CSHO* must completely fill out the Order Prohibiting Use (Form 8). The following draft language can be put in the Form 8 area below “Standard, Order or Code sections Violated” and “Description of Hazard.” As per P&P C-8, this area must indicate the Standard, Order or Code Section violated and provide a description of the hazard that constitutes the imminent hazard.

Sample wording:

Employer is not in compliance with 8 CCR section 3395 in that [Reference specific issues here, e.g. no shade, no water] was available to employees.

Employer is not in compliance with 8 CCR section 3395 in that the supervisor or other designated employee is not adequately training and equipped to respond to heat illness emergencies.

Employer is not in compliance with 8 CCR section 3395 in that employees are not adequately trained on the importance of drinking water and to recognize the signs and symptoms of heat illness.

Employer is ordered to cease all outdoor work [specify at this site or statewide, depending upon the circumstances] until approved to begin work again by the Division upon demonstrating that the employer has complied with 8 CCR section 3395.

APPENDIX F – Water Sampling Protocol

Ensuring that employees have access to potable drinking water is essential. When assigned complaints, referrals, or other types of inspections in which non-potable or dirty drinking water may be at issue, *CSHOs* are to review and follow this Protocol. *CSHOs* should contact Calico Lab for additional guidance.

Water sampling can determine water potability by identifying contaminants in the water. However, prior to performing water sampling, *CSHOs* must follow the Visual and Field Decisions Guidance Section listed below to determine whether water sampling is warranted.

Cal/OSHA has a contract with one certified laboratory: EMSL/LA Testing (as of April 2022).

EMSL/LA Testing
<https://www.latesting.com/>
5431 Industrial Drive
Huntington Beach, CA 92649
Contact: Mike Chapman, (714) 828-4999

When water sampling is warranted, *CSHOs* must follow the specific sampling protocol, shipping instructions, and time limitations specified by the lab. Contact the EMSL/LA Testing for details. For instance, a request for water analysis for Total Coliform requires that the sample be taken as per sampling protocol, mailed to the lab for analysis, and tested all within the same 24-hour period. In addition, shipping instructions require that samples for Total Coliform be shipped cold (with ice packs), not frozen, and remain upright.

A. Field Inspection Visual and Field Decisions Guidance

1. Pre-Inspection

If assigned complaints or referrals with complaints related to non-potable or dirty drinking water, prior to going out to the field, *CSHOs* are to contact a certified lab to request appropriate sampling containers, sampling protocol, and shipping instructions.

2. Field Inspection

While performing field inspections and before collecting water samples, *CSHOs* are to perform a visual inspection of the drinking water container/source/fountain. *CSHOs* should ask management and employee questions about the water source and quality.

2.1 Visual Inspection

CSHOs will visually check the drinking water container/source/fountain using the following criteria to verify that the water is sanitary:

- Water is fresh and clean (i.e., transparent, no visible dirt, sand, or foreign materials in the water).
- Water is cool (run the water against the inside of your wrist; water should not feel hot or warm; it should feel cool to the touch).¹⁷

¹⁷ Do not dip anything, such as a Kestrel or sampling container into an Igloo cooler or water source to take a sample or measure the temperature. Use the spigot or means provided to sample the water into an appropriate container.

- Container is clean (no green mold, no dirt smudges, etc.) and employer regularly cleans containers.
- There are clean disposable cups (no reusable cups, no dippers or common drinking cups) or clean fountain.¹⁸

If the water fails visual inspection (i.e., any of the above criteria are not met), **no water sampling is needed**. CSHOs should document the violations with photographs and issue citations. If, however, the water passes visual inspection (i.e., all of the above criteria are met), continue with Section 2.2.

2.2 Field Questionnaire

While conducting the field inspection, determine the water source. Ask management and verify with employees if the water came from a piped public water system (serviced line), a private well, purchased bottled water supply, or canal.

