# DIVISION OF OCCUPATIONAL SAFETY AND HEALTH POLICY AND PROCEDURES MANUAL

# NOTICE OF ACCIDENT-RELATED VIOLATION

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

AUTHORITY: California Labor Code §6319(d).

POLICY: It is the policy of the Division of Occupational Safety and Health to prepare a Notice for the employer, following each investigation of an industrial accident or occupational illness, if a fatal or serious injury, illness or exposure was related to a serious, willful or repeat violation or the employer's failure to correct a previously cited serious violation within the time fixed for abatement.

#### PROCEDURES:

#### A. FIELD PROCEDURES

1. Determination of Accident-Related Violation After Investigation

After a thorough investigation of each industrial accident or occupational illness, compliance personnel shall determine whether a serious, willful or repeat violation, or the employer's failure to correct a previously cited serious violation within the time fixed for abatement, noted during the course of the investigation, is related to any fatal or serious injury, illness or exposure at the investigated workplace.

2. Issuance of Notice of Accident-Related Violation After Investigation (Cal/OSHA Form 170C)

Compliance personnel shall prepare a Notice of Accident-Related Violation After Investigation for issuance from the District Office when violations referenced in subsection A.1. are noted during the investigation of an industrial accident or occupational illness which are related to the accident or illness.

# 3. Inspection Report

Upon request, compliance personnel shall provide the employer with a copy of the inspection report at a nominal copying cost.

#### **B. OFFICE PROCEDURES**

- 1. Compliance personnel shall complete a separate Notice of Accident-Related Violation After Investigation (Cal/OSHA Form 170C) for each accident-related violation, and submit the completed 170C Forms 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 170C Forms for the inclusion in the employer's case file, and then either:
  - a. Enter the date of issuance in Item 8 of the 170C Forms and mail the original(s) to the employer, Certified Mail--Return Receipt Requested, along with other pertinent enforcement documents; or
  - b. Return the 170C Forms 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 occu pational illness. Note the exact location of the accident, referencing the site, building, and/or plant. In addition, indicate the classification and Title 8 Safety Order section of each violation related to the condition(s) described in Item 5.

### 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 170C) 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 170C