

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH POLICY AND PROCEDURES MANUAL

REFERRAL (Cal/OSHA 90, 90M, 90B and 90L)	P&P C-90 Issue Date: 5/15/94 Revised: 8/1/94, 2/1/95, 1/1/00
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AUTHORITY: California Labor Code Sections 6309, 6315, 6423, 6425 and 6430, and Title 8, California Code of Regulations Sections 344.51 and 344.52.

POLICY: It is the policy of the Division of Occupational Safety and Health to document information about unsafe or unhealthful workplace conditions which comes from various sources, and to make referrals within the Division and to other government agencies.

PROCEDURES:

A. REFERRALS IN GENERAL

1. Referrals to Cal/OSHA Enforcement

- a. A referral to the Division of Occupational Safety and Health is distinguished from a complaint to the Division solely by the source providing the information about the potentially hazardous workplace condition.
 1. If the source of the information is a representative of a government agency, the information shall be categorized as a formal complaint. See P&P C-7, Section D.3.
 2. If the source of the information is an attorney, health or safety professional or union representative, who has a representational relationship with a named employee at the place of employment about which the complaint is made, the information shall be categorized as a formal complaint. See P&P C-7, Section D.3.
 - b. Information about a potentially hazardous workplace condition originating from a non-governmental organizational entity, like print or electronic news organizations, shall be categorized as a referral.
2. Referrals Within the Division of Occupational Safety and Health
 3. Referrals may be made within the Cal/OSHA Enforcement Unit, or to other units of the Division of Occupational Safety and Health, to obtain compliance support, technical assistance, Medical Unit support or Bureau of Investigations support.

4. Referrals from Cal/OSHA Enforcement to Other Governmental Agencies

Referrals may be made by Cal/OSHA Enforcement District Offices to other Divisions of the Department of Industrial Relations or to other agencies of federal, state or local government.

B. REFERRALS FROM NON-GOVERNMENTAL ORGANIZATIONAL ENTITIES TO Cal/OSHA ENFORCEMENT

1. When the District Office receives information about a potentially hazardous workplace condition which originates from a print or electronic news media report, or other non-governmental organizational entities, the District shall first determine if the Division has jurisdiction over the workplace containing the potentially hazardous condition.

NOTE: To be considered a valid referral from a news media source, the media report shall involve a potentially hazardous workplace condition likely to cause a serious injury, illness or exposure. Reports of actual injuries, illnesses or exposure shall be reported on the Cal/OSHA Form 36.

2. If the District determines that the Division has jurisdiction, then the District shall document information about the hazardous condition on the Cal/OSHA Form 90 as a referral.

NOTE: Examples of print and electronic news media referrals include newspaper or magazine articles or photographs or news items reported over radio or television stations.

C. REFERRALS WITHIN Cal/OSHA

1. Cal/OSHA Enforcement Referrals

If compliance personnel observe a hazard which is present in a workplace, e.g., visible from the street or highway, compliance personnel shall conduct an inspection of the hazard and categorize the inspection as a referral on the Cal/OSHA Form 1 and also complete a Cal/OSHA Form 90.

NOTE: If the Cal/OSHA engineer or industrial hygienist who observes the hazard is unable to conduct the inspection at the time of observation because of the need to perform another inspection assignment, the District Manager shall be notified of the hazard,

complete a Cal/OSHA Form 90 and assign the inspection to other compliance personnel.

2. Intra-Cal/OSHA Enforcement District Office Referrals

If, during the course of an inspection or investigation, the inspecting compliance personnel determine that compliance personnel from a discipline different from their own, e.g., safety or industrial hygiene, are needed to conduct a separate inspection, the requesting compliance personnel shall complete a Cal/OSHA Form 90, stating the reason(s) for the referral to compliance personnel of another discipline and submit it to the District Manager for approval and assignment.

3. Intra-Divisional Office Technical Assistance Referrals

During the course of an inspection or investigation, compliance may personnel may need the on-site assistance of personnel from another administrative unit within the Division of Occupational Safety and Health who have technical expertise which is needed to conduct the inspection or investigation. If such expertise is needed, compliance personnel shall notify their District Manager of the need for technical assistance. If approved, the District Manager shall contact the manager of the office at which the person whose technical assistance is needed to request assistance. A Cal/OSHA Form 90 does not have to be completed when requesting intra-Division technical assistance.

