



# OSHA INSTRUCTION

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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**DIRECTIVE NUMBER:** OFF 1-6.2

**EFFECTIVE DATE:** January 22, 1999

**SUBJECT:** OSHA Credential Cards Program

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## ABSTRACT

**Purpose:** This instruction establishes revised policy and procedures for issuing, updating, and controlling OSHA Credential Cards.

**Scope:** OSHA-wide

**References:** None

**Cancellations:** OFF 1-6.1: Credential Card System for OSHA, Dated October 30, 1978.

**State Impact:** None

**Action Offices:** National, Regional, and Area Offices

**Originating Office:** Office of Administrative Services (OAS)

**Contact:** Office of Administrative Services (202) 219-4641  
N-3101  
200 Constitution Avenue, NW  
Washington, D.C. 20210

By and Under the Authority of  
David C. Zeigler  
Director, Administrative Programs

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- I. Purpose. This instruction provides revised policy and procedures governing the OSHA credential cards program.
- II. Scope. This instruction applies OSHA-wide.
- III. Cancellations: OSHA Instruction OFF 1-6.1: Credential Card System for OSHA, dated October 30, 1978, is canceled.
- IV. Action Information.
  - A. Responsible Office. Regional Offices and National Office Directors are responsible for issuing new credential cards and updating or destroying old credential cards. Supervisors are responsible for collecting and returning credential cards of former employees or obsolete credential cards to the Regional Office or National Office Directors (see Paragraph X.B).
  - B. Action Office. National, Regional, and Area Offices.
  - C. Information Office. None.
- V. Authority. Section 8(a) of the OSH Act and OSHA Standard 1903.7 provide that, in carrying out inspections and investigations under the Act, OSHA officials shall present appropriate credentials at the beginning of such activities.
- VI. Objectives. OSHA established a program for issuing appropriate credentials to its employees who engaged in inspections and investigations beginning in 1972. This program has since been updated from time to time to assure proper accountability and efficiency of operations. This instruction provides revised policies and procedures to assure that official credentials are provided to authorized employees and that such credentials are appropriately controlled and accounted for, updated as needed, returned to the agency by reassigned or separated employees, and otherwise effectively managed.
- VII. Actions Required. OSHA Regional Administrators, Area Directors, and National Office Directors will ensure that the procedures set forth in this instruction are followed. These instructions are targeted primarily to field offices. National Office applicants for credential cards should report to the Office of Administrative Services (OAS) for specific instructions applicable to the National Office.
- VIII. Significant Changes.
  - A. Issuance of credential cards has been changed from a decentralized Regional Office manually applied photograph system to a centralized National Office electronic imaging system.

- B. A new type of identification card, the site badge, has been introduced.
- C. A new form, OSHA Form 198 *OSHA Credential Request*, has been created to capture the information needed for the credential cards program.

IX. Procedures.

A. Authorizing Official's Signature. Signatures of the current two officials in each Regional Office who are authorized to request credentials are kept on file at OAS. These will be used to verify the signature of the authorizing official on OSHA Form 198. If either authorizing official changes, the Regional Management Officer must send OAS a 3"x 5" index card with the signature, typed name, and title of the new official. The signature card must be filled out as described under Applicant Signature (see Paragraph IX.B.2).

B. Materials Required for Processing Credential Cards.

1. OSHA Form 198 - OSHA Credential Request Form. Complete Form 198 for each individual applicant following procedural steps found on form. See Appendix A: Form 198. Additional explanation of selected fields on Form 198 follows.

a. Field 8: Reason for Request. If New, attach signature and photograph. If Lost, Drop, Position Change, or Transfer, submit Form 198 only.

b. Field 8a: If New or Change in Position. See Paragraph X.E. and Definitions in Paragraph XII. It is very important that the appropriate type of credential is issued to each official.

*CSHO:* Check this box if the applicant utilizes a CSHO I.D. number and is authorized to enter establishments to make inspections and carry out the provisions of the Occupational Safety and Health Act of 1970.

*Investigator:* Check this box if the applicant is an employee rights or 11~~9~~ investigator. CSHO's who also conduct 11~~9~~ investigations should be issued a CSHO credential.

*OSHA Official:* Check this box if the applicant is neither a CSHO nor an Investigator, but is charged with implementing other provisions of the Occupational Safety and Health Act, as determined by the Assistant Secretary or the Regional Administrator.