District Engineers working for Division of Drinking Water (DDW) oversee public water systems. They may be able to provide support when reviewing public water systems. A list of the State's District Engineers can be found here:

https://www.waterboards.ca.gov/drinking_water/programs/documents/ddwem/DDWdistrictofficesmap.pdf

If the water did not come from a service line, but rather from a well, CSHOs should ask if it is privately owned. CSHOs should determine when the well was tested and by whom (request copy of testing report and determine if the test was done by a certified lab. A list of certified labs can be found here:

https://www.waterboards.ca.gov/drinking_water/certlic/labs/index.html

Again, it is critical to determine the source. Here are some issues to consider:

- Location where drinking water for Igloo or other portable water container was obtained:
 - Indoor Faucet/Water from piped Municipal System ([low need of sampling]).
 - Outdoor outlets (See the following examples of possible contamination):
 - Outdoor outlet/spigot with water from piped municipal system [low need of sampling]
 - Outdoor outlet with water from piped municipal system but where spigot does not have back-flow preventer to prevent siphoning, or is connected to a dirty hose [high need of sampling]
 - Non-municipal water system (such as canal, etc.) [high need of sampling].
- Have been any incidents of gastrointestinal illnesses?
 - If yes, then water sampling is warranted to test for Total Coliform.
 - If no, but employees express concerns about water being contaminated or not being potable, then water sampling is warranted.

LA Testing Sampling Guidance for Coliform can be found here:

<https://www.latesting.com/SamplingGuides.aspx?samplingguideid=24>

¹⁸ If the employer does not have clean disposable cups or a clean fountain, you may still want to sample the water.

B. Sampling Containers, Preservatives and Sampling Protocols

Different contaminants can be present in contaminated water. Each contaminant has its own specific sampling protocol. Some contaminants, like nitrates have no odor or taste. Therefore, it is essential that *CSHOs* contact EMSL/LA Testing.

The lab will provide sampling containers, sampling protocols, and shipping instructions.

CSHOs must maintain a Chain of Custody by filling out the Laboratory Sample Analysis Request (Cal/OSHA 1H) and following DOSH P&P C-1H:
<https://www.dir.ca.gov/DOSHPol/P&PC-1H.pdf>.

Quality Assurance for Field Procedures When Collecting Samples

After obtaining containers, sampling protocols, and shipping instructions from the certified lab, particular care must be exercised to avoid the following common mistakes that may cause cross-contamination or background contamination and compromise water samples:

- Improper storage or transportation of containers or equipment.
- Contaminating the equipment or sample bottles on-site by setting them on or near potential contamination sources such as uncovered ground, a contaminated vehicle, or vehicle exhaust.
- Handling equipment or bottles with dirty hands or gloves.

Special care must be exercised to prevent cross-contamination of sampling equipment, sampling bottles, or anything else that could potentially compromise the integrity of samples.

Do this by taking at least the following precautions:

- Minimize the time sampling containers are exposed to airborne dust or volatile contaminants in ambient air.
- Place equipment on clean ground-covering materials instead of directly on the ground.
- Once collected, some samples need to be kept cool (not frozen). Always verify sampling and shipping instructions.

All field inspectors when taking samples must wear clean gloves. Gloves must be kept clean while handling sampling-related materials. Gloves must be replaced by a new pair when soiled and between each sampling site.

Appendix G
Heat Illness Prevention Evaluation Questionnaire for Inspections
(Where an OPU is Issued)

Inspection number: _____ Opening Date: _____

Name of Establishment: _____

Regular hours worked by these employees? _____

Does the employer change the work schedule during hot months? Yes No

Was this located in a remote or rural site? Yes No

If yes, number of miles the worksite is from a majority? _____

What were the environmental conditions (temperature, wind speed, % RH, clear skies) on the day of the Inspection?

What sources of information does the employer use to evaluate the site's environmental conditions?

