

**AMENDMENT TO AN EXHIBIT  
TO A FISH AND WILDLIFE SERVICE MANUAL CHAPTER**

<b>Series:</b> Occupational Safety and Health
<b>Part 240:</b> Safety Program
<b>Chapter 6:</b> Employee Reports of Unsafe or Unhealthful Working Conditions, published on February 24, 2012
<b>Exhibit:</b> Exhibit 1, Occupational Safety and Health Protection for Employees of the Fish and Wildlife Service – Poster, published on February 24, 2012
<b>Amendment Number:</b> 1
<b>Purpose:</b> Exhibit 1 to Service Manual chapter 240 FW 6 is an Occupational Safety and Health Administration (OSHA)-required safety and health poster that Project Leaders and supervisors must post in their duty stations per 240 FW 6.
The exhibit was published on February 24, 2012, when 240 FW 6 was last revised.
Since that time, the website address (URL) of the Safety Management Information System website has changed, necessitating a revision to the website address provided on the poster; and the Joint Administrative Operations (JAO) program came into existence, necessitating a change to the position title of the Assistant Director who serves as the Designated Agency Safety and Health Official for the Service.
In addition, the position title of “JAO Safety Professional” now exists and needs to be referenced on the poster as a contact along with Collateral Duty Safety Officers.
We would also like to make minor formatting and punctuation edits within the exhibit.
The attached redline version shows the proposed revisions to Exhibit 1 to Service Manual chapter 240 FW 6, and they are also described below.

**Action:**

This amendment will approve the following edits to Exhibit 1, “Occupational Safety and Health Protection for Employees of the Fish and Wildlife Service – Poster,” to Service Manual chapter 240 FW 6:

- 1) Header: Add “U.S.” to read: “Occupational Safety and Health Protection for Employees of the **U.S.** Fish and Wildlife Service.”
- 2) Responsibilities; item 2, Regulations:  
Add the acronym “(OSHA)” after “Occupational Safety and Health Administration” since “OSHA” is used again in the document.
- 3) Responsibilities; item 8, Reporting Accidents, Injuries and Occupational Illnesses:

- a. Add a comma after "Injuries" in the header, for compliance with the U.S. Government Publishing Office (GPO) Style Manual, which requires the use of the Oxford comma (also called the serial comma) before the "and," "or," or "nor" in a list of three or more items; to read:  
"8. Reporting Accidents, Injuries, and Occupational Illnesses;"

- b. Edit the text of item 8 as follows:

Supervisors must ~~submit a supervisor's~~ **ensure** reports of accidental injury/illness for all work-related accidents, injuries, or occupational illnesses experienced by employees under their supervision ~~are completed. They submit the report~~  
**Reports are to be submitted** online at [www.smis.doi.net.gov](http://www.smis.doi.net.gov) (240 FW 7).

- 4) Rights of Employees and Their Representatives; item 2, Access to Records and Documents: Add a comma after "injury," per the GPO Style Manual, to read:  
"...and the Service's accident, injury, and illness statistics."
  - 5) Responsible Officials section: Edit the text to remove the outdated reference to the Assistant Director of the "Business Management and Operations" program, which no longer exists; replace it with the current title of Assistant Director of "Management and Administration;" and note that the position is within Joint Administrative Operations, to read:  
"The Designated Agency Safety and Health Official (DASHO) for the Service is the Assistant Director – ~~Business Management and Operations~~ **Management and Administration** (within Joint Administrative Operations (JAO))."
  - 6) Responsible Officials section: Rearrange the Collateral Duty Safety Officer section to include lines for their name, telephone, and location; and add the same for the position of "JAO Safety Professional," to read:

The Collateral Duty Safety Officer  
for this workplace is:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

~~and may be contacted at~~  
~~(Telephone and location)~~

The JAO Safety Professional for  
this workplace is:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

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DIRECTOR