*Site Badge Only:* Site badges will automatically be issued with each type of credential. If a site badge only is desired, then check this box and submit form with signature and photograph. A title will appear on the site badge only if the individual is an Investigator, CSHO, or OSHA Official. The site badge may be issued to student interns, trainees, or administrative/management staff, and can be used as the identification card for access to federal buildings.

c. Field 8b: If Transfer. See Paragraph X.D.

d. Field 9: Type of Portrait. See Paragraph IX.B.3.

e. Field 12: Authorizing Official's Signature. See Paragraph IX.A.

2. Applicant Signature. On a blank, unlined, white 3"x 5" index card, the applicant should sign his/her name with a black medium-point felt-tip pen. Type or print the applicant's name on the reverse side of the card. Since the signature must be electronically scanned before being reproduced on the credential, the signature size should be large, approximately 1" x 4".

3. Applicant Photograph. Photographs may be processed in any of the three (3) formats described below. Use of a digital still camera is the preferred method as it speeds processing and results in the best quality images. The backdrop behind the subject should be a solid color, preferably deep blue, grey, deep green, or white. Ask the subject to smile naturally. Check the lighting to achieve the proper exposure. Sizing the image is very important, so be sure to capture the face, upper part of the bust line, and a small amount of background above the subject's head (i.e., do not cut off the top of the person's head).

a. Digital Still Camera Method (preferred). The operator should be experienced using the camera and the software that sends the image via disk (preferred method) or E-mail. Ensure that flash is set for proper exposure. Images must be saved in JPEG (preferred), BMP, or PCX format by the person's name.

b. Video (Camcorder/8mm) Method. Place a blank tape in the camcorder. The subject should hold a sign, large enough to be readable on the tape, with subject's name and record a few seconds to enable OAS to identify the image. Record the image as you slowly zoom in and out on the applicant's face and bust line so that OAS may select an appropriately sized frame from the tape. At least one portion of the zoom sequence must be in focus and show the face and bust line. Proper lighting must be used

so that dark circles or lines do not appear in the selected frame. Multiple applicants may be placed on one tape, each holding an identifying sign at the start of their image sequence. The use of hardware and software which capture images from video is encouraged (see Paragraph IX.B.3.a. for transmission and software specifications). Once OAS copies the images received, the videotape will be returned to the sending Regional Office.

c. Photo Print Method. Instant passport-type photographs should be used only if you do not have access to digital camera or camcorder, as the resulting scanned image will be the poorest quality of the three methods.

C. Mailing Completed Materials to OAS.

1. Mailing Address. Send completed materials via overnight mail service to:

Office of Administrative Services  
Credentials Technical Operations Specialist - Room N3101  
200 Constitution Avenue, NW  
Washington, DC 20210

2. Package Inclusions. Application packets for new credential cards must include the following:

a. Completed Form 198 for each applicant.

b. Signature card for each applicant.

c. Applicant Photograph in one of the following formats:

(1) Digital photograph - If using the OAS-preferred digital photograph format, applicant's photograph may be sent on a disk with the application packet, or forwarded to the E-mail address (provided to the Regional Office) attached to a message that Form 198 and Signature Card will arrive under separate cover. (If Form 198 and Signature Card will arrive at OAS prior to E-mail of the photograph, then include a note with the application packet that E-mail of the photograph is on its way.) OAS will wait for the balance of the package to come before processing.

(2) Videotape image or passport-type photograph.

X. Policies.

A. Errors. Upon receiving a new credential card, employees should carefully review

them for errors. Immediately report any errors to the Credentials Technical Operations Specialist at 202-219-4641 or at the E-mail address provided to the Regional Office. If a processing error was made, you will receive a corrected card from OAS and your incorrect card must be returned to the Regional Office or National Office Director to be destroyed. If the error was on Form 198, the photograph, or signature card, you will be asked to resubmit that item.