Are job tasks conducted under the direct sunlight with no shade? Yes No

Is the job task: LIGHT MODERATE STRENUOUS

How much water available? (plumbed or size and number of containers): _____

Did employees bring their own water to the worksite? Yes No

Please describe replenishment procedures if used: _____

Were employees drinking water often and periodically throughout the shift? Yes No

Were non-potable water problems reported and was a water sample collected for laboratory analysis of potability?
 Yes No

Did the workers have any kind of shade during their breaks or lunch? Yes No

Describe type of shade provided: _____

Were employees paid at piece rate? Yes No

Describe length and frequency of lunch and rest breaks, if taken: _____

Do employees routinely take recovery breaks? Yes No

Was access to shade provided at all times? Yes No

Describe in detail the employer's written policy or procedures for addressing acclimatization of heat exposed workers?

Describe, in detail, the employer's written procedures (in place) for addressing emergency medical response? In none, were any instructions given for response during emergency situations?

Is/are supervisor(s) aware of employer's emergency procedures? Yes No

Did employees carry an employer provided cellular phone or have other means of communication to contact emergency services? Yes No

Please describe the type of employee and supervisor training provided (video, tailgate meetings, classroom, pamphlet) and how often: _____

Was it provided prior to or on the first day of outdoor work? Yes No

Appendix H

Heat Illness Prevention Evaluation Questionnaire (HIPEQ)

PART A: GENERAL INFORMATION (for all complaints, suspect illnesses, or fatalities)

Establishment Name: _____

Inspection Number: _____

Note: For complaints, complete this section for both the day of the complaint and, if different, the day of the inspection.

LOCATION / SITE INFORMATION

Worksite Address: _____

Was this a remote or rural site? Yes No

Type of work being performed here: _____

Number of employees interviewed? Non-supervisory: _____ Supervisory: _____

Total number of employees working at this site: _____

Regular work hours: _____ Are work hours different during heat season or hot months? No Yes → How?

What were the weather conditions (temperature range, %RH, wind speeds, clouds, etc.) on the day of the inspection (or day of incident for illness investigations)? _____

WATER PROVISIONS

How much water was available (plumbed or size and number of containers): _____

Was the water provided cool and potable? Yes No

Did employees bring their own water to the worksite? Yes No

Was a sufficient quantity of water for the entire shift provided by the employer at the start of the shift? Yes No

If no, did employer have effective replenishment procedures in place? No Yes → Describe the replenishment procedures used (List the person responsible for these procedures and how often the water was checked): _____

Describe the placement of the water (e.g. How close was the water to the workers?) _____

Were employees encouraged to drink water often? No Yes → How were they encouraged? _____

Describe any barriers present at the worksite that impede frequent access to drinking water (e.g. unsanitary conditions, location problems (not near their station), routine procedural issues (can't abandon their station, being rushed, protective suits, fear of need to urinate), foul smelling/tasting or other applicable circumstances): _____

SHADE PROVISIONS

What percentage of the work was performed in direct sun? _____

Was access to shade provided at all times? Yes No

At what time did the temperature reach or exceed 80 degrees: _____ or N/A

Did employer provide sufficient shade for all employees during their breaks and lunch? Yes No

Describe type of shade provided: _____

How close was the shade to the workers? _____

Did employees feel they could take a five-minute non-scheduled cool-down rest in the shade to protect them from overheating? Yes No

Did employer encourage workers to take a cool-down rest in the shade (at least 5 minutes) when needed? Yes No

Did employees take a cool-down rest in the shade? Yes No

Are employees paid piece rate? Yes No

If providing access to shade was infeasible or unsafe, what was the employer's justification? N/A or _____

If shade was alleged to be infeasible or unsafe, what alternative procedures for shade were used and did they provide equivalent protection? _____

HIGH HEAT PROCEDURES

Did employer have workers in Agriculture, Construction, Landscaping, Oil and Gas Extraction, or Heavy Materials Transportation? Yes No → skip to **Emergency Response Procedures**.

On the date of inspection (or day of incident for illness investigations), did the temperature meet or exceed 95 degrees? No → skip to **Emergency Response Procedures**.

