

## **SUPPORTING STATEMENT A FOR**

### **PILOT STUDY AND PROSPECTIVE ANALYSIS OF THE DRAFT REVISED FORM 33, SAFETY AND HEALTH PROGRAM ASSESSMENT WORKSHEET OMB CONTROL NUMBER 1218-0280 (April 2025)**

This is a request to extend a currently approved data collection.

#### **A. JUSTIFICATION**

- 1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

#### **BACKGROUND**

29 CFR Part 1908, Consultation Agreements, contains requirements for Cooperative Agreements between states and the federal OSHA under sections 21(c) of the Occupational Safety and Health Act of 1970 (the Act; 29 U.S.C. 651 et seq.) and section 21(d), the OSHA Compliance Assistance Authorization Act of 1998 (which amends the Act) under which OSHA will utilize state personnel (consultants) to provide consultative services to small- and medium-sized businesses, through the On-Site Consultation programs established by U.S. states and territories.

The OSHA On-Site Consultation Program is administered by the Agency's Directorate of Cooperative and State Programs (DCSP), Office of Small Business Assistance (OSBA). OSHA provides guidance to state On-Site Consultation programs, through the OSHA Consultation Policies and Procedures Manual (CPPM), [CSP 02-00-005](#), September 29, 2023. The CPPM complies with the requirements of [29 CFR 1908](#) to specify the framework for administering and managing the OSHA On-Site Consultation Program, and to establish policies and procedures.

On-Site Consultation programs located within state agencies or universities employ consultants to provide consultative services to employers, off-site or on-site at their workplaces. Employers can voluntarily contact their state On-Site Consultation program to request no-cost consultative services provided by consultants to assist with improving occupational safety and health conditions. These include workplace consultation visits involving hazard assessments, SHP assessments, and/or training. Consultants also provide compliance assistance services to employers (e.g., via phone, email, presentations).

29 CFR 1908.1(a) specifies that consultative services “will be made available at no cost to employers to assist them in *establishing effective occupational SHPs* for providing employment and places of employment that are safe and healthful. The overall goal [of SHPs] is to prevent the occurrence of injuries and illnesses that may result from exposure to hazardous workplace conditions and from hazardous work practices.”

Consequently, OSHA adopted the 1989 SHP Management Guidelines to develop the current Form 33 and its Attributes Reference Guide (ARG). The current Form 33 is used by state On-Site Consultation programs to conduct workplace SHP assessments of small- and medium-sized businesses, summarize findings, and give recommendations for corrective actions or continuous improvement to employers. The worksheet is comprised of 58 attributes (i.e., assessment criteria). The attributes are characteristics of SHPs used to assess the level of an employer’s SHP development and implementation. The current ARG provides descriptions of some of the 58 attributes or assessment criteria in Form 33.

In October 2016, OSHA replaced the 1989 SHP Management Guidelines with the Recommended Practices (RPs) for SHPs ([RP for SHPs](#)). Subsequently, OSHA executed the OSHA Form 33 Revision Project to align Form 33 and the ARG with the RP for SHPs, and incorporate additional improvement measures.

From October 2016 to May 2022, the OSHA Form 33 Revision Project underwent several phases of updates to the current Form 33, and the effort resulted in the DRF33 and a draft revised ARG. The DRF33 is an updated and streamlined version of the current Form 33. The worksheet contains fifty-two (52) attributes compared to 58 attributes in the current Form 33. The updated ARG contains detailed descriptions of all attributes, updated guidance for assessing the implementation of each attribute at a workplace, and several job aids for consultants to use.

Subsequently, in May 2022, OSHA requested OMB approval to conduct a Pilot Study of the DRF33 pursuant to the Paperwork Reduction Act (PRA), and clarified that OSHA and state On-Site Consultation programs will not incur the estimated cost for participating as a separate additional cost. On June 21, 2022, OSHA received OMB approval for the “Pilot Study and Prospective Analysis of the Draft Revised Form 33 (DRF33) Safety and Health Program Assessment Worksheet,” (i.e., OMB #1218-0280, Expiration Date: 6/30/25).

In general, under the Cooperative Agreement, OSHA reimburses states ninety (90) percent of the budget for implementing Consultation programs. The activities conducted by state Consultation programs during the Pilot Study: pre-test, consultation visits/SHP assessments, follow-up study, and Prospective Analysis count towards meeting the projected number of consultative services in the Consultation Annual Program Plan (CAPP). The CAPP is a requirement of State On-Site Consultation programs’ annual Cooperative Agreements with OSHA.

## UPDATES

OSHA is requesting a 3-year extension of OMB #1218-0280 to allow adequate time to complete the pilot study.

The studies that OSHA is conducting on the DRF33 will help ensure that a valid, reliable, and efficient tool is provided to [On-Site Consultation programs](#) in the fifty (50) states, the District of Columbia, and several United States territories<sup>1</sup> to enhance the quality of consultative services provided to small- and medium-sized businesses.

The approved OMB studies of the DRF33 (i.e., OMB #1218-0280), include the following: a pre-test using a maximum of 20 consultation visits to assess Pilot Study procedures and the information technology platform, and to correct any issues before launching the Pilot Study; 300 Pilot Study consultation visits to small- and medium-sized business workplaces, during which 350 SHP assessments will be conducted by consultants using the DRF33; Prospective Analysis involving injury and illness data collection by consultants 12 months after the consultation visits to assess any impact of the application of the DRF33; data analyses to determine validity and reliability; and a follow-up study involving a maximum of 30 consultation visits, when necessary to assess any updates to the DRF33 resulting from data analyses and other findings.

Following OMB approval, OSHA commenced the DRF33 Pilot Study in July 2022. Since then, the pre-test has been completed; 280 pilot consultation visits with 326 SHP assessments using the DRF33 have been conducted during on-site consultation visits by Consultation programs nationwide, out of the total 350 planned.

OSHA is requesting additional time to complete the remaining studies:

- 20 pilot consultation visits with 24 SHP assessments;
- Prospective Injury and Illness Data Analysis: All 300 pilot consultation visits require prospective injury and illness data collected from employers 12 months from the visit date by consultants, via phone, email, fax, etcetera;
- Data analyses to assess the validity and reliability of the DRF33; and
- Any follow-up consultation visits with SHP assessments required.

After completing the Pilot Study OSHA will request an OMB revision approval before implementing the DRF33 for use by state On-Site Consultation programs nationwide (to replace the current Form 33).

## **2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

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<sup>1</sup> Reference to state On-Site Consultation programs in this document also includes Consultation programs in United States territories.

## **Pilot Study**

The Pilot Study is being conducted by DCSP/OSBA in collaboration with subject matter experts (i.e., occupational safety and health experts, psychometricians/statisticians, and economists) from OSHA and state On-Site Consultation programs operated by the University of South Florida and the Georgia Institute of Technology.

The purpose of the Pilot Study is to assess the reliability and validity of the DRF33 prior to implementing it for use by On-Site Consultation programs (to replace the current Form 33). Consultants participating in the Pilot Study follow the policies and procedures in the CPPM for conducting consultation visits, including SHP assessments. The DRF33 was uploaded into a cloud-based data entry tool developed specifically for the Pilot Study using the Qualtrics survey system for consultants to enter SHP assessment information. The ARG was also uploaded into Qualtrics as a job aid for consultants. In addition, consultants are able to provide general feedback about their application of the DRF33 and ARG through six (6) optional survey questions in Qualtrics.

The Pilot Study involves a minimum of 200 trained safety and health consultants from state On-Site Consultation programs nationwide using the DRF33 (instead of the current OSHA Form 33) to conduct comprehensive SHP assessments of small- and medium-sized workplaces during consultation visits, when employers request such consultative services (provided to employers at no cost). Consultants are referred to as respondents in Table 1a for data collection purposes because consultants collect SHP information when they assess employers' workplaces, and complete the DRF33 with their findings and recommendations. Employers do not complete the DRF33 but receive copies of the completed DRF33 and can use the information to improve the SHP for their workplaces.

Ideally during a consultation visit, consultants assess employers' workplaces to identify hazards; review relevant occupational safety and health documents (e.g., illness and injury logs, investigation reports, inspection records); and interview managers, supervisors, and workers, to collect SHP information that is documented in the DRF33. Consultants document the following information in the DRF33 for each attribute assessed: summary of findings based upon workplace SHP assessments; ratings for each of the attributes (i.e., SHP assessment criteria) based on findings; and recommendations to the employer for corrective actions or continuous improvement.

The DRF33 is comprised of seven (7) core elements: Management Leadership; Worker Participation; Hazard Identification and Assessment; Hazard Prevention and Control; Education and Training; Program Evaluation and Improvement; and Communication and Coordination for Host Employers, Contractors and Staffing Agencies (i.e., the multi-employer element). Each core element is described by a number of attributes (i.e., assessment criteria). The total number of attributes in the DRF33 is fifty-two (52), and four of these attributes directly assess the multi-employer element.

A comprehensive SHP assessment means that consultants (i.e., respondents) will assess the level of implementation of each of the 52 attributes at a workplace where the multi-employer element applies or 48 attributes at a workplace where the multi-employer element does not apply and assign ratings recorded in the DRF33. The possible ratings for an attribute range from 0 to 3. It is important to emphasize that consultants must evaluate every workplace assessed in these studies with regard to all the 48 DRF33 attributes, which do not explicitly pertain to the multi-employer element. Also, the four multi-employer attributes must be rated at every workplace that may have other workers present at any time (e.g., temporary, seasonal, and/or contractual workers) in addition to the host employer's workers.

### ***TRC and DART Calculations***

Although the total and subscale DRF33 scores will serve as the primary measures in the analyses that will be conducted, measures regarding other workplace level covariates will also be obtained. Since the overall goal of SHPs is to prevent the occurrence of illnesses and injuries that may result from exposure to hazardous workplace conditions and from hazardous work practices, measures of the total recordable case rate (TRC); and days away, restricted or transferred rate (DART) will be used.

Since DART and TRC are indices of occupational illness and injury, these rates would be lower for workplaces with strong or effective SHPs, rather than those with weak or ineffective programs. Indeed, Shea, De Cieri, Donohue, Cooper, and Sheehan (2016) suggested that some SHP activities that are leading indicators<sup>2</sup> are negatively related to outcomes like workplace injury or compensation claims. Autenrieth, Brazile, Sandfort, Douphrate Roman-Muniz, and Reynolds (2016) reached similar conclusions when examining TRC and DART with the OSHA Form 33 that is currently in use. However, their conclusions generally hold only when all attributes of the worksheet have been assessed and rated by consultants.

The TRC and DART used in these studies will be calculated as follows:

- H = logged cases resulting in days away from work
- I = logged cases resulting in job transfer or restriction
- J = other logged cases
- E = estimated hours worked by all employees at the workplace during the 12 months preceding (i.e., retrospective analysis) or following (i.e., prospective analysis) the Pilot Study consultation visit

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<sup>2</sup> “Leading indicators are measures intended to predict the occurrence of events in the future. Leading indicators are proactive, preventative and predictive measures that provide information about the effective performance of safety and health program activities that can drive the control of workplace hazards. While lagging indicators are measures of the occurrence and frequency of events in the past such as the number and rates of injuries, illnesses, and fatalities” (- [OSHA's Recommended Practices for Safety and Health Programs](#)).