4. Cal/OSHA Enforcement District Referral to the Medical Unit

a. Cal/OSHA Form 90M

If, during the course of an inspection or investigation, compliance personnel determine that the on-site assistance of Medical Unit personnel is needed, compliance personnel shall complete a Cal/OSHA Form 90M (see Attachment B) and submit it at the earliest opportunity in the course of the inspection to the District Manager for approval prior to forwarding it to the appropriate Medical Unit Office.

NOTE ONE: When making a referral to the Medical Unit, enter S 7 MEDICAL under Optional Information (Item 42) on the Cal/OSHA Form 1.

NOTE TWO: Telephonic or personal contact with Medical Unit personnel is recommended prior to making a Cal/OSHA Form 90 referral, but is not required.

- b. Grounds for Referral to the Medical Unit for On-site Assistance
 - 1. Serious exposure or illness related to a physical agent, e.g., asbestos.
 - 2. Serious exposure or illness related to a chemical agent, e.g., lead poisoning.
 - 3. Serious exposure or illness related to a biologic agent, e.g., bloodborne pathogens or tuberculosis.
 - 4. Serious injuries resulting from exposure to risk factors for cumulative trauma disorders.
 - 5. Serious health problems associated with indoor air quality.

NOTE: When making a referral to the Medical Unit for serious health problems resulting from an indoor air quality complaint, an IAQ Medical Unit Referral Form shall also be sent to the Medical Unit. See P&P C-46.

- 6. Other serious health-related issues.
- 5. Cal/OSHA Enforcement District Referral to BOI
 - a. Function

The function of the Bureau of Investigations (BOI) is to conduct criminal investigations and to refer the results of such investigations when appropriate to a city attorney or district attorney for necessary action.

- b. Scope of Work
 - 1. The BOI shall investigate accidents involving violations of a standard, order, or special order, or Section 25910 of the Health and Safety Code (pertaining to substances containing asbestos), in which there is:
 - a. A serious injury to three (3) or more employees;
 - b. Death; or
 - c. A request for prosecution by a Division representative.

NOTE: The BOI must analyze the circumstances surrounding the violation to

determine whether the conduct is sufficiently aggravated to fall within the scope of Labor Code Sections 6423, 6425 and other penal statutes.

2. The BOI shall review an inspection report whenever a serious violation has resulted in a serious injury or exposure.
 3. The BOI may investigate cases in which the BOI finds criminal violations have occurred.
- c. Referral to BOI
1. Cal/OSHA Form 90B

If compliance personnel become aware that there are conditions which may constitute criminal violations, compliance personnel shall refer the case through the District and Regional Managers to the BOI by completing a Cal/OSHA Form 90B attaching copies of all pertinent inspection documents including the Cal/OSHA Forms 1, 1A, 1B, 2, 7, 36 and 170.

NOTE: All requests for immediate BOI assistance shall be made by telephone or fax to the nearest BOI Unit Office.

2. Grounds for Referral to BOI
 - a. Serious willful violations involving death or bodily impairment (Labor Code Section 6425);

NOTE: Procedures found in P&P C-36 require that the BOI be informed of incidents resulting in one or more fatalities or a serious injury, illness or exposure.

- b. Knowing or negligent serious violations involving exposure to toxic materials or serious injury (Labor Code Section 6423(a));
 - c. Repeated violation which creates a real and apparent hazard to employees (Labor Code Section 6423(b));
 - d. Failure or refusal to abate violative conditions within the time established for correction, which failure creates a real and apparent hazard to employees;

- e. Destroying, defacing, removing, obstructing or "working over" an Order Prohibiting Use where a substantial hazard to employees exists (Labor Code Section 6326); and
- f. Submission of a fraudulent statement of abatement (Labor Code Section 6430(c)); and
- g. When compliance personnel believe that conditions constitute a criminal violation.

D. REFERRALS TO OTHER GOVERNMENTAL AGENCIES

When the District Office receives information about a potentially hazardous workplace condition under the jurisdiction of another Division of the Department of Industrial Relations, e.g., DLSE, or under the jurisdiction of a federal, state or local government agency, the District shall document information about the hazardous condition on the Cal/OSHA Form 90 as a referral and send the referral to the appropriate governmental agency.