Yes → At what time did the temperature reach or exceed 95 degrees: _____

Did the employer do each of the following:

- Initiate procedures to assure communication between all employees and a supervisor via observation, voice or electronic means? Yes No
- Initiate procedures to observe employees for alertness and signs and symptoms of heat illness? Yes No
- Designate employees at each work site to call for emergency medical services and allow all employees to call if

no designated employee is available? Yes No

o Remind employees throughout the shift to drink plenty of water? Yes No

o Hold pre-shift meetings to review the high heat procedures, encourage employees to drink plenty of water, and remind employees of their right to take a cool-down rest when necessary? Yes No

o For Ag: Arrange for a mandatory 10-minute cool-down rest in the shade every 2 hours? N/A Yes No

EMERGENCY RESPONSE PROCEDURES

Did the HIPP have adequate emergency response procedures? Yes No

Did the supervisor know them? Yes No

Describe in detail the employer's procedures (in place) for addressing emergency medical response:

Did employer designate a person to be available to ensure that emergency procedures are invoked when appropriate?

No Yes → Who? _____

Did the foreman (or other designated person) provide clear directions to the worksite when interviewed? Yes No

Distance/time to the nearest hospital: _____

ACCLIMATIZATION

Peak temperature on the day of the inspection (or day of incident for illness investigations): _____ at time: _____

Peak temperature on each of the previous 5 days: (a) _____ (b) _____ (c) _____ (d) _____ (e) _____

Average peak temperature (APT) for those 5 days: _____ degrees (average of a, b, c, d, e)

Was there a heat wave? (Definition: peak temperature >80°F and >10° than APT) Yes No

If yes, how did the employer assure close observation of employees on the "heat wave" day?

If there were any employees newly assigned to a high heat area, were they closely observed by a supervisor or designee for the first 14 days of the employee's employment? N/A No Yes → How? _____

Describe in detail the employer's policy or procedures for addressing acclimatization of heat exposed workers: _____

TRAINING

Please describe the type of heat illness prevention training provided (e.g. video, tailgate meetings, classroom, pamphlet) and how often: _____

Did employees receive heat illness prevention training, in a language understood by the majority of employees, on the following topics:

- Environmental and personal risk factors? Yes No
- Employer's procedures for providing water, shade, cool-down rests, and access to first aid? Yes No
- Importance of frequent consumption of small quantities of water? Yes No
- The importance and concept of acclimatization? Yes No
- The employer's specific procedures for acclimatization? Yes No
- The different types of heat illness, the common signs/symptoms of heat illness, and appropriate first aid and/or emergency responses? Yes No
- The importance of immediately reporting signs/symptoms of HI in themselves or coworkers? Yes No
- The employer's procedures for responding to signs/symptoms of possible heat illness? Yes No
- The employer's emergency medical services procedures? Yes No

Did supervisors/foremen receive heat illness prevention training on the following topics:

- All the training topics required for employees (above)? Yes No
- Procedures the supervisors are to follow when an employee exhibits signs/symptoms of possible HI? Yes No
- How to conduct weather monitoring? Yes No
- How to respond to hot weather advisories? Yes No

Was training provided prior to or on the first day of outdoor work when it was reasonably anticipated to result in exposure to the risk of heat illness? Yes No

Additional comments: _____

HEAT ILLNESS PREVENTION PLAN (HIPP)

Was a paper/electronic copy of the HIPP available at the worksite to employees and the Division? Yes No

If the employer had a written HIPP, did the HIPP have:

- Procedures for provision of water and access to shade? Yes No
- High heat procedures (if applicable)? Yes No
- Emergency response procedures? Yes No [Stating "call 911" is not considered adequate]
- Acclimatization methods and procedures? Yes No

PART B: SUSPECT HEAT ILLNESS OR FATALITY INVESTIGATION INFORMATION**INSPECTION INFORMATION**

Is this a suspect heat illness or fatality investigation? Yes No → skip Part B.