- $S =$  a scale factor equal to 200,000 (which is the equivalent of 100 full-time employees working 40 hours per week for 50 weeks per year).

Then:

- $TRC = [(H + I + J) / E ] * S$
- $DART = [(H + I) / E ] * S.$
- **Notes:**
  - Values for H, I, and J will be acquired from [OSHA's Form 300, Log of Work-Related Injuries and Illnesses](#), maintained at the workplace.
  - The injury and illness data in OSHA's Form 300 is summarized in Form 300A, Summary of Work-Related Injuries and Illnesses.

The TRC gives the total recordable cases one would expect from 100 full-time employees at a given workplace, whereas DART yields a similar expectation with respect to only cases resulting in days away from work, job transfer, or job restriction. These indices are scaled to make workplaces of various sizes comparable.

Both TRC and DART must be calculated for a given period of time. Care must be taken to make the time period long enough to register adverse events, which may be infrequent at a given workplace yet short enough to provide fidelity to the outcomes at that workplace so as not to average them out. This study will base calculations of TRC and DART on the 12 months preceding (retrospective) and following (prospective) the Pilot Study consultation visits. Therefore, the use of the term “retrospective” might be considered a “baseline” or “current” measure of TRC or DART. The term “retrospective” is used because those calculations are based on logged observations from a period of time preceding the Pilot Study consultation visits even though they represent the most current state of affairs at that time.

The data analyses described in #16 of this document will be performed after the Pilot Study consultation visits are completed using the DRF33 and retrospective covariate measures. Prospective Analysis involving prospective estimates of TRC and DART will occur roughly 12 months after the Pilot Study consultation visits.

During the Pilot Study consultation visits, consultants collect copies of injury and illness Forms 300 and 300A for the calendar year preceding the consultation visit; and the Form 300 for the year of the consultation visit (up to the date of the visit). Consultants also collect information about the number of employees at the workplace and the number of hours worked by all employees for the year of the consultation visit – up to the date of the visit. Consultants upload all collected injury and illness data into a secure Dropbox for

analysis. The data collected will be used by statisticians to calculate the retrospective TRC and DART for the 12 months prior to the Pilot Study consultation visits. Similar data will be collected by consultants for the 12-month period following the Pilot Study (from workplaces that previously received consultation visits); for statisticians to calculate the prospective TRC and DART.

### ***Design***

OSHA developed the DRF33 for state On-Site Consultation programs that provide no-cost consultative services to small- and medium-sized businesses nationwide (i.e., similar to how the current OSHA Form 33 is applied). Therefore, it is essential to assess the effectiveness of the DRF33 as a tool for measuring the SHPs of small- and medium-sized businesses. Additionally, state On-Site Consultation programs were geographically grouped into ten (10) regions nationwide (see Appendix E, 10 Regions of the DRF33 Pilot Study). The five (5) industry sectors selected for the Pilot Study represent the top 5 industries most visited by On-Site Consultation programs nationwide.

Information gathered from expert consultants suggested that workplace size and type of industry evaluated would likely influence scores on the DRF33 more than other external variables. Additionally, there is a strong desire to include consultation visits from all the 10 geographical locations or regions nationwide. Therefore, these variables will be used as stratification variables in a convenience sampling plan.

The Pilot Study to assess the reliability and validity of the DRF33 is based on a 2 (workplace size) x 5 (industry sector) x 10 (geographical locations or regions) factorial design. For every region, an equal number of small- (less than or equal to 25 employees on-site) and medium-sized (greater than 25 but fewer than 250 employees on-site) workplaces are being sampled from each of five pre-specified industry sectors. The five industry sectors were chosen using data from OIS for at least three years (e.g., FY2018-FY2020). Specifically, the most frequently surveyed sectors (i.e., North American Industry Classification System (NAICS) code) were identified using data from across the nation. Five sectors with sufficient representation across all regions were selected for the study from this subset of industry sectors. Each of these selected sectors will possess the requisite number of small- and medium-sized workplaces in each region.

### ***Sample characteristics***

The Pilot Study uses a stratified convenience sample with workplace size, industry sector, and region as stratification variables. As mentioned above, this will yield a 2 x 5 x 10 = 100 cell design. There will be three (3) workplaces sampled in each of the 100 cells of the factorial design for a total sample size of 300 workplaces. These workplaces are selected by the Consultation Program Managers who oversee State On-Site Consultation programs (using the criteria specified for the study) to represent the most-frequently visited industries in the country with two classifications of company size (i.e., small and medium).

Consultation visits are assigned in an effort to meet the study criteria based on the open pool of requests within each Consultation program. The workplaces selected for study visits must not have an active OSHA or [State Plan](#) enforcement inspection or involvement at the time of the consultation visit and must have been in business for at least 2 years. The employer must not have an employee population of more than 250, corporate wide. All study measures for the 48 attributes will be obtained from every workplace with the exception of the four attributes designed for only multi-employer workplaces.

Two consultants will visit fifty of the 300 workplaces (five from each region) and rate them using the DRF33. The second rating will be used to analyze inter-rater reliability. This will result in 350 SHP assessments from the 300 workplaces visited.

### **Prospective Analysis**

Prospective estimates of the TRC and DART will be based on the 12-month period following the consultation visits, as described above (i.e., TRC and DART Calculations). These covariates will be analyzed similar to the retrospective analyses (see #16 below), although these analyses will take place one year after the Pilot Study consultation visits when prospective covariates are available. The prospective injury and illness data collection will not involve any additional consultation visits, therefore, there will be no SHP assessments using the DRF33. Consultants will collect injury and illness data from employers via phone, fax, email, etcetera.

### ***Pre-Test and Follow-Up***

A pre-test was conducted using the DRF33 to ensure that all procedures and information technology platforms will function as designed during the Pilot Study. Any failings observed in procedures or technology used during the pre-test were addressed before launching the Pilot Study. The pre-test was conducted in only one of the ten regions with fewer than the maximum of twenty (20) workplace SHP assessments estimated. Similarly, a Pilot Study follow-up will be conducted, using a maximum of thirty (30) workplace SHP assessments, only if data analyses and other findings result in updates to the DRF33 and ARG that require verification of effectiveness before implementation operationally.

- 3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.**

### **Pilot Study**

To reduce the information collection burden, the pre-test, consultation visits, SHP assessments, and six optional survey questions involve consultants using information technology (IT) equipment (e.g., tablets) and data collection software (e.g., Qualtrics) and Dropbox. Similarly, the prospective analysis and any follow-up will also involve the use of IT.

Statisticians will assess the compiled data using data analysis software (e.g., EQS 6.3 computer program, SAS system).

Ideally during the consultation visits, consultants assess employers' workplaces to identify any hazards; review relevant occupational safety and health documents (e.g., illness and injury logs, investigation reports, inspection records); and interview managers, supervisors, and workers to collect SHP information that is documented in the DRF33.

The DRF33 was uploaded into a data entry tool built on the Qualtrics platform. The software has capabilities to minimize errors. The data entry tool prompts the respondent (consultant) to enter the associated data for each attribute. The tool offers real time accuracy checks and secure cloud-based data storage that can be retrieved from multiple sites immediately after input. Similarly, it was programmed to ensure that all items are answered by the respondent. It operates with common digital devices (e.g., tablet, PC) that has internet capability. The ARG was also uploaded into Qualtrics for easy access, as a job aid for consultants.

The DRF33 may be completed by consultants at employers' workplaces or at Consultation programs' offices (this depends mainly on the consultant's preference and the availability of internet connection). Consultants email injury and illness data to be uploaded into folders within a secure Dropbox for analysis.

### **Prospective Analysis**

The Prospective Analysis will involve consultants collecting injury and illness data via phone, fax, email, etc., from workplaces that received pilot study consultation visits at least 12 months prior. No new pilot study consultation visits will be conducted using the DRF33 for the Prospective Analysis.

The Prospective Analysis will also involve using IT equipment, data collection software, and data analysis software (as described above). The injury and illness data will be uploaded into the secure Dropbox.

- 4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A.2 above.**

Upon completion, the DRF33 will replace the current Form 33 — not duplicate — any methods or processes currently used by consultants in the OSHA On-Site Consultation Program. As previously mentioned, (in #1), it is necessary to revise the current Form 33 that was developed using OSHA's 1989 SHP Management Guidelines as the framework, to align it with OSHA's 2016 RP for SHPs.

No available information can substitute for the information collected during the pre-test, consultation visits, SHP assessments, Prospective Analysis, and follow-up study because these studies are specific to the DRF33.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

The DRF33 is a streamlined version of the current Form 33 used by consultants to assess workplace SHPs. The DRF33 is comprised of 52 attributes as opposed to the 58 attributes used in the current Form 33.

Employers are not required to use consultative services. The voluntary nature of consultative services implies that only employers who desire such services will request them for technical assistance with securing safe and healthful workplaces, as well as reducing or eliminating workplace incidents. In addition, employers, themselves, do not use the SHP assessment tool (i.e., DRF33), the tool is applied by consultants.

Small- and medium-sized businesses will not be burdened but will benefit tremendously from the studies. The results are a reduction in costs due to a reduction in workplace incidents, and enhanced productivity (see [Benefits of the OSHA On-Site Consultation Program, An Economic Analysis Paper](#), August 1, 2018).

**6. Describe the consequence to federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The current Form 33 was developed using OSHA's 1989 SHP Management Guidelines as the framework. It is vital for OSHA to update Form 33 by incorporating important advancements in occupational safety and health reflected in OSHA's 2016 RP for SHPs. The updated DRF33 will enhance the quality of consultative services provided to small—and medium-sized businesses.

However, if the Agency does not assess the validity and reliability of the DRF33 there will be no basis for implementing the DRF33 as an effective SHP assessment tool for small- and medium-sized businesses. The pre-test, consultation visits, SHP assessments, Prospective Analysis, and follow-up studies are essential to enable OSHA to verify the

effectiveness of the tool, identify any deficiencies, and implement improvement measures prior to implementation.

The Prospective Analysis, which will be conducted 12 months following the Pilot Study, is essential to further analyze the effectiveness of the consultation services provided to small—and medium-sized business employers using the DRF33. The Prospective Analysis will involve assessing injury and illness data to determine any impact on employers' SHPs.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**

The CPPM requires respondents (consultants) to submit a Written Report to the Employer within twenty (20) working days of concluding a consultation visit (or of the closing conference). The Written Report includes a list of all hazards identified during the workplace assessment, hazard correction recommendations, correction due dates, and findings and recommendations from any assessment of the employer's SHP. Timely provision of information to small- and medium-sized business employers is essential to promote workplace safety and health.