- B. Collecting Old Credential Cards. When a new card is issued or when a card is canceled, it is the responsibility of each Supervisor to ensure that all old cards are returned to the Regional Office or the National Office Director to be destroyed. The Regional Office or National Office Director will notify OAS to cancel the card by completing a Form 198. No cards may be given to employees as mementos or retirement gifts. It is essential that all old cards are taken out of circulation.
- C. New Hires. Requests for new hire credential cards may be submitted at any time. New credentials and cases will be sent via overnight mail service, in most cases, the next business day after receipt of a package. Site badges may require a longer processing time period because the system uses a batching process to reduce costs.
- D. Transfers. Employees transferred from one Region/Office to another at the same position will keep their credential cards. The losing Region/Office will notify OAS by submitting a Form 198 which documents their office's loss of a credential card holder and identifies the receiving Region/Office. The transferred employee takes his/her credential cards with him/her to the new posting.
- E. Position Changes/Name Changes. Regions/Offices must process credential card updates by filling out Form 198 for employees whose position change would result in a different title appearing on the credential card or who have had a name change. Old credential cards must be destroyed (see Paragraph X.B).
- F. Lost/Stolen Credential Cards. Lost or stolen credentials will be replaced immediately upon receipt of a Form 198. Site badges may take longer. It is not necessary to submit new signature cards or photographs. Lost or stolen credentials should be reported immediately to the regional Federal Protective Service and the Director, Office of Administrative Services.
- G. Renewals. Credential card holders will be notified by OAS when their cards are five years old and will be given the option of receiving a new card at that time. If for some reason the employee's card becomes worn or outdated (i.e., employee's physical appearance has significantly changed) before the five-year period, a renewal may be requested. New cases will be provided for renewals.



- H. Dossiers. Updated dossiers will be provided to each Regional Office and National Office annually for review, or more frequently upon request.
- XI. Technical Assistance. Questions on the procedures for credential card issuance or updates should be directed to the Credentials Technical Operations Specialist at telephone number: 202-219-4641 or E-mail to address provided to the Regional Office contacts.
- XII. Definitions. Definitions pertinent to this Directive are the following:

**“Compliance Safety and Health Officer”** means that the individual is a duly authorized representative of the U.S. Secretary of Labor entrusted with the responsibility of carrying out inspections and investigations under Section 8 and certain other provisions of the Occupational Safety and Health Act of 1970. The central purposes of this official’s visits are to assure compliance and to assist employers and employees in finding and reducing or eliminating hazards in the workplace that threaten safety and health.

**“Credential”** refers to the card that is issued to either Compliance Safety and Health Officers, OSHA Officials, or Investigators. The credential has the employee’s photograph, name, title, and legal text that authorizes “right-of-entry” to private facilities.

**“Dossier”** is a file that includes the photograph, name, region, and credential card number for each employee in a Region/Office that has been issued a credential card. It is produced by OAS from the credential card system.

**“Investigator”** means that the individual is a duly authorized representative of the U.S. Secretary of Labor entrusted with the responsibility of carrying out investigations under Section 11 ~~§~~ and certain other provisions of the Occupational Safety and Health Act of 1970, and other employee protection statutes within the jurisdiction of the U.S. Department of Labor. The central purposes of the investigations are to determine whether Section 11 ~~§~~ and other employee protection statutes have been violated and to assist employers and employees in complying with provisions of these statutes.

**“OAS”** is the acronym for Office of Administrative Services, Directorate of Administrative Programs, in the National Office of OSHA.

**“OSHA Official”** means that the individual has occasion to enter private facilities with or without a Compliance Officer and is a duly authorized representative of the U.S. Secretary of Labor entrusted with the responsibility of carrying out provisions of the Occupational Safety and Health Act of 1970.

**“Site Badge”** refers to a non-mandatory identification card. This badge has the employee’s photograph and name (and title if the employee has been issued a mandatory

credential card) and, typically, will be worn at the employee's discretion during inspections or at accident scenes to identify OSHA officials to site staff. It is not a "right-of-entry" card.