Incident date/time: _____ Work start and finish time on the day of the incident: _____

Describe what happened to the victim, including the time when the victim first became ill or was observed to be ill:

Describe what the employer did in response, including what response measures were provided and when:

Was heat victim interviewed? Yes No → Why not? _____

Victim's age: _____ Victim's gender: ___ Male ___ Female Victim's job title: _____

How long has the victim worked for this employer: _____

Victim's primary language: English Spanish Other (list) _____ English competency (0-10): _____

What was victim's job task? _____

Was job task: light moderate heavy

Describe the working conditions related to heat, relevant to the victim's job task: _____

WATER

On the day of the incident, was cool, potable water readily available? Yes No → Why not _____

How much water did the victim drink on the day of the incident? _____

On the day of the incident, was a sufficient quantity of water for the entire shift provided by the employer at the start of the shift? Yes No

If no, did employer have effective replenishment procedures in place? No Yes → What were they?

Describe the placement of the water (e.g. How close was it to the victim?) on the day of the incident:

On the day of the incident, was the victim encouraged to drink water often? No Yes → How were they

encouraged? _____

Describe any barriers present at the worksite on the day of the incident that impeded frequent access to drinking water: _____

SHADE PROVISIONS

Did the victim have access to shade at all times? Yes No

Describe the type of shade provided on the day of the incident: _____

How close was the shade to the victim’s work area on the day of the incident? _____

On the day of the incident, did the victim feel they could take a five-minute non-scheduled cool-down rest in the shade to protect them from overheating? Yes No

On the day of the incident, did the victim take a cool-down rest in the shade? Yes No

Did a designated employee monitor the victim while on the recovery/rest? Yes No

EMERGENCY RESPONSE

What symptoms did the victim experience? _____

Did others observe any of the victim’s symptoms? No Yes → Who observed them and what did they see?

Did the victim continue to work? Yes No

If no, what was the disposition of the victim? Home Clinic Emergency Room Morgue

Other (Explain: _____)

Was the victim transported from the worksite? No Yes → How and by whom? _____

Did any employee other than the victim report feeling ill? No Yes → Fill out another Part B for each

ACCLIMATIZATION

If the victim had been hired in the previous 14 days, or if illness or fatality occurred during a heat wave, was he/she closely supervised? No Yes → Specify how they were supervised: _____

If victim had performed this type of work for less than 2 weeks, had victim been working under similar environmental conditions (temperature, %RH, in direct sunlight, etc.) previously?

Yes → State length of prior job: _____

No → Describe last job held by this employee (also list any period of unemployment): _____

ADDITIONAL COMMENTS:

APPENDIX I

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QUESTIONNAIRE FOR EVALUATING UNOBSERVED VIOLATIONS

Employer Name: _____

Case Identification No. _____
(when available)

CASE SELECTION:

Nature of Suspected Violation _____

8 CCR section(s) _____

Has a preliminary elemental analysis been done? _____

SOURCE OF EVIDENCE:

Person or Entity _____

Name & Address _____

Telephone Number _____

NATURE OF EVIDENCE:

Is there an eyewitness to allegation? _____

Name/Address/Telephone _____

Does this person agree to testify at hearing? _____

Is there a Written Witness Statement(s)? _____

Name of person making written statement(s) _____

Does the written statement include name, address and telephone number? _____

Is it under penalty of perjury? _____ Location signed _____

Does it comply with requirements for declaration/affidavits? _____

APPENDIX I

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Will said declaration/affidavit be used pursuant to 8 CCR section 372.4? (Evidence by affidavit or Declaration).

If Employer demands that witness testify, will the declarant or affiant agree to testify in person at hearing?

(If not, said statement is hearsay and cannot be the foundation for a finding, but can be used to supplement other admissible hearsay or other admissible evidence.)