- **Requiring respondents to submit more than an original and two copies of any document;**

The CPPM does not require respondents (consultants) to submit more than an original and two copies of any documents to OSHA or employers that receive consultative services.

Similarly, employers who receive consultative services are not required to submit any original document or more than two copies of any document to consultants.

- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**

State On-Site Consultation programs follow their state's record retention requirements.

Employers who use consultative services are not required to comply with any records retention requirements as a result of using such services.

- **In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**

The methods used to collect and analyze data were designed by a psychometrician/statistician and reviewed by OSHA economists/statisticians (see #1 and #16). The statistical survey is designed to be appropriate to assess occupational safety and health conditions in small- and medium-sized business workplaces using the DRF33.

- **Requiring the use of statistical data classification that has not been reviewed and approved by OMB;**

The data analysis methods that will be used are extensively described in #16 below for OMB review and approval.

- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

During the opening conference of each consultation visit, consultants are required to explain relevant Consultation program policies and procedures, including privacy requirements, and employer's rights and obligations as specified in the CPPM.

As an integral part of the OSHA On-Site Consultation Program, the DRF33 Pilot Study, including the Prospective Analysis, must comply with the Consultation Program's privacy requirements, as specified in the CPPM and required by 29 CFR 1908.6.

Consultation programs are prohibited from disclosing the identity of employers requesting consultation services and any findings from consultation visits, with anyone other than the employer requesting consultative services, unless the employer fails to take timely action to eliminate employees' exposure to an imminent danger hazard, or fails to correct a serious or imminent danger hazard within the agreed upon timeframe or any extension thereof. In such instances, the Consultation program must share the information with the appropriate enforcement authorities (see 29 CFR 1908.6(f)(1)&(4) and 29 CFR 1908.7(a)(3)).

Per 1908.7(a)(3): "The identity of employers requesting onsite consultation, as well as the file of the consultant's visit, shall not be provided to OSHA for use in any compliance activity, except as provided for in §1908.6(f)(1) (failure to eliminate imminent danger), §1908.6(f)(4) (failure to eliminate serious hazards), §1908.6(b)(1) (inspection deferral), and §1908.6(b)(4) (recognition and exemption program)."

Per 1908.7(b)(1): "An onsite consultative visit already in progress will have priority over OSHA compliance inspections except as provided in paragraph (b)(2) of this section. The consultant and the employer shall notify the compliance officer of the visit in

progress and request a delay of the inspection until after the visit is completed. An onsite consultative visit shall be considered "in progress" in relation to the working conditions, hazards, or situations covered by the visit from the beginning of the opening conference through the end of the correction due dates and any extensions thereof. OSHA may, in exercising its authority to schedule compliance inspections, assign a lower priority to worksites where consultation visits are scheduled.”

1908.7(b)(4): “The recognition and exemption program operated by the OSHA consultation projects provide incentives and support to smaller, high-hazard employers to work with their employees to develop, implement, and continuously improve the effectiveness of their workplace safety and health management system.”

Per 1908.6(f)(1): “An employer must take immediate action to eliminate employee exposure to a hazard which, in the judgment of the consultant, presents an imminent danger to employees. If the employer fails to take the necessary action, the consultant must immediately notify the affected employees and the appropriate OSHA enforcement authority and provide the relevant information.”

1908.6(f)(4): “If the employer fails to take the action necessary to correct a serious hazard within the established time frame or any extensions thereof, the consultation manager shall immediately notify the appropriate OSHA enforcement authority and provide the relevant information. The OSHA enforcement authority will make a determination, based on a review of the facts, whether enforcement activity is warranted.”

Per 29 CFR 1908.6(g)(2): “Because the consultant's written report contains information considered confidential, and because disclosure of such reports would adversely affect the operation of the OSHA consultation program, the state shall not disclose the consultant's written report except to the employer for whom it was prepared and as provided for in §1908.7(a)(3). The state may also disclose information contained in the consultant's written report to the extent required by 29 CFR 1910.1020 or other applicable OSHA standards or regulations.”

Per 29 CFR 1908.6(h)(1): “The consultant shall preserve the confidentiality of information obtained as the result of a consultative visit which contains or might reveal a trade secret of the employer.” A trade secret, as referenced in Section 15 of the Occupational Safety and Health (OSH) Act, includes information concerning or related to processes, operations, style of work, or apparatus, or to the identity, confidential statistical data, amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation, or association. See 18 USC 1905. It is essential to the effective enforcement of the OSH Act that Consultation program personnel preserve the confidentiality of all information and investigations which might reveal a trade secret.

Per 29 CFR Part 1908.6(h)(2): “Disclosure of Consultation program information which identifies employers who have requested the services of a consultant would adversely

affect the operation of the OSHA Consultation Program as well as breach the confidentiality of commercial information not customarily disclosed by the employer. Accordingly, the state shall keep such information confidential. The state shall provide Consultation program information requested by OSHA, including information which identifies employers who have requested consultation services. OSHA may use such information to administer the Consultation Program and to evaluate state and federal performance under that Program, but shall, to the maximum extent permitted by law, treat information which identifies specific employers as exempt from public disclosure.”

**8. If applicable, provide a copy and identify the date and page number of publication in the *Federal Register* of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

As required by the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 506(c)(2)(A)), OSHA published a notice in the *Federal Register* on January 13, 2025 (90 FR 2756) soliciting comments on its proposal to extend the Office of Management and Budget's (OMB) approval of the information collection requirements specified in the pilot study 1218-0280. The docket number is OSHA-2021-0013. This notice is part of a preclearance consultation program that allows interested parties to comment on OSHA's new request for clearance of information. The Agency did not receive any comments submitted in response to this notice.

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

The National Association of Occupational Safety and Health Consultation Programs (OSHCON) is made up of Consultation Program Managers responsible for overseeing the daily operations of Consultation programs nationwide. OSHCON was formed in 1985 to provide a united voice to address issues and challenges that face Consultation programs. OSHCON is a professional resource for On-Site Consultation programs operated by state agencies or universities.

OSHCON has participated in the OSHA Form 33 Revision Project since its inception, and OSHCON members from the University of South Florida and Georgia Institute of Technology Consultation programs continue to provide subject matter expertise for the Pilot Study, including the Prospective Analysis.

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if**

**the collection-of-information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

OSHA is requesting a 3.0-year extension of the initial OMB approval to complete the Pilot Study: the remaining 24 SHP assessments, Prospective Analysis, and follow-up studies. These studies do not require consultation with representatives of those from whom information will be collected because consultants participating in any of the studies described herein will continue to follow established policies and procedures specified in the CPPM when providing consultative services to small- and medium-sized businesses.

Employers from small- and medium-sized businesses voluntarily request no-cost consultative services from Consultation programs nationwide to improve workplace safety and health conditions. Consultants from Consultation programs currently utilize the OSHA Form 33 to assess the SHPs of small- and medium-sized businesses following CPPM policies and procedures and will continue to do so when applying the DRF33.

Additionally, in accordance with the CPPM, Consultation programs must explain relevant policies and procedures to employers prior to conducting a consultation visit. This provides employers with an opportunity to decide whether to proceed with the consultation visit.

Consultation programs routinely survey small—and medium-sized businesses that use their services to obtain feedback. This information will be useful in evaluating the overall SHP assessment process before finalizing it. Consultants participating in the studies will be able to provide feedback to OSHA through 6 open-ended survey questions.

**9. Explain any decision to provide any payments or gift to respondents, other than remuneration of contractors or grantees.**

No payments or gifts of any kind will be provided to respondents (i.e., consultants completing the DRF33), other than the remuneration that they receive as state employees working for state On-Site Consultation programs.

No payments or gifts of any kind will be provided to small- and medium-sized businesses that utilize consultative services to assess their SHPs. These businesses will benefit from no-cost consultative services funded 90 percent by OSHA and 10 percent by the states.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

Consultants follow the policies and procedures in the CPPM when using the current Form 33 to assess SHPs during consultation visits to small- and medium-sized workplaces, when employers request such services. Similarly, policies and procedures for providing

consultative services described in the CPPM apply to SHP assessments conducted using the DRF33.

During the opening conference of each consultation visit, consultants are required to explain relevant Consultation program policies and procedures, including privacy requirements and employer's rights and obligations.

Consultation programs are prohibited from disclosing the identity of employers requesting consultation services and any findings from consultation visits with anyone other than the employer requesting consultative services unless the employer fails to take timely action to eliminate employees' exposure to an imminent danger hazard, or fails to correct a serious or imminent danger hazard within the agreed upon timeframe or any extensions thereof. In such instances, the Consultation program must share the information with the appropriate enforcement authorities (see 29 CFR 1908.6(f)(1)&(4) and 29 CFR 1908.7(a)(3)).

Per 1908.7(a)(3): "The identity of employers requesting onsite consultation, as well as the file of the consultant's visit, shall not be provided to OSHA for use in any compliance activity, except as provided for in §1908.6(f)(1) (failure to eliminate imminent danger,) §1908.6(f)(4) (failure to eliminate serious hazards,) paragraph (b)(1) of this section (inspection deferral) and paragraph (b)(4) of this section (recognition and exemption program)."

Per 1908.7(b)(1): "An onsite consultative visit already in progress will have priority over OSHA compliance inspections except as provided in paragraph (b)(2) of this section. The consultant and the employer shall notify the compliance officer of the visit in progress and request delay of the inspection until after the visit is completed. An onsite consultative visit shall be considered "in progress" in relation to the working conditions, hazards, or situations covered by the visit from the beginning of the opening conference through the end of the correction due dates and any extensions thereof. OSHA may, in exercising its authority to schedule compliance inspections, assign a lower priority to worksites where consultation visits are scheduled."

1908.7(b)(4): "The recognition and exemption program operated by the OSHA consultation projects provide incentives and support to smaller, high-hazard employers to work with their employees to develop, implement, and continuously improve the effectiveness of their workplace safety and health management system."

Per 1908.6(f)(1): "An employer must take immediate action to eliminate employee exposure to a hazard which, in the judgment of the consultant, presents an imminent danger to employees. If the employer fails to take the necessary action, the consultant must immediately notify the affected employees and the appropriate OSHA enforcement authority and provide the relevant information."

Per 1908.6(f)(4): “If the employer fails to take the action necessary to correct a serious hazard within the established time frame or any extensions thereof, the consultation manager shall immediately notify the appropriate OSHA enforcement authority and provide the relevant information. The OSHA enforcement authority will make a determination, based on a review of the facts, whether enforcement activity is warranted.”

Per 29 CFR 1908.6(g)(2): “Because the consultant's written report contains information considered confidential, and because disclosure of such reports would adversely affect the operation of the OSHA consultation program, the state shall not disclose the consultant's written report except to the employer for whom it was prepared and as provided for in §1908.7(a)(3). The state may also disclose information contained in the consultant's written report to the extent required by 29 CFR 1910.1020 or other applicable OSHA standards or regulations.”

Per 29 CFR 1908.6(h)(1): “The consultant shall preserve the confidentiality of information obtained as the result of a consultative visit which contains or might reveal a trade secret of the employer.” A trade secret, as referenced in Section 15 of the Occupational Safety and Health (OSH) Act, includes information concerning or related to processes, operations, style of work, or apparatus, or to the identity, confidential statistical data, amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation, or association. See 18 USC 1905. It is essential to the effective enforcement of the OSH Act that Consultation program personnel preserve the confidentiality of all information and investigations which might reveal a trade secret.

Per 29 CFR Part 1908.6(h)(2): “Disclosure of Consultation program information which identifies employers who have requested the services of a consultant would adversely affect the operation of the OSHA Consultation Program as well as breach the confidentiality of commercial information not customarily disclosed by the employer. Accordingly, the state shall keep such information confidential. The state shall provide Consultation program information requested by OSHA, including information which identifies employers who have requested consultation services. OSHA may use such information to administer the Consultation Program and to evaluate state and federal performance under that Program, but shall, to the maximum extent permitted by law, treat information which identifies specific employers as exempt from public disclosure.”

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

The studies described herein, for which a 3.0-year extension of the initial OMB approval is requested require SHP assessments conducted by consultants using the DRF33. The

DRF33 assesses workplace SHPs using 52 attributes or assessment criteria focused on specific occupational safety and health characteristics described in the OSHA RP for SHPs, therefore, no questions of a sensitive nature will be asked.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. General, estimates should not include burden hours for customary and usual business practices.**
- **If this request for approval covers more than one form, provide separate hour burden estimates for each form.**
- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.**

**i. Respondent Burden Hour and Cost Burden Determinations for state On-Site Consultation programs**

**Wage Rate Determinations**

The Agency determined the wage rates from mean hourly wage earnings to represent the cost of employee time. For the relevant standard occupational classification category, OSHA used the wage rates reported by the U.S. Department of Labor's Bureau of Labor Statistics (BLS) in the *Occupational Employment and Wage Statistics (OEWS)* data, *May 2023 report*. OEWS data is available at <https://www.bls.gov/oes/tables.htm> [date accessed: May 21, 2024]. To access these wage rates, select the year, "National," and the Standard Occupational Classification (SOC) code.

To account for fringe benefits, the Agency applied to the wage rates a fringe benefit markup based on data found in Table 2 of the following BLS release: *Employer Costs for Employee Compensation*, news release text, released 10:00 AM (EDT), June 2024 ([Table 2. Civilian workers by occupational and industry group - 2024 Q01 Results \(bls.gov\)](#)).

BLS reported that for civilian workers, fringe benefits accounted for 31.2 percent of total compensation and wages accounted for the remaining 68.8 percent. In addition, Table 3 of the same news release indicates that for state and local government workers, fringe

benefits accounted for 38.1 percent of total compensation and wages accounted for the remaining 61.9 percent ([Table 3. State and local government workers by occupational and industry group - 2024 Q01 Results \(bls.gov\)](#)). To calculate the loaded hourly wage for each occupation, the agency divided the mean hourly wage rate by 1 minus the fringe benefits.

<b>WAGE HOUR ESTIMATES</b>				
<b>Occupational Title</b>	<b>Standard Occupation Code (SOC)</b>	<b>Mean Hour Wage Rate (A)</b>	<b>Fringe Benefits (B)</b>	<b>Loaded Hourly Wage Rate (C) = (A)/((1-(B)))</b>
Administrative Services Manager (Consultation Program Manager)	11-3010	\$56.56	0.381	\$91.37
Occupational Health and Safety Specialist (Consultant)	19-5011	\$41.14	0.381	\$66.46
Secretaries, Except Legal, Medical, and Executive (Clerical/Secretary)	43-6014	\$21.87	0.312	\$31.79
General and Operations Managers (Employers)	11-1021	\$62.18	0.312	\$90.38

There are two groups of respondents that will participate in the studies: i.) state On-Site Consultation programs, and ii.) employers that voluntarily request and receive On-Site Consultation services.

For the remaining activities to complete the Pilot Study, the Agency estimates the total burden hours for both groups of respondents for the remaining studies/analyses for which OMB approval is requested to be **887.3** hours; **799.5** hours for state On-Site Consultation programs (see Table 1a, Estimated Respondent (State Consultation programs) Hour and Cost Burden for Pilot Study; and Table 1b, Estimated Respondent (State Consultation programs) Hour and Cost Burden for the Prospective Analysis); and **87.8** hours for employers (see Table 2, Summary of Estimated Annualized Respondent (Employer) Hour and Cost Burden).

In the previously approved ICR, OMB# 1218-0280 (approved in June 2022), the Agency estimated the total burden hours for both groups of respondents for all studies/analyses to complete the entire Pilot Study to be **4,974** hours; **4,810** hours for state On-Site Consultation programs (see Appendix A, Estimated Respondent (State Consultation programs) Hour and Cost Burden for Pilot Study; and Appendix B, Estimated

Respondent (State Consultation programs) Hour and Cost Burden for the Prospective Analysis); and **164** hours for employers (see Appendix C, Summary of Estimated Annualized Respondent (Employer) Hour and Cost Burden).

**Burden Hour Estimates for State On-Site Consultation Programs:**

The following regulations require information collection and/or reporting on the part of state On-Site Consultation programs for the DRF33 [Form 33] assessments conducted by consultants as described below (and summarized in Table 1):

A. 1908.6(e)(3):

During all consultation visits for the Pilot Study a comprehensive SHP assessment is conducted by consultants using the DRF33. For each on-site consultation visit, consultants participating in the Pilot Study collect and input data on employers' SHPs into the DRF33 that is uploaded into a cloud based data entry tool, the Qualtrics survey system. The burden hour estimates below do not include the time for developing information about the SHPs, such as collecting SHP data (e.g., injury and illness information from employers), since that is done as a corollary of the On-Site Consultation process for conducting consultation visits.

The Pilot Study will require consultants to conduct comprehensive SHP assessments. This means consultants will evaluate workplaces based on a maximum of 52 attributes of the DRF33, and make 52 entries into the web-based version of the DRF33 in Qualtrics. Additionally, consultants may choose to complete 6 optional survey questions to provide general feedback on the application of the DRF33 and ARG.

For comprehensive SHP assessments, OSHA estimates that 58 entries can be assessed and entered into the current web-based OSHA Form 33 worksheet in 5 hours (see OMB # 1218-0110). Similarly, OSHA estimates 5 hours for collecting 52 entries for a comprehensive SHP assessment when using the DRF33 and for consultants to complete 6 optional survey questions (i.e., a total of 58 entries).

Since July 2022, when the Pilot Study started, 326 pilot SHP assessments have been conducted by Consultation programs nationwide out of the total number of 350 planned. This leaves a total of 20 pilot workplace consultation visits, resulting in 24 pilot SHP assessments because 4 of the consultation visits will involve an inter-rater reliability study that requires two (2) consultants at the same workplace. Both consultants will independently complete a DRF33 assessment based on the information available at the workplace. Therefore, 4 of the 20 pilot workplace consultation visits, will result in 8 SHP assessments. The total burden hours for 20 pilot workplace consultation visits, resulting in **24 pilot SHP assessments that take 5 hours** each to complete is **120 hours**.

The following studies will also be conducted:

- Follow-up SHPs (as necessary) - 30 workplace consultation visits resulting in **30 SHP**

**assessments; 150 hours.**

- The prospective injury and illness data collection will not involve any additional consultation visits; therefore, there will be no SHP assessments using the DRF33. Consultants will collect occupational injury and illness data from the 300 workplaces that previously received consultation visits/SHP assessments. The data will be collected 12 months after the consultation visits. OSHA estimates a maximum of **30 minutes** for consultants to collect employers' injury and illness data and email the information for upload into the Dropbox folder, for each of the **300 workplaces** that previously received consultation services. This will result in a total of **150 hours** (0.5 x 300).

B. 1908.6(e)(8)

Prepare and transmit a list of serious hazards and their correction due dates for each workplace assessment conducted. OSHA has determined that it takes the consultant an average of **five minutes (5/60 hour)** to compile the list. Assuming that serious hazards are identified in each of the remaining **20 pilot workplace consultation visits** that will be conducted, the resulting burden hours will be **1.7 hours**.

The Pilot Study will also involve a follow-up (if necessary), with a maximum of **30 workplace consultation visits**, resulting in **2.5 hours** to prepare and transmit a list of serious hazards.

OSHA estimates a total of **4.2 hours** to transmit the list of serious hazards.<sup>3</sup>

C. 1908.6(f)(1) and (4)

Inform OSHA or State Plan enforcement authority (as applicable), if the employer fails to take action to correct serious or imminent danger hazards and/or fails to comply with the requirement to post the List of Serious Hazards. The On-Site Consultation Program manager is responsible for making referrals to the enforcement authority.

OSHA estimates that notifying the enforcement authority would require 30 minutes (0.5 hour). OIS data indicate that zero (0) of 18,384 consultation visits conducted by On-Site Consultation programs nationwide resulted in referrals to enforcement in FY 2023, resulting in a burden hour estimate of **0.0 hours**.

D. 1908.6(g)(1)

Prepare and transmit a Written Report to the Employer for each initial On-Site Consultation visit. The report consists of a) a restatement of the employer's request for consultation services; b) a description of the workplace and working conditions; c) a

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<sup>3</sup> The Prospective Analysis will not involve a list of hazards because it will not include consultation visits to assess workplaces.

description of all hazards identified during the initial On-Site Consultation visit, including a reference to the applicable standards and codes; d) an evaluation of the employer's safety and health management program and suggestions to improve it; e) suggested means or approaches to correct the identified hazards; f) references to additional sources of assistance to correct a hazard; and g) completion dates for the correction of hazards.

It is estimated that it takes a consultant an average of 7.5 hours to complete the Written Report to the Employer. OSHA estimates that the remaining 50 consultation visits (i.e., 20 pilot consultation visits and 30 follow-up consultation visits (if necessary)), will result in **375 hours** to complete the Written Reports.

E. 1908.7(b)(1):

Inform any OSHA or State compliance officer who arrives at a workplace to conduct an inspection when an On-Site Consultation visit is in progress. This requirement applies to any employer using no-cost consultation services and is designed to prevent a duplication of effort between On-Site Consultation Program and OSHA/State Plan enforcement.

**OSHA estimates that 5 percent of all high hazard employers eligible for inspections are actually inspected in any given year.** Priority for On-Site Consultation visits are given to small- and medium-sized, high-hazard companies. By extension of the fact that both OSHA and the On-Site Consultation programs place a higher priority on high hazard companies, and the fact that five (5) percent of companies receive compliance inspections, OSHA estimates that a compliance officer will arrive at a facility receiving an On-Site Consultation visit on five percent of all On-Site Consultation visits. **It takes approximately six (6) minutes (.10 hours) to inform a compliance officer that an On-Site Consultation visit is in progress.** The Consultation Program Manager performs this function.