E. OFFICE PROCEDURES

1. The Cal/OSHA 90 shall be given to the District Manager who shall determine the appropriate action to be taken.
2. A copy of the Cal/OSHA 90 shall be given to the compliance personnel designated to conduct an investigation or generate a letter response.
3. No IMIS data entry shall be performed until the District Manager makes a decision as to the appropriate action to be taken on the referral. If no action is to be taken, i.e., no inspection, no letter and no referral transfer, then the Cal/OSHA 90 is not data entered.
4. A copy of all Referral Forms (Cal/OSHA Forms 90, 90M, 90B and 90L) which are either received by the District Office or sent from the District Office are filed in the employer's case file or in a separate file, when no inspection or letter to the employer is planned.

NOTE: The Cal/OSHA Form 90L (Labor Camp Housing Referral Form) shall be sent to the nearest Area Office of the California Department of Housing and Community Development.

F. FORMS COMPLETION

Cal/OSHA Form 90

1. Reporting ID -- Enter the Reporting ID for the Region and District Office.
2. Previous Activity? -- Leave blank.

3. Referral Number -- Nine-digit activity number.
4. Establishment Name
 - a. Change? -- Mark this box to indicate that the FORMER name is recorded in optional information (Item 26).
 - b. Establishment Name -- Enter the correct legal name of the establishment in which the alleged hazard is located, if known.
5. Employer ID -- Leave blank.
6. Site Address
 - a. Change? -- Mark this box to indicate that the FORMER address is recorded in optional information (Item 26).
 - b. Site Address -- Enter the street (or highway) address, city, state and Zip Code of the worksite in California where the alleged hazard exists. The address cannot be a Post Office Box nor can the address be outside the State of California.

NOTE: If the referral site does not have an address, then enter an address-equivalent, such as (1) Northeast (NE) corner of Main Street and Broadway Avenue; (2) 200 block of Main Street; or (3) Highway 71 between exits Main Street and Broadway Avenue.

7. City Code -- The four-digit code for the city in which the site is located will prefill when data entered.
8. County Code -- The three-digit code for the county in which the site is located will prefill when data entered.
9. Mailing Address -- Enter the mailing address of the establishment if it is different from the site address.
10. Type of Business

Describe briefly the type of industrial activity performed at the workplace. This information determines the code to be entered in Item 11. For governmental agencies, indicate the type of activity that would be comparable to the private sector, not the agency title.

11. Primary SIC -- Enter the four-digit Standard Industrial Classification (SIC) Code to indicate the type of industrial activity performed by the establishment where the alleged hazard exists.
12. Number of Employees -- Enter the known number of employees or an estimate.
13. Ownership -- Mark one box which best describes the ownership of the establishment.
14. Referred By -- Mark one box to indicate the referral source.
 - a. CSE/IH ID (Within office)

Mark a referral is made from a Cal/OSHA engineer to an industrial hygienist, or vice versa, in the same District Office by entering the SE/IH ID number of the compliance personnel making the referral.

- b. Federal OSHA -- Not a referral. See P&PC-7.
- c. State OSH -- Not a referral. See P&P C-7.
- d. Discrimination -- Do not use.
- e. Other Federal Agency/Code -- Do not use.
- f. Consultation

Mark if the referral originated from a Cal/OSHA Consultation Service Area Office or from a consultant.

- g. State/Local Government -- Not a referral. See P&PC-7.

Mark if the referral originates from any of the following sources:

- h. Media

Mark if the referral originated from any of the following news media sources: newspaper or magazine articles or photographs or news items reported over radio or television stations.

- i. Other (Specify)

Mark if the referral originated from some other source not listed above.

15. Date Received -- Enter the month, day and year the referral was received.

16. Source of Contact

Enter the name of the individual who was the initial source of the referral information if the source is known. In addition to the name, enter the individual's affiliation, location and telephone number.

17. Referral Classification

Mark the appropriate boxes to indicate the subject (safety and/or health) and severity (imminent, serious or other) of the referral hazards.

18. Migrant Farmworker Camp

Indicate if a referral is made to the Department of Housing and Community Development about obvious housing hazards, or lack of a valid permit, at a labor camp. All referrals to DHCD must be documented on a Cal/OSHA Form 90L.

19. Hazard Description

Enter a description of the hazard(s). List and describe, as appropriate, the hazardous process, the duration of the hazard(s) and information on controls and personal protective equipment. List the specific location of the workplace.

20. Letter Information

If a letter response to a referral is planned, see letter response procedures in P&P C-7.

a. Send Letter

Mark if no inspection is planned but a letter to the employer will be sent.

b. Date Letter Sent

Enter the date the letter to the employer was sent.

c. Date Response Is Due

Enter the date an Employer Response to the letter is due.

NOTE: The following types of letters are available on the micro.

- a. Acknowledgement letter to the source of the referral--no inspection planned.
- b. Acknowledgement letter to the source of the referral--inspection planned.
- c. Inspection results letter.
- d. Acknowledgement letter to referral source with copy of employer response to referral letter.
- e. Referral Letter to Employer.

21. Supervisor(s) Assigned

- a. Supervisor -- Do not use.

b. Enter the SE/IH ID to whom this referral is assigned.

22. Inspection Planned

a. If Yes, then enter any priority code you wish.

b. If No, enter the reason why no inspection is planned, e.g., not valid or letter will be sent.

23. Transfer to (Name)

Enter the name of the entity to which the referral is being transferred, such as any of the following:

Federal OSHA; DOSH District Office (to another District Office); DOSH Medical Unit; DOSH Bureau of Investigations; DOSH Elevator or Pressure Vessel Unit; Division of Labor Standards Enforcement; Division of Workers' Compensation; Department of Health Services; State Fire Marshall; Air Resources Board; Department of Pesticide Regulation; local air quality agencies; building departments; county public or environmental health departments; county agricultural commissioners; local fire departments or any other state or governmental agency.

24. Transfer Date

Enter the date the referral was transferred.

25. Transfer to (Category)

Indicate to whom the referral was forwarded. Enter the Reporting ID of the Office to which the referral was transferred.

a. Federal OSHA/Reporting ID

b. Cal/OSHA/Reporting ID

If the referral was sent to any other Division Office, enter the correct Reporting ID.

c. Other Federal Agency/Code

d. State/Local Government

Indicate if the referral is transferred to another state or local government agency.

e. Other

Indicate if the referral was forwarded to some other organization noting the name of the organization.

26. Optional Information

For valid optional information codes, contact your System Administrator or Regional IMIS Coordinator for current listing.

If the referral involves any of the following, code as follows:

Type	ID	Value
N	1	BLOOD
N	16	ASBESTOS
N	2	TB
N	3	UED (Upper Extremity Disorder)
N	3	Back
N	3	Other ergonomic injuries

27. Total Entries -- Leave blank.

28. Comments -- Optional Use

Cal/OSHA Form 90M

29. Employer Information

Indicate the Employer's Name, Title, Address, Name of Labor Representative and telephone numbers.

30. Requestor

Enter the name of the person requesting Medical Unit assistance. Check the CSE or IH item as applicable and check whether the requestor is from a compliance or consultation office. Indicate the originating office, the region and district as applicable and the telephone number of the originating office. Enter the date of the request, the inspection identification number, the report number and fiscal year and indicate whether the request for assistance is routine or urgent.

31. Approval

If the request for Medical Unit assistance is approved, the District Manager shall sign in Item 3.

32. Requested Services

Compliance personnel shall specify what type of on-site assistance is needed from the Medical Unit. Include information regarding health hazard, sampling data, medical surveillance, personal protective equipment and number of employees affected.

Cal/OSHA Form 90B

Compliance personnel shall complete each of the items in the spaces provided and obtain approval of the District Manager for referral to the BOI. The Cal/OSHA Form 90B shall be mailed by the District Manager to the Regional Manager for approval. If approved, the Regional Manager shall forward the Form 90B to the appropriate BOI Office with a copy to the Deputy Chief for Cal/OSHA Enforcement.

Cal/OSHA Form 90L

1. Date -- Enter the current date.
2. Reason for Referral -- Check the appropriate boxes which describe to the reason(s) for the referral.
3. Description of the Problem -- Briefly describe the problem which is the subject of the referral.
4. Camp Information -- Enter the name, physical location, number of employees, permit number and ID No., if known.
5. Employer Name and Address -- Enter the name and address of the employer.
6. Type of Establishment -- Enter the type of establishment for which housing has been provided to employees.
7. Referring Cal/OSHA Engineer/Industrial Hygienist -- Enter the name of compliance personnel making the referral.
8. District Office Address -- Enter the address of the referring District Office.
9. District Office Telephone -- Enter the telephone number of the referring District Office.

Attachments: A -- [Cal/OSHA 90](#)
B -- [Cal/OSHA 90M](#)
C -- [Cal/OSHA 90B](#)
D -- [Cal/OSHA 90L](#)