Photographs _____ (number) _____ Video _____ Who will authenticate? _____

Who took _____ Date _____ Location _____

What is intent/purpose of photographs? _____

Audio Recording? _____ Who took? _____ Date _____ Location _____

Was the person informed in advance that the audio recording was to be taken? _____
(Surreptitious recordings are illegal)

How is the employer/employee relationship to be established? _____

Employer admissions? _____ Who and in what capacity? _____

Who will testify as to employer's admissions? _____

On a separate sheet, please list all employer admissions as well as who will testify to them.

Note: Double hearsay (or hearsay on hearsay) is not valid, e.g., person referring evidence told Cal/OSHA that foreman said that these were his employees). Moreover, hearsay questions should be directed to *Legal Unit* to determine adequacy for introduction at hearing.

In an alternative, will Agri/Const employee provide direct testimony? _____

Who and how is the employee exposure established? _____

Direct Observation? _____ Whom? _____

Final Elemental Analysis: On a separate sheet please provide complete elemental analysis.

Unless unusual event, Division enforcement personnel will testify as to classification.

REVIEW OF EVIDENCE:

Initial D/R Management Review _____

Legal Unit Review _____

Final Administrative Review _____



REQUEST FOR MEDICAL INFORMATION

The Division of Occupational Safety and Health (Division) is requesting the following information from:

(Name of health provider or hospital): _____

Address: _____

City: _____ State: California Zip Code: _____

Telephone: _____ Fax: _____

Medical records for the timeframe identified below (i.e., “possible dates of treatment or care”), including but not limited to records of medical history, results of medical examinations, laboratory results, diagnostic records including but not limited to medical imaging reports, x-rays, radiological reports, CT scans, and ultrasound studies, emergency department records, specialty consultations, discharge summaries, epidemiological reports, autopsy reports, services and treatment rendered, and EMS (ambulance) transport records (if available) given to:

Patient’s Name: _____ Date of Birth: _____

In association with _____ (event or condition) which occurred on or about the dates of _____ to _____ (possible dates of treatment or care).

Explanation: This request for release of medical information is made by the Division in connection with its investigation of a work-related industrial accident and/or occupational illness pursuant to its authority under California Labor Code section 6313.

As a public health authority and as a health oversight agency, the Division may receive the requested medical records without patient authorization pursuant to 45 CFR section 164.512(b)(1)(i) and (d)(1) California Civil Code section 56.30(h). The information requested is the minimum amount reasonably necessary to accomplish the Division’s public health investigative purpose. (45 CFR § 164.514(d)(1).)

Further, all information released will be treated as confidential pursuant state and federal law, including in compliance with the California Confidentiality of Medical Information Act (California Civil Code section 56 et seq.).

Please **EXPEDITE** this request for medical information and provide the records to the Division at the address listed below as soon as possible. Please attach this FORM to the medical records you are sending.

(Name and Title of Compliance Officer)

(Date)

Division of Occupational Safety and Health

Division's Telephone Number: _____

Inspection Number: _____

Employer Name: _____

Records may be emailed to: DOSHmedicalrecords@dir.ca.gov

If records are in a CD or paper format, please send the information to:

For Northern California:

Medical Unit
Division of Occupational Safety and Health
1515 Clay Street, Suite 1901
Oakland, CA 94612

For Southern California:

Medical Unit
Division of Occupational Safety and Health
1500 Hughes Way, Suite C-201
Long Beach, CA 90810

APPENDIX K – Sample Letter for Order Prohibiting Use (OPU) Lift

STATE OF CALIFORNIA

GAVIN NEWSOM, Governor

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY & HEALTH
SACRAMENTO REGIONAL OFFICE
2424 ARDEN WAY, SUITE 125
SACRAMENTO, CA 95825
(916) 263-2803



DATE

ESTABLISHMENT NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

Dear _____ :

This letter will confirm that today, DATE, Cal/OSHA inspectors interviewed several employees of ESTABLISHMENT NAME and have determined that these # workers have not been adequately trained in your Heat Illness Prevention Program.

The duty of ESTABLISHMENT NAME to train workers is on-going. You are required to provide heat illness prevention training to each and every new employee that you hire before allowing them to work. You are also required to provide health and safety training on any other hazards the employees may encounter while working.