Five percent of the remaining 50 consultation visits (i.e., 20 pilot consultation visits and 30 follow-up consultation visits (if necessary)) is 2.5 (3). Therefore, OSHA estimates **0.3 hours** (i.e., 0.1-hour x 3) for Consultation Program Managers to inform OSHA or State Plan, compliance officers, about an On-Site Consultation visit in progress at a workplace.

F. 1908.9(b)

Establish and maintain an organized consultant performance monitoring system.

It is a usual and customary business practice for employers to establish performance standards, and to evaluate worker performance against the standard. The states will perform this function without a requirement from OSHA; therefore, the Agency is not assigning any burden hours for this activity.

G. 1908.9(c)

Consultation programs utilize clerical staff to compile and submit factual and statistical information in preparation for the biennial program review conducted by OSHA.

Currently, the statistical information is entered as part of the report preparation process and is one of the major tools used by the states to manage their programs. OSHA electronically extracts this information periodically (without assistance from the states) for use in program monitoring and evaluation.

During the biennial evaluations, On-Site Consultation programs are required to provide access to some randomly selected files (i.e., about 18 case files are reviewed per consultation program). The case files are reviewed by OSHA's Regional Consultation Program Officers for quality of content only. Preparation of case files for review is a function performed by clerical workers of the state Consultation program. There are 26 Consultation programs, and 18 case files reviewed per Consultation program per year, totaling 468 reports. It takes 30 minutes (.5 hours) to prepare each file for review, resulting in 234 total hours.

The biennial review of On-Site Consultation programs is routine and not specific to the studies for which this OMB approval is being requested, therefore, it is not included in Table 1a or 1b.

#### H. 1908.10(c)

Prepare and submit Annual Cooperative Agreement.

Each of the 53 On-Site Consultation programs<sup>4</sup> prepares and submits an annual cooperative agreement to OSHA. This function is performed by On-Site Consultation Program Managers (CPMs). OSHA estimates an average of 32 hours of CPMs' time, and 8 hours of clerical time annually for a total of 40 hours per Cooperative Agreement.

State on-site consultation programs routinely prepare and submit the annual Cooperative Agreements; therefore, they do not represent a separate requirement associated with the

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<sup>4</sup> OSHA has On-Site Consultation programs established by the 50 U.S. States and 3 U.S. Territories.

studies for which this OMB approval is being requested (for this reason, they are not included in Table 1a or 1b).

**Table 1a: Estimated Respondent (State Consultation programs) Hour and Cost Burden for the Pilot Study**

Activity	Type of Respondent <sup>5</sup>	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Average Burden per Response (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
<b>A. Safety and Health Program (SHP) Assessment Worksheet (1908.6(e)(3))</b>								
<b>Pilot SHP Assessments</b>	Consultants	20 <sup>6</sup>	1.2	24 <sup>7</sup>	5	120	\$66.46	\$7,975
<b>Pilot Follow-up SHP Assessments</b>	Consultants	20	1.5	30	5	150	\$66.46	\$9,969
<b>Subtotal A.</b>		<b>20</b>		<b>54</b>		<b>270</b>	<b>\$66.46</b>	<b>\$17,944</b>
<b>B. Prepare list of hazards (1908.6(e)(8))</b>								
<b>Pilot Visits</b>	Consultants	20	1.0	20	5/60	1.7	\$66.46	\$113
<b>Follow-Up Visits</b>	Consultants	20	1.5	30	5/60	2.5	\$66.46	\$166
<b>Subtotal B.</b>		<b>20</b>		<b>50</b>		<b>4.2</b>	<b>\$66.46</b>	<b>\$279</b>
<b>C. Referral to enforcement for all studies or analyses that will be conducted (1908.6(f)(1)&amp;(4))</b>	Consultation Program Managers (CPM)	20	0	<b>0</b>	<b>30/60</b>	<b>0</b>	<b>\$91.37</b>	<b>\$0.00</b>
<b>D. Prepare the Written Report to the Employer describing all serious hazards for all activities or workplace SHP assessments listed in B above (1908.6(g)(1))</b>								
<b>Pilot Visits</b>	Consultants	20	1.0	20	7.5	150	\$66.46	\$9,969
<b>Follow-up Visits</b>	Consultants	20	1.5	30	7.5	225	\$66.46	\$14,954
<b>Subtotal D.</b>		<b>20</b>		<b>50</b>	<b>7.5</b>	<b>375</b>	<b>\$66.46</b>	<b>\$24,923</b>

<sup>5</sup> The Agency categorizes respondents reflected in Table 1 as “State, Local and Tribal Governments” (i.e., consultants that will complete the DRF33 using information collected from employers’ workplaces).

<sup>6</sup> Originally, OSHA estimated engaging 200 consultants to conduct 300 pilot workplace consultation visits (i.e., an estimate of 20 consultants from each of the 10 regions), which would result in 350 SHP assessments; consultants participating in the studies were selected from a pool of trained consultants. OSHA estimates engaging an average of 20 consultants to conduct the remaining pilot consultation visits (with 19 workplace consultation visits allocated to 1 region).

<sup>7</sup> Although a total of 20 pilot workplace consultation visits will be conducted, 4 of those workplaces will result in 2 SHP assessments each for the inter-rater study (instead of 1 each), yielding a total of 24 SHP assessments; and there will be 30 follow-up workplace consultation visits that will result in 30 SHP assessments from 30 workplaces. Therefore, a total of 50 workplace consultation visits will result in 54 SHP assessments.

Activity	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Average Burden per Response (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
E. Inform OSHA or State Plan Compliance there is a Consultation “Visit in Progress” <sup>8</sup> (1908.7(b)(1))	CPM	3	1	3	6/60	0.3	\$91.37	\$27
<b>TOTAL</b>		23		157		649.5		\$43,173

The number of respondents is 23.

**Table 1b: Estimated Respondent (State Consultation programs) Hour and Cost Burden for the Prospective Analysis**

Activity	Type of Respondent <sup>9</sup>	No. of Respondents <sup>10</sup>	No. of Responses per Respondent	Total No. of Responses	Average Burden per Response (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
<b>A. Safety and Health Program Assessment Worksheet (1908.6(e)(3))</b>								
Prospective Analysis (Injury and illness data collection, 12 months after pilot consultation visits)	Consultants	200	1.5	300	30/60	150	\$66.46	\$9,969

The number of respondents is 200.

OSHA estimates **799.5 burden hours and a cost of \$53,142.24** for the states and territories to comply with the information collection and reporting requirements of 29 CFR 1908 to complete the remaining activities for the Pilot Study.

<sup>8</sup> OSHA estimates that only 5% of the total 350 workplaces that will be visited will receive compliance inspections.

<sup>9</sup> The Agency categorizes respondents reflected in Table 1 as “State, Local and Tribal Governments” (i.e., consultants that will complete the DRF33 using information collected from employers’ workplaces).

<sup>10</sup> OSHA will engage a minimum of 200 consultants selected from a pool of trained consultants to participate in the Prospective Analysis; consultants participating in other aspects of the study will be selected from this pool.

OSHA previously estimated a total of **4,810.00 burden hours** with a **cost of \$254,204.00** for the states and territories to comply with the information collection and reporting requirements of 29 CFR 1908 to complete the entire Pilot Study (see Appendix B).

OSHA and state On-Site Consultation programs will not incur the estimated cost for participating in any study or analysis described herein, as a separate additional cost. In general, under the Cooperative Agreement, OSHA reimburses states ninety (90) percent of the budget for implementing Consultation programs. The activities conducted by state Consultation programs during the pre-test, pilot consultation visits/SHP assessments, follow-up study, and Prospective Analysis count towards meeting the projected number of consultative services in the Consultation Annual Program Plan (CAPP). The CAPP is a requirement of state On-Site Consultation programs' Cooperative Agreements with OSHA.

## **ii. Estimate of Burden Hours to Employers**

OSHA estimates the burden hours to employers voluntarily using no-cost consultation services as follows (See below Table 2. *Summary of Estimated Annualized Respondent (Employer) Hour and Cost Burden*):

### **A. 1908.6(e)(8); 1908.6(f)(5):**

Employers must post the list of serious hazards and correction due dates and notify the Consultation Program Manager in writing when serious hazards are corrected. This requirement is necessary to ensure that workers are informed of the hazards in the workplace, and to ensure that employers take the necessary action to correct those hazards.

Some hazards are corrected while the consultant is still at the employer's worksite, so the consultant can verify hazard correction before leaving the workplace. For those that are not corrected immediately, OSHA estimates that it takes 15 minutes for an employer to notify the On-Site Consultation program when serious hazards are corrected. Since the list to be posted by the employer is provided by the On-Site Consultation program, there is no burden on the employer for information collection. However, OSHA estimates a total of 0.25 hours (15 minutes) to comply with this requirement on every consultation visit.

Assuming that serious hazards are identified in each of the remaining **20 pilot workplace consultation visits** that will be conducted, the resulting burden hours will be **5.0 hours**.

The Pilot Study will also involve a follow-up (if necessary), with a maximum of **30 workplace consultation visits**, resulting in **7.5 hours**.

OSHA estimates that the total burden hours for employers to notify the On-Site Consultation program of hazard correction for the remaining workplace consultation visits will be **12.5 hours**.

**B. 1908.7(b)(1):**

Inform any OSHA or state compliance officer who arrives at the workplace that an On-Site Consultation visit is in progress. This requirement applies to any employer using no-cost consultation services and is designed to prevent a duplication of effort between On-Site Consultation and OSHA enforcement.

OSHA estimates that 5 percent of all high hazard employers eligible for inspections are actually inspected in any given year. Priority for On-Site Consultation visits are given to small, high-hazard companies. By extension of the fact that both OSHA and the On-Site Consultation Programs place a higher priority on high hazard companies, and the fact that five (5) percent (%) of companies receive compliance inspections, OSHA estimates that a compliance officer will arrive at a facility receiving an On-Site Consultation visit on 5 percent of all On-Site Consultation visits.

5% of potentially 50 workplace consultation visits remaining is 2.5 (3). OSHA estimates that it takes approximately 0.1 hour (6 minutes) to inform a compliance officer that an On-Site Consultation visit is in progress. This function is performed by a management worker, or by the owner, and will result in a maximum of **0.3 burden hours**.

**C. Provide Injury and Illness Data for the Prospective Analysis**

One year after the Pilot Study, consultants will contact employers that participated in the Pilot Study to request injury and illness data. The data will be used to calculate TRC and DART for the 12-month period following the Pilot Study. OSHA estimates that it will take the employer about 15 minutes to provide this information to the consultant, this will result in a total of **75 hours** for 300 workplaces.

To complete the pilot study, OSHA estimates that the remaining activities will result in 87.8 burden hours and a cost of \$7,935.36 for **private sector employers**. See Table 2, Summary of Estimated Annualized Respondent (Employer) Hour and Cost Burden.

OSHA previously estimated the total burden hours and cost for private sector employers **participating in the Pilot Study to be 164 hours and \$14,409.00 for the entire Pilot Study** (See Appendix C).

**Table 2: Summary of Estimated Respondent (Employer) Hour and Cost Burden**

Activity	Type of Respondents <sup>11</sup>	No. of Respondents	No. of Responses per Respondents	Total No. of Responses	Avg. Burden per Response (Hours)	Total Burden Hours	Avg. Hourly Wage Rate	Total Burden Cost
A. Hazard posting and abatement notification to Consultation Program (1908.6(e)(8) and 1908.6(f)(5))	Employer/ Plant Manager	50	1	50	15/60	12.5	\$90.38	\$1130
B. Inform OSHA Compliance Officer there is a Consultation "Visit in Progress" (1908.7(b)(1))	Employer/ Plant Manager	3	1	3	6/60	0.3	\$90.38	\$27
C. Injury and Illness Data for Prospective Analysis	Employer/ Plant Manager	300	1	300	15/60	75	\$90.38	\$6,779
<b>TOTAL</b>		<b>300</b>		<b>353</b>		<b>87.8</b>	<b>\$90.38</b>	<b>\$7,935</b>

The number of respondents is **300**.

The cost savings benefit employers gain from using consultative services to improve workplace safety and health conditions outweigh the estimated cost to employers in Table 2. See the [Benefits of the OSHA On-Site Consultation Program](#), An Economic Analysis Paper, August 1, 2018.

**Combined Costs and Burden Hours for States and Employers (Table 1a, Table 1b, and Table 2):**

OSHA estimates the respondent hours for the states and private sector employers to complete the remaining activities of the Pilot Study as 887.3 hours.

OSHA previously estimated the total respondent burden hours, which is comprised of the states plus private sector employers, to complete the entire Pilot Study as 4,974 hours (See Appendix D).

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**Table 3: Combined Costs and Burden Hours for States and Employers**

<b>Table</b>	<b>Number of Respondents</b>	<b>Total No. of Responses</b>	<b>Total Burden Hours</b>	<b>Total Burden Cost (Under A13)</b>
Table 1a: Estimated Respondent (State Consultation Programs) Hour and Cost Burden for Pilot Study	23	157	649.5	\$43,173
Table 1b: Estimated Respondent (State Consultation Programs) Hour and Cost Burden for the Prospective Analysis	200	300	150	\$9,969
Table 2: Summary of Estimated Respondent (Employer) Hour and Cost Burden	300	353	87.8	\$7,935
<b>Totals</b>	<b>503<sup>12</sup></b>	<b>810</b>	<b>888</b>	<b>\$61,078</b>

**13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).**

- **The cost estimate should be split into two components: (a) a total capital And start up cost component (annualized over its expected useful life); and (b) a total operation and maintenance and purchase of service component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the**

<sup>12</sup> Total estimated pool of consultants that will participate in the Pilot Study is 200 (i.e., to collect data for the Prospective Analysis and SHP assessments), with a maximum of 3 consultation program managers (CPMs) responding to “visit in progress” inquiry; and a total pool of 300 employers based on 300 workplaces that will receive pilot study consultation visits.

**time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**

- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**
- **Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

In general, under the Cooperative Agreement, OSHA reimburses states ninety (90) percent of the budget for implementing Consultation programs. OSHA and state On-Site Consultation programs will not incur the estimated cost for participating in any study or analysis described herein as a separate additional cost. Capital costs and other costs associated with running the Consultation program will not be incurred as separate additional costs for which OSHA will reimburse Consultation programs.

The Consultation Annual Program Plan (CAPP) is a requirement of the Cooperative Agreement between OSHA and each state On-Site Consultation program. The CAPP must include the projected number of the different types of consultation services that the Consultation program intends to conduct during the fiscal year (FY; e.g., consultation visits, compliance assistance activities, training). The activities conducted by state Consultation programs to collect occupational safety and health information for the Pilot Study will count towards meeting the projected number of consultative services in the CAPP.

There are no additional costs to employers who voluntarily use consultation services other than their time.

- 14. Provide estimates of the annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), any other expense that would not have been incurred**

**without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 into a single table.**

The pre-test, pilot consultation visits, SHP assessments, follow-up study, Prospective Analysis and data analyses are one-time efforts initially planned to occur over a 3-year period that involve annualized costs to the Federal Government.

OSHA obtained OMB approval to begin the Pilot Study in July 2022. Since then, the pre-test has been completed; 326 pilot workplace SHP assessments have been conducted during on-site consultation visits by Consultation programs nationwide, out of the total number of 350 planned assessments. The consultation visits with the SHP assessments have taken longer than initially estimated. Consequently, the Prospective Analysis and data analyses has not commenced.

**OSHA estimated annualized cost as follows in the June 2022 request for approval to OMB:** In FY 2022, from October to March, OSHA expended a total of \$69,708.00 for data collection preparation expenses. This included \$53,923 at an average hourly rate of \$115.39 (i.e., an estimated 467 hours) for two (2) Consultation Program Managers and a psychometrician; and \$15,785 at an average hourly rate of \$73.96 (i.e., an estimated 213 hours) for a graduate research assistant. OSHA estimated maintaining the same level of technical support throughout the Pilot Study, therefore, an additional \$69,708.00 was estimated for April to September 2022, resulting in a total estimate of \$139,416 for FY 2022. Going forward OSHA anticipated the same level of support annually from FY 2022-2025. Therefore, the annualized cost to the government was estimated at \$139,416 for total data collection costs to the government of \$416,248 over 3 years (i.e., June 2022 to June 2025).

However, the planned scope of work was not completed as previously scheduled and the actual additional cost incurred by OSHA as of September 2024 was \$54,417, making a total cost of \$124,125 (i.e., \$69,708 + \$54,417) from FY 2022 to 2024. Therefore, OSHA estimates an annualized cost of \$41,375, assuming the same level of work and technical support, to complete the Pilot Study.

Description	Estimated Annual Cost
October 2024 to September 2025	\$41,375
October 2025 to September 2026	\$41,375
October 2026 to September 2027	\$41,375
October 2027 to September 2028	\$41,375
October 2028 to December 2028 (First Quarter FY 2029)	\$10,344

**15. Explain the reasons for any program changes or adjustments.**

The agency is requesting a balance of 888 burden hours to complete the remaining tasks for the pilot study from 4,974 burden hours estimated to complete the entire pilot study.

**16. For collections of information whose results will be published, outline plans for tabulations, and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

**Project Schedule**

On June 21, 2022, OSHA received OMB approval for the “Pilot Study and Prospective Analysis of the Draft Revised Form 33 (DRF33) Safety and Health Program Assessment Worksheet,” (i.e., OMB #1218-0280, Expiration Date: 6/30/25). OSHA is requesting a 3 year extension to 6/30/28 to complete the studies.

Following OMB’s initial approval, OSHA commenced the Pilot Study of the DRF33 in July 2022. Since then, the pre-test has been completed; 326 Pilot Study workplace SHP assessments using the DRF33 have been conducted during on-site consultation visits by Consultation programs nationwide, out of the total number of 350 planned. However, the pilot consultation visits to workplaces with consultants from On-Site Consultation programs nationwide conducting comprehensive SHP assessments have taken longer than initially estimated. Consequently, the Prospective Analysis has not commenced, and the data analyses have not been accomplished.

Given the pace of completion of Pilot Study consultation visits, additional time is needed to complete the remaining 24 SHP assessments. These later visits would also require prospective injury and illness data collection 12 months from the visit date. Therefore, OSHA anticipates that the Prospective Analysis will continue beyond September 2025 (to accommodate these visits. Consequently, if it is necessary to conduct any Pilot Study follow-up SHP assessments to verify the effectiveness of any updates made to the DRF33 and ARG resulting from data analyses and other findings, such assessments would likely also occur beyond September 2025. Therefore, OSHA estimates the following timeline:

- Complete the remaining 24 SHP assessments by December 2024.
- Complete the Prospective Analysis by December 2025.
- Complete the data analyses by March 2026.
- Complete any follow-up SHP assessments by June 2026.
- Receive and incorporate OSHCON feedback for the revised Form 33 and ARG by September 2026.
- Incorporate any additional OSHA feedback to the revised Form 33 and ARG to finalize it and receive OSHA approval by December 2026.
- Finalize Pilot Study findings and report by March 2027.
- Receive the United States Department of Labor’s approval for implementation by June 2027.

An approval period spanning June 2028 will allow flexibility to readjust the timeline if necessary.

Despite this proposed schedule, OSHA intends to work vigorously to complete the Pilot Study as soon as possible, but prefers to maintain a cautious timeline to preclude repeated requests for extensions to OMB.

### **Publication in Peer-Reviewed Journal**

Upon finalizing the Pilot Study, a report of procedures, results, and findings may be submitted to a notable peer-reviewed journal in the field of occupational safety and health and/or a related field for publication to promote the high quality of no-cost consultative services available to small- and medium-sized businesses nationwide through On-Site Consultation programs, and advance efforts by OSHA to motivate workplaces to be proactive in implementing SHPs.

In accordance with 29 CFR 1908, the identities of employers that participate in the Pilot Study will remain private and will not become public information under any circumstances (see #10 above), therefore, the narrative, tables and other charts depicting data will use terms such as mid-size or small-size businesses and not the actual names of employers that used consultative services. Publication in a peer-reviewed journal may take place by the third quarter of FY 2028.

### **Pilot Consultation Visits and Prospective Analyses**

Consultants use the web-based DRF33 to collect information on comprehensive SHP assessments of workplaces that they conduct when employers request such services. DRF33 is transcribed into a web-based data entry tool (e.g., Qualtrics) into which consultants enter their evaluations (e.g., summary of findings based upon workplace SHP assessments, ratings for each of the 52 attributes, and recommendations to the employer).

The DRF33 is administered and scored by core element (i.e., a score is the summation of all ratings for all attributes within an element, or all elements combined). There are seven (7) core elements of the DRF33: Management Leadership; Worker Participation; Hazard Identification and Assessment; Hazard Prevention and Control; Education and Training; Program Evaluation and Improvement; and Communication and Coordination for Host Employers, Contractors and Staffing Agencies (i.e., the multi-employer element).

Attribute ratings (which range from 0 to 3) on each core element will be summed and each summed score will be transformed into a new score metric ranging from 0 to 100 as follows:

$$\text{New Core Element Score} = \frac{100 * \sum \text{Score}}{(3 * ICE)}$$

where ICE denotes the number of DRF33 items associated with a particular core element. Thus, the new core element score (i.e., subscale) would range from 0 to 100 regardless of the number of items that represent that core element. This type of rescaling facilitates the comparison of core element profiles across workplaces. In addition to calculating scores for the core elements, two total DRF33 scores will also be produced. First, an unweighted total score will be derived from the average of the core element scores excluding the multi-employer element due to its systematic missing values. Because each of these subscales have a possible range of 0-100, regardless of the number of attributes associated with any core element, the average of these subscale scores is an unweighted mean across the core elements and has an identical range. A second total score will also be produced. The average rating across each of the 48 attributes associated with the core elements other than the multi-employer element will be rescaled to range from 0-100. This will be accomplished using the following equation:

$$\text{Rescaled Weighted Average} = 100 * \left( \frac{\sum_{k=1}^{48} r_k}{144} \right)$$

Where  $r_k$  is the consultant rating (i.e., 0 to 3) for the kth attribute on the DRF33. Because the maximum summated score on these attributes is  $3*48 = 144$ , this formula first converts the total summated score into a proportion and then rescales this result to produce a 0-100 range. In this sense, the weighted total score will have the same range as any other DRF33 measure but will be weighted more by core elements with the largest number of attributes and weighted less by those with the fewest number.