APPENDIX A

OSHA Form 198, OSHA Credential Request

<p><b>OSHA Credential Request</b></p> <p>Instructions: Please read all instructions before filling out this form. <u>All fields must be completed</u> in order to process the request.</p>	<p style="text-align: center;">U.S. Department of Labor Occupational Safety and Health Administration</p> <div style="text-align: right;"> </div> <p style="text-align: center;"><b>Please Print Clearly</b></p>																																																								
<p style="text-align: center;"><b>Procedural Steps</b></p> <p>① Provide the Applicant's Information under the Applicant Area on the Request Form.</p> <ul style="list-style-type: none"> <li>▪ Complete field 7a. by listing the duty station or in the case of the National Office, the directorate of the applicant.</li> </ul> <p>② For field 8, "Drop" should be used when an official's name is to be removed from the list of valid credential holders (e.g., resignations, retired officials).</p> <p>③ Obtain Applicant's Portrait based on the type selected in field 9.</p> <p>④ Provide the Authorizing Official's Information under the Authorizing Official Area on the Request Form.</p> <ul style="list-style-type: none"> <li>▪ In order to process this form, the Authorizing Official must have a current signature card on file with the Office of Administrative Services.</li> </ul> <p>⑤ Under the Mailing Information Area of the Request Form, provide the mailing address of the party who is to receive the credential.</p> <p>⑥ Obtain Applicant's Signature on a 3" x 5" index card or via a scanned image. <u>Please use a black felt-tip pen (preferably - a medium point tip) for scanning purposes</u></p> <ul style="list-style-type: none"> <li>▪ Print name on the back of the card.</li> <li>▪ Attach the card to this form</li> <li>▪ Label or identify <u>all scanned images</u> Identify any electronic files or magnetic medium.</li> </ul> <p>⑦ Mail completed form, along with Applicant's Portrait and Signature Card, to address listed in field 19.</p> <p>⑧ New credentials will not be reissued for transfers or other such database changes.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Applicant</th> </tr> <tr> <td style="width: 50%;">1. Credential Number <i>(If New Request, Leave Blank)</i></td> <td style="width: 50%;">2. Request Date</td> </tr> <tr> <td colspan="2">3. Last Name</td> </tr> <tr> <td colspan="2">4. First Name</td> </tr> <tr> <td colspan="2">5. Middle Initial</td> </tr> <tr> <td>6. Region</td> <td>7. Office</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> Area    <input type="checkbox"/> District    <input type="checkbox"/> Regional    <input type="checkbox"/> National Office             </td> </tr> <tr> <td colspan="2">7a. Duty Station/Directorate</td> </tr> <tr> <td colspan="2">7b. Telephone Number</td> </tr> <tr> <td colspan="2">8. Reason for Request</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> New    <input type="checkbox"/> Lost    <input type="checkbox"/> Drop    <input type="checkbox"/> Position Change    <input type="checkbox"/> Transfer             </td> </tr> <tr> <td colspan="2">8a. If New or Change in Position:</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> Investigator    <input type="checkbox"/> OCSHO    <input type="checkbox"/> OSHA Official    <input type="checkbox"/> Site Badge Only             </td> </tr> <tr> <td colspan="2">8b. If Transfer:</td> </tr> <tr> <td style="text-align: center;">From Region:      </td> <td style="text-align: center;">To Region:      </td> </tr> <tr> <td colspan="2">9. Type of Portrait</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> Photo Print    <input type="checkbox"/> Digital Still Camera    <input type="checkbox"/> Video    <input type="checkbox"/> Other:             </td> </tr> <tr> <th colspan="2" style="text-align: center;">Authorizing Official</th> </tr> <tr> <td colspan="2">10. Name</td> </tr> <tr> <td>12. Authorizing Official's Signature</td> <td>13. Date Authorized</td> </tr> <tr> <th colspan="2" style="text-align: center;">Mailing Information</th> </tr> <tr> <td colspan="2">14. Addressee</td> </tr> <tr> <td colspan="2">15. Mailing Address</td> </tr> <tr> <td>16. City</td> <td>17. State</td> </tr> <tr> <td colspan="2">18. Zip Code</td> </tr> <tr> <td colspan="2">19. Mail Completed Form To:</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>(With Applicant's Portrait and Signature)</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">                 Office of Administrative Services                  OSHA/USDOL Room: N3101                  200 Constitution Ave., N.W.                  Washington, DC 20210-0001             </td> </tr> </table>	Applicant		1. Credential Number <i>(If New Request, Leave Blank)</i>	2. Request Date	3. Last Name		4. First Name		5. Middle Initial		6. Region	7. Office	<input type="checkbox"/> Area <input type="checkbox"/> District <input type="checkbox"/> Regional <input type="checkbox"/> National Office		7a. Duty Station/Directorate		7b. Telephone Number		8. Reason for Request		<input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Drop <input type="checkbox"/> Position Change <input type="checkbox"/> Transfer		8a. If New or Change in Position:		<input type="checkbox"/> Investigator <input type="checkbox"/> OCSHO <input type="checkbox"/> OSHA Official <input type="checkbox"/> Site Badge Only		8b. If Transfer:		From Region:	To Region:	9. Type of Portrait		<input type="checkbox"/> Photo Print <input type="checkbox"/> Digital Still Camera <input type="checkbox"/> Video <input type="checkbox"/> Other:		Authorizing Official		10. Name		12. Authorizing Official's Signature	13. