**UNITED STATES POSTAL SERVICE** ®

# Certificate of OSHA, Safety, and Environmental Records Transfer

OSHA requires each Establishment Head to maintain records and produce said records when requested by an OSHA representative. The purpose of this Certificate is to ensure these lawful required records are transferred when there is a change in Establishment/Installation Heads at a Post Office and/or Station/Branch.

**Questions regarding this transfer certificate must be directed to your local servicing safety office. DO NOT contact Finance.**

*Prepare two (2) copies of this Certificate. Maintain one (1) copy with the Transfer of Accountability Package and send one (1) copy to the local servicing safety office.*

| Location of Transfer | Date of Transfer *(MM/DD/YYYY)* | Finance No. |
|---|---|---|
| | | |

The following records must be successfully transferred:

*(Check One)*

| | Yes | No |
|---|---|---|
| Current Year OSHA 300 Log, 300A, and Corresponding Accident Reports (PS Forms 1769/OSHA 301) | ☐ | ☐ |
| Prior 5 Years of OSHA 200/300 Logs and Corresponding Accident Reports (PS Forms 1769) | ☐ | ☐ |

The OSHA required written programs and records, where applicable, must be successfully transferred along with corresponding employee training and awareness records for each program:

*(Check One)*

| | Yes | No | N/A |
|---|---|---|---|
| Hazard Communication Program | ☐ | ☐ | ☐ |
| Bloodborne Pathogen Exposure Control Plan | ☐ | ☐ | ☐ |
| Emergency Action Plan | ☐ | ☐ | ☐ |
| Lockout/Tagout Program | ☐ | ☐ | ☐ |
| Personal Protective Equipment Program | ☐ | ☐ | ☐ |
| Hearing Conservation Program | ☐ | ☐ | ☐ |
| Respiratory Protection Program | ☐ | ☐ | ☐ |
| Confined Space Program | ☐ | ☐ | ☐ |
| Asbestos O&M Plans | ☐ | ☐ | ☐ |
| Lead Safety Program | ☐ | ☐ | ☐ |
| Powered Industrial Truck Program | ☐ | ☐ | ☐ |
| Installation Crisis Management Plan | ☐ | ☐ | ☐ |
| Installation COOP | ☐ | ☐ | ☐ |

The following environmental records, where applicable, must be successfully transferred:

*(Check One)*

| | Yes | No | N/A |
|---|---|---|---|
| Building Asbestos Survey | ☐ | ☐ | ☐ |
| Building Lead & Water Surveys | ☐ | ☐ | ☐ |

The following records must be successfully transferred:

*(Check One)*

| | Yes | No |
|---|---|---|
| Employee Notification on Access to Medical Records | ☐ | ☐ |
| Employee Notification on How to Report Injury/Illness | ☐ | ☐ |
| Potassium Iodide Records | ☐ | ☐ |

**Both parties agree that the above records have been made available and are part of this transfer.**

| Outgoing Installation Head Name *(First, MI, Last)* | Incoming Installation Head Name *(First, MI, Last)* |
|---|---|
| | |
| Outgoing Installation Head Signature | Incoming Installation Head Signature |

PS Form **8214**, January 2003