Based on this Program, the training you have provided, and your agreement to the terms set forth below, the Order Prohibiting Use issued against you is withdrawn and you may allow your employees to return to work.

You agree that you will provide heat illness training to each employee hired by ESTABLISHMENT NAME prior to allowing them to work.

You further agree that, until notified otherwise by the Division, you will call the Cal/OSHA NAME District office at TELEPHONE #, each Monday morning before 9 a.m. and inform that office of the location where each of your crews will be working during that week. Cal/OSHA will make spot checks at its discretion to determine whether the employees working have received **adequate heat training on (insert shade, water etc.)**. If Cal/OSHA determines that they have not, Cal/OSHA will take all appropriate responsive steps up to and including (if necessary) the issuance of a new Order Prohibiting Use.

Sincerely,

AUTHORIZING PERSONNEL
TITLE

By signing below, you are certifying that you have read this letter and agree to the terms set forth therein.

ESTABLISHMENT NAME

cc:

APPENDIX L

Heat Complaint Response Checklist

Employer name: _____ **Inspection No.:** _____

1. Date Complaint received (time and date): _____
2. What form (phone, fax, e-mail, letter): _____
3. Was complainant spoken to by phone:
 - a. Date: _____
 - b. Yes ___ No ___
 - c. If no, describe attempts to contact (including phone # called):

 - d. Describe additional information received: _____

4. Language of Complainant: _____
5. Was complainant communicated to in their primary language? : Yes ___ No ___
6. Date inspection assigned: _____
7. DM classification of complaint:
 - a. Heat ___ Non-heat ___
 - b. Valid ___ Invalid ___
8. On-site inspection date: _____
 - a. Was site found: Yes ___ No ___
 - b. Was work being performed: Yes ___ No ___
 - c. Was employer identified: Yes ___ No ___
9. If any answer to 8 a-c is "No," was Complainant re-contacted by phone from the field:
 - a. Yes ___ No ___ N/A ___
 - b. Describe attempts to re-contact(including phone # called) :

10. Complainant interview: N/A ___
 - a. Date: _____
 - b. Will complainant testify: Yes ___ No ___
 - c. Is complaint appropriate for consideration as unobserved violation: Yes ___ No ___
(If "Yes" apply unobserved violation criteria Appendix I of SEP.)

Appendix M**Document Reporting Checklist for Suspect and Confirmed Heat cases**

Establishment Name:	Inspection No:
Complaint (7) and HCRC Immediately to: <input type="checkbox"/> Heat Program Assistant <input type="checkbox"/> Heat Program Coordinator	Date Sent:
Accident Report (36) Immediately to: <input type="checkbox"/> Heat Program Assistant <input type="checkbox"/> Heat Program Coordinator	Date Sent:
OPU Immediately to: <input type="checkbox"/> Heat Program Assistant <input type="checkbox"/> Heat Program Coordinator	Date Sent:
Inspection Report (Form 1) Within 10 days to: <input type="checkbox"/> Heat Program Assistant	Date Sent:
Medical Unit Referral (90M) Within 30 days to: <input type="checkbox"/> Medical Unit <input type="checkbox"/> Heat Program Assistant	Date Sent:
HIPEQ Within 90 days to: <input type="checkbox"/> Heat Program Assistant <input type="checkbox"/> Heat Program Coordinator <input type="checkbox"/> Medical Unit	Date Sent:
IF HEAT ILLNESS/FATALITY IS CONFIRMED:	
IBYs Within 120 days to: <input type="checkbox"/> Heat Program Assistant <input type="checkbox"/> Heat Program Coordinator	Date Sent:
Citations (1Bs) and Penalty Worksheet (C10) Within 120 days to: <input type="checkbox"/> Heat Program Assistant <input type="checkbox"/> Heat Program Coordinator	Date Sent:
<input type="checkbox"/> Review Sheet signed by Heat Program Coordinator	Date Signed: