

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

**NOTICE OF NO
ACCIDENT-RELATED
VIOLATION**

P&P C-170B
Issue Date:
5/15/94
Revised: 8/1/95

AUTHORITY: California Labor Code §6318(a).

POLICY: It is the policy of the Division of Occupational Safety and Health to prepare a Notice, following each investigation of an industrial accident or occupational illness, for the employer to post in the workplace for three working days if no violations are found during the investigation which relate to the accident or illness.

PROCEDURES:

A. FIELD PROCEDURES

1. Determination of No Accident-Related Violation

After a thorough investigation of each industrial accident or occupational illness, compliance personnel shall determine whether any violation noted during the course of the investigation is related to any fatal or serious injury, illness or exposure.

2. Issuance of Notice of No Accident-Related Violation After Investigation (Cal/OSHA Form 170B)

Compliance personnel shall prepare a Notice of No Accident-Related Violation After Investigation for issuance from the District Office when no violations are noted during the investigation of an industrial accident or occupational illness which are related to the accident or illness.

3. Employer's Posting Requirement

When a Cal/OSHA Form 170B is issued to an employer, compliance personnel shall inform the employer during the Closing Conference that the employer is required to post the Cal/OSHA Form 170B in a prominent location for three working days.

B. OFFICE PROCEDURES

1. Compliance personnel shall complete the Notice of No Accident-Related Violation After Investigation (Cal/OSHA Form 170B) and submit the completed Form 170B to the District Manager for review and approval prior to issuance.
2. After approval by the District Manager, Office Support Staff shall make copies of the Cal/OSHA Form 170B for the inclusion in the employer's case file, and then either:
 - a. Enter the date of issuance in Item 8 of the Form 170B and mail the original to the employer, Certified Mail--Return Receipt Requested, along with any pertinent enforcement documents; or
 - b. Return the Form 170B to compliance personnel for delivery to the employer during the Closing Conference.

C. FORM COMPLETION

1. Office

Enter the name, address and telephone number of the issuing District Office.

2. Employer Address

Enter name and mailing address of the employer.

3. Page

Enter page number in the first space provided and in the next space provided, enter total number of pages.

4. Investigation Information

Enter the location of the inspection site, the name of the inspecting compliance personnel and the date of the inspection.

NOTE: If the inspection required more than one day, indicate the inclusive dates.

5. Description Of Condition Inspected

For each injury or illness, enter in easily understand able language a description of the circumstances or condition which caused the

industrial accident or occupational illness. Note the exact location of the accident, referencing the site, building, and/or plant.

6. Signature of Compliance Personnel

Compliance personnel shall sign his or her name legibly.

7. Signature of District Manager

District Manager shall sign his or her name legibly.

8. Date of Issuance

Enter the date that the Notice (Cal/OSHA Form 170B) was mailed or delivered to the employer.

9. Date Investigation Completed

Enter the date that the inspection was completed.

10. Region, District, SE/IH ID Number, Optional Report No., Cal/OSHA Form 1 Report No.

Enter the Region, District, SE/IH ID Number, Optional Report Number and the Cal/OSHA Form 1 preprinted Nine-digit Report No. in the spaces provided.

Attachment: [Cal/OSHA 170B](#)