It is important to emphasize that consultants must evaluate every workplace assessed in these studies with regard to all of the 48 DRF33 attributes which do not explicitly pertain to the multi-employer core element. Also, the four multi-employer attributes must be rated at every workplace that has other workers (e.g., temporary, seasonal and contractual workers) in addition to the host employer's workers. Previous research has illustrated that missing attribute data can severely alter the correlations among scores on the (current) Form 33 (OMB # 1218-0110) core elements with external criteria (Autenrieth et al., 2015). This should be avoided. Similarly, a larger sample would be required if the psychometric analyses outlined later in this proposal were based on DRF33 responses containing systematically missing data in which consultants rated only a subset of attributes on the DRF33. In this case, the proposed analyses would be conducted on only complete cases (for all but the multi-employer core element), and number of workplace consultation visits would need to increase to achieve a desired sample size of 300 completed assessments for the Pilot Study.

Although the total and subscale (i.e., core element) DRF33 scores serve as the primary measures in this investigation, measures regarding other workplace-level covariates will also be obtained. In particular, measures of the total recordable case rate (TRC) and days

away, restricted or transferred rate (DART) will be used. Retrospective estimates and prospective estimates of these covariates will be obtained. Retrospective estimates of TRC and DART will be based on the 12 months prior to the Pilot Study consultation visits, whereas prospective estimates will be acquired 12 months after the visits. The statistical analyses described in this document will be performed after the Pilot Study workplace consultation visits are completed and the DRF33 and retrospective covariate measures have been uploaded into the Qualtrics database. They will be repeated one year after the Pilot Study consultation visits, once prospective covariates are available from the 300 workplaces that were previously assessed.

All consultants' ratings and covariate data gathered at the workplace during a consultation visit is entered into a data entry tool built from the Qualtrics platform. The data entry tool prompts the respondent (consultant) to enter the data associated for each attribute. The tool offers real time accuracy checks and secure cloud-based data storage that can be retrieved from multiple sites immediately after input. Similarly, it is programmed to ensure that the respondent answers all applicable attributes. It operates with common digital devices (e.g., tablet, personal computer) with internet capability.

### Research Questions for the Pilot Study

#### 1. Reliability of DRF33 Scores from the On-Site Consultation Program

Reliability is an important feature of any measurement tool used in an evaluation situation. Moreover, there are several types of reliability that one might examine (Crocker & Algina, 1986; Nunnally & Berstein, 1994). This study proposes to address two widely recognized types of reliability estimation. The first is internal consistency estimation which gets at the cohesiveness of item responses underlying a given score. Ideally, the item responses should covary a substantial amount. The second type of reliability examined in this study is interrater reliability. When workplaces are evaluated by raters, an important assumption is that rater scores covary to a substantial degree. Interrater reliability estimation indexes the extent to which this occurs. These two types of reliability estimation underlie the following research questions:

- a) What is the internal consistency estimate of reliability for total scores based on the 48 attributes from the DRF33?
- b) What is the internal consistency estimate of reliability for core element (i.e., subscale) scores for each of the seven core elements?
- c) What is the interrater reliability estimate for total scores based on the 48 attributes from the DRF33?
- d) What is the interrater reliability estimate for core element (i.e., subscale) scores for each of the seven core elements?

#### 2. Validity of the DRF33 Scores from the On-site Consultation Program

The validity of scores from a measurement instrument is another primary feature that should be demonstrated prior to using those scores in an evaluation context (Crocker & Algina, 1986; Nunnally & Berstein, 1994). Several types of evidence can be assembled to demonstrate the validity of test scores. This study will examine three types.

First, we will acquire evidence on the construct validity for the DRF33. Construct validity is a common form of validity evidence for test scores where hypothesized relationships between test scores and other external variables or constructs are examined.

Second, we intend to examine the correlational structure of attribute ratings from the DRF33 to determine how many latent dimensions the instrument measures and what those dimensions might be. This is also a form of construct validity, although it is internal to the test scores themselves, and it will be studied with exploratory factor analysis.

Third, we will assess the criterion-related evidence for validity of DFR33 scores. Criterion-related validity examines the relationships between test scores and external performance criteria which are of fundamental interest to the researcher. These criteria may represent the performance status when the test was administered (concurrent validity) or later (predictive validity).

These different types of validity evidence form the basis of the following research questions:

- a) How do the DRF33 total and subscale scores differentiate among workplaces of various sizes and in alternative industries that are common across the 10 regions?
- b) How many latent factors underlie the DRF33 responses and what is a reasonable interpretation of these factors?
- c) How do DRF33 total and subscale (i.e., core element) scores relate to fundamental safety and health outcomes like total recordable case rate (TRC) and days away, restricted or transferred rate (DART)?

### ***Statistical Analyses.***

A series of univariate analysis of variance (ANOVA) models will be examined in which DRF33 core element scores and both total scores serve as a single dependent measure in nine successive analyses. The ANOVA will assess the statistical significance of mean differences on a given dependent measure when exploring the main effects of industry sector, workplace size, and region. This will answer questions such as “Are the differences between means across regions so large in the context of sampling error, that they suggest that nonzero mean differences actually exist in the population?” Similar questions pertaining to sector and workplace size will be answered. The two-way interactions for sector x workplace size, sector x region, and workplace size x region will be examined in a similar fashion, as will the three-way interaction involving sector x workplace size x region. The familywise Type I error rate associated with the test of

each of these seven effects in the ANOVA model will be set to the traditional value of 0.05. When the omnibus test of any effect suggests that population group mean differences exist, then appropriate post hoc tests (e.g., Tukey's Honestly Significant Difference (1949), Scheffe F-test (1959)) will be conducted as a follow-up testing procedure. The sample size for these ANOVA models will be limited to N=300. In other words, the second DRF33 rating performed in 50 of the 300 sampled workplaces will not be used in these analyses (as they would violate the independence of scores assumption).

In addition to the univariate ANOVA models described above, a multivariate ANOVA (MANOVA) model will be performed using scores from each DRF33 core element (other than the multi-employer element) as multiple dependent variables. (Only complete cases are allowed in a MANOVA and the multi-employer element cannot be evaluated for all workplaces.) This analysis will offer additional information about the group mean differences for each of the seven effects (i.e., main effects and interactions). In particular, this analysis will explore which dimension(s) in the space of the dependent variables will differentiate groups the most. For example, linear combinations involving particular core elements may differentiate industry sectors most, whereas linear combinations of other core elements might distinguish workplaces of various sizes most. The univariate and multivariate ANOVA models described in this section correspond to Research Question 2a and will provide evidence to support the construct validity of the DRF33.

### Psychometric Analyses

Reliability Analyses. Two types of reliability analysis will be performed. The first is an analysis of the internal consistency of attribute ratings for a given core element. This will be performed using Cronbach's (1951) alpha coefficient. Cronbach's alpha will be calculated separately for the attributes of each core element and, thus, will yield estimates of reliability for each set of core element scores (i.e., subscales). If subsequent (factor) analysis suggest that some attributes are better aligned with other core elements, then those attributes will be reassigned accordingly, and the analysis of internal consistency will be repeated using the new attribute subsets. For each of these two applications of Cronbach's alpha, attributes that contribute little to the internal consistency of the scale, or even decrease it, will be identified as possible candidates for elimination from the DRF33. These internal consistency analyses correspond to Research Questions 1a and 1b and will provide one source of evidence about the reliability of DRF33 scores.

The second type of reliability information that will be evaluated is interrater reliability. Fifty of the 300 workplaces sampled in this study will be visited by two consultants who both fill out the DRF33 independently based on the information available at the worksite. These 50 pairs of DRF33 scores will be evaluated with respect to both the consistency and the agreement of scores from each pair of consultants. This assessment will be done separately for each core element as well as the two total scores. Investigation of interrater reliability between the 50 pairs of data points will be conducted using intraclass correlation coefficients (Fleiss, 1981; Shrout & Fleiss, 1979) and will be supplemented

with Pearson and Spearman correlation coefficients. These interrater reliability analyses address Research Questions 1c and 1d.

### Validity Analyses

Additional evidence supporting the validity of the DRF33 will be obtained from two primary methodological strategies. The first is through factor analysis techniques. Factor analysis attempts to explain the common variance among a set of variables by postulating a set of underlying constructs (factors). In the current context, these constructs are presumably responsible for the attribute ratings on the DRF33, and thus, they can theoretically account for correlations among pairs of attribute ratings. Factor analysis will be used to identify the number and nature of the underlying constructs required to explain the correlation among those ratings. Because standard Pearson correlations between discrete (rather than continuous) responses may underestimate true linear relationships and result in spurious factors, polychoric correlations among pairs of attribute ratings will be used in all factor analyses conducted in this study (Gorsuch, 1983; Lee, Poon & Bentler, 1995). Polychoric correlations, are in essence, estimates of Pearson correlations that would have emerged if the observed discrete responses resulted from categorizing the domain of a normal distribution into successive, discrete intervals (i.e, graded categories like 0, 1, 2, and 3).

Three-factor analysis models will be fit for the DRF33 responses. The first will be a traditional exploratory factor analysis (EFA) model in which each of the attributes is allowed to correlate with each latent factor estimated in the model. Specifically, if we presume that each latent factor represents a particular core element (e.g., management leadership, hazard identification and assessment, etc.) then each attribute will be allowed to correlate with each underlying core element. Ideally, a particular attribute would correlate only with the core element that it was designed to measure, but that is an empirical question which the analysis will address. EFA, by definition, produces orthogonal (i.e. linearly independent) factors. However, there is no reason to believe that the constructs underlying each core element are uncorrelated. For that reason, EFA results will be rotated to allow for correlations among core elements. This will be accomplished using a Promax rotation (Hendrickson & White, 1964).

In addition to the EFA, two other confirmatory factor analysis models will be estimated. The first of these will be a simple structure model (Joreskog, 1966) in which only those attributes designed to measure a given core element will be allowed to correlate with the underlying factor associated with that core element. However, the underlying factors will be allowed to correlate with each other. The final factor analysis model to be explored, referred to as a bifactor model (Gibbons & Hedeker, 1992), will allow each DRF33 attribute to correlate with a general factor that could be interpreted a general safety and health program quality factor. In addition to this correlation with the general factor, each attribute will be allowed to correlate with a second factor that represents that part of the underlying core element unique from the general factor. Any correlations among attributes from different core elements are assumed to result from the general factor.

The fit of each of these aforementioned factor analysis models will be assessed using a variety of indices along with manual inspection of residuals. The first fit index that will be calculated is the root mean square error of approximation (RMSEA; Steiger & Lind, 1980). This index provides both a relative and absolute index of model fit. Lower values of the RMSEA are preferred. RMSEA values less than .08 are deemed reasonable whereas those less than .06 are interpreted as good (Hu & Bentler, 1998). Two information criteria will also be employed to explore relative model fit. These are Akaike's (1973) information criterion (AIC) and the Bayesian information criterion (BIC; Schwarz, 1978). Both indices evaluate misfit of the model with larger values reflecting more misfit. Additionally, both indices incorporate a penalty for more complicated models. Models with greater numbers of estimated parameters are penalized more than those with fewer estimated parameters. The difference in the two criteria is that this penalty for the number of estimated parameters is more severe for the BIC than the AIC. In this sense, the BIC weights parsimony more than the AIC when used to evaluate alternative models.

The three aforementioned factor analysis models will be estimated repeatedly using alternative sets of data. First, the data for the 48 attributes that represent core elements other than the multi-employer element will be examined. These data will be available (without missing values) for all 300 workplaces participating in the Pilot Study. Second, the factor analyses described above will be performed again using all 52 DRF33 attributes for only the workplaces with other types of workers (e.g., temporary, contractual, and seasonal workers) in addition to the host employer's workers. Third, the three-factor analyses will be repeated again, but this time using a full correlation matrix built from pairwise correlations that only require complete data for elements in the pair of attributes involved in the correlation (rather than all of the attributes). This will enable us to examine all attributes and all workplaces simultaneously, albeit with a non-Gramian correlation matrix.

Each factor analysis model above will help better understand the correlational structure of attribute ratings on the DRF33. Moreover, when taken together, they will provide substantial information about the internal (construct) validity of the DRF33 as specified in Research Question 2b.

Evidence for the validity of DRF33 core element scores and total scores will also be developed from correlations between these scores and external outcome covariates which should logically covary with the quality of a safety and health program. Specifically, each DRF33 score will be correlated with both the retrospective and prospective measures of TRC and DART using both Pearson and Spearman (rank order) correlation indices. Additionally, each of these covariates will serve as a dependent measure in a multiple regression model in which all DRF33 core element scores (other than the multi-employer element) serve as predictors. This will reveal the unique contribution of each DRF33 core element score to the prediction of the respective covariates instead of simply the total contribution assessed using simple correlations. The statistically significant predictors in this model will be identified and the proportion of variance in the dependent

variable will be quantified. A multivariate multiple regression (Finn, 1974) will also be performed to determine if there is a dominant dimension underlying the two covariates that can be explained in a statistically significant fashion by any of the core element scores. The univariate and multivariate multiple regressions correspond to Research Question 2c and provide evidence pertaining to criterion-related validity.

Data Analysis Software

The analyses described above will be accomplished primarily with two types of software. The factor analysis models and model comparisons based on polychoric correlations of attribute ratings will be performed with the EQS 6.3 computer program. The SAS system will perform other correlation analyses, regression analyses, and ANOVAs.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

OSHA is not seeking approval to not display the expiration date for OMB approval of the information collection request.

**18. Explain each exception to the certification statement.**

OSHA is not seeking an exception to the certification statement.

**Appendix A: 2022 Estimated Respondent for State Consultation Programs, Hour and Cost Burden for the Pilot Study (OMB #1218-0280; Expiration Date: June 30, 2024)**

Activity	Type of Respondent <sup>13</sup>	No. of Respondents <sup>14</sup>	No. of Responses per Respondent	Total No. of Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
<b>A. Safety and Health Program (SHP) Assessment Worksheet (1908.6(e)(3))</b>								
<b>Pilot Study Pre-Test</b>	Consultants	20	1	20	5	100	\$52.83	\$5,283
<b>Pilot Study</b>	Consultants		1.75	350 <sup>15</sup>	5	1,750	\$52.83	\$92,453

<sup>13</sup> The Agency categorizes respondents reflected in Table 1 as “State, Local and Tribal Governments” (i.e., consultants that will complete the DRF33 using information collected from employers’ workplaces).

<sup>14</sup> OSHA will engage 200 consultants to participate in the studies; consultants participating in the studies will be selected from a pool of trained consultants.

<sup>15</sup> Although a total of 300 workplaces will be visited for the Pilot Study, 50 of those workplaces will involve two (2) consultants conducting SHP assessments for the inter-rater reliability evaluation resulting in 350 SHP assessments for the 300 workplaces that will be visited.

Activity	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
		200						
<b>Pilot Study Follow-up</b>	Consultants	20	1.5	30	5	150	\$52.83	\$7,925
<b>Sub-Total A.</b>		<b>200</b>		<b>400</b>		<b>2,000</b>	<b>\$52.83</b>	<b>\$105,660</b>
<b>B. Prepare list of hazards (1908.6(e)(8))</b>								
<b>Pilot Study Pre-Test</b>	Consultants	20	1	20	5/60	1.6	\$52.83	\$85
<b>Pilot Study</b>	Consultants	200	1.75	350	5/60	28	\$52.83	\$1,479
<b>Pilot Study Follow-Up</b>	Consultants	20	1.5	30	5/60	2.4	\$52.83	\$127
<b>Sub-Total B.</b>		<b>200</b>		<b>400</b>		<b>32</b>	<b>\$52.83</b>	<b>\$1,691</b>
<b>C. Referral to enforcement for all studies or analyses that will be conducted (1908.6(f)(1)&amp;(4))</b>	Consultation Program Managers (CPM)	3	1	3	30/60	1.5	\$75.55	\$113
<b>D. Prepare the Written Report to the Employer describing all serious hazards for all activities or workplace SHP assessments listed in B above (1908.6(g)(1))</b>								
<b>Pilot Study Pre-Test</b>	Consultants	20	1	20	7.5	150	\$52.83	\$7,925
<b>Pilot Study</b>	Consultants	200	1.5	300 <sup>16</sup>	7.5	2,250	\$52.83	\$118,868
<b>Pilot Study Follow-up</b>	Consultants	20	1.5	30	7.5	225	\$52.83	\$11,887
<b>Sub-Total D.</b>		<b>200</b>		<b>350</b>	<b>7.5</b>	<b>2,625</b>	<b>\$52.83</b>	<b>\$138,679</b>
<b>E. Inform OSHA or State Plan</b>	CPM	18	1	18	6/60	1.8	\$75.55	\$136

<sup>16</sup> A total of 300 workplaces will be visited for the Pilot Study resulting in a total of 300 Written Reports to the Employer (although 50 of those workplaces will involve two (2) consultants conducting SHP assessments for the inter-rater reliability evaluation, resulting in 350 SHP assessments for the 300 workplaces that will be visited). The inter-rater reliability study will not be performed for the pre-test and follow-up.

Activity	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
Compliance there is a Consultation “Visit in Progress <sup>17</sup> ” (1908.7(b)(1))								
<b>TOTAL</b>		200		1,171		4,660		\$246,279

**Appendix B: 2022 Estimated Respondent (State Consultation Programs) Hour and Cost Burden for the Prospective Analysis (OMB #1218-0280; Expiration Date: June 30, 2024)**

Activity	Type of Respondent <sup>18</sup>	No. of Respondents <sup>19</sup>	No. of Responses per Respondent	Total No. of Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
<b>A. Safety and Health Program Assessment Worksheet (1908.6(e)(3))</b>								
	Consultant	200	1.5	300	30/60	150	\$52.83	

<sup>17</sup> OSHA estimates that only 5% of the total 350 workplaces that will be visited will receive compliance inspections.

<sup>18</sup> The Agency categorizes respondents reflected in Table 1 as “State, Local and Tribal Governments” (i.e., consultants that will complete the DRF33 using information collected from employers’ workplaces).

<sup>19</sup> OSHA will engage a minimum of 200 consultants to participate in the studies; consultants participating in the studies will be selected from a pool of trained consultants.

Activity	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Burden Cost
	s							7,925

**Appendix C: 2022 Summary of Estimated Respondent (Employer) Hour and Cost Burden**  
 (OMB #1218-0280; Expiration Date: June 30, 2024)

Activity	Type of Respondent <sup>20</sup>	No. of Respondents	Responses per Respondent	Total No. of Responses	Avg. Burden per Response (in hours)	Total Burden Hours (Rounded)	Avg. Hourly Wage Rate	Total Burden Cost (Rounded)
A. Hazard posting and abatement notification to Consultation Program (1908.6(e)(8) and 1908.6(f)(5))	Employer/ Plant Manager	350	1	350	15/60	87.5	\$87.86	\$7,688
B. Inform OSHA Compliance Officer there is a Consultation "Visit in Progress" (1908.7(b)(1))	Employer/ Plant Manager	18	1	18	6/60	1.8	\$87.86	\$158
C. Injury and Illness Data for Prospective Analysis	Employer/ Plant Manager	300	1	300	15/60	75	\$87.86	\$6,590
<b>TOTAL</b>		<b>350</b>		<b>668</b>		<b>164</b>	<b>\$87.86</b>	<b>\$14,409</b>

**Appendix D: 2022 Combined Costs and Burden Hours for States and Employers** (OMB #1218-0280; Expiration Date: June 30, 2024)

<sup>20</sup>The Agency categorizes respondents reflected in Table 2 as "Private Sector – businesses or other for-profits."

<b>Table</b>	<b>Number of Respondents</b>	<b>Total No. of Responses</b>	<b>Total Burden Hours (Rounded)</b>	<b>Total Burden Cost (Under A13)</b>
Table 1a: Estimated Respondent (State Consultation Programs) Hour and Cost Burden for Pilot Study	200	1,171	4,660	\$0
Table 1b: Estimated Respondent (State Consultation Programs) Hour and Cost Burden for the Prospective Analysis	200	300	150	\$0
Table 2: Summary of Estimated Respondent (Employer) Hour and Cost Burden	350	668	164	\$0
<b>Totals</b>	<b>550*<sup>21</sup></b>	<b>2,139*</b>	<b>4,974*</b>	<b>\$0</b>

**Appendix E: 10 Regions of the DRF33 Pilot Study**

**Region 1:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

**Region 2:** New Jersey, New York, Puerto Rico, Virgin Islands (U.S.)

**Region 3:** District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia

**Region 4:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

**Region 5:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

**Region 6:** Arkansas, Louisiana, New Mexico, Oklahoma, Texas

<sup>21</sup> This total represents the universe of 200 consultants plus the universe of 350 employers, resulting in a total of 550 respondents.

Pilot Study and Prospective Analysis of the Draft Revised form 33, Safety and Health Program Assessment Worksheet

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**Region 7:** Iowa, Kansas, Missouri, Nebraska

**Region 8:** Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

**Region 9:** Arizona, California, Guam, Hawaii, Nevada, Northern Mariana Islands (MP)

**Region 10:** Alaska, Idaho, Oregon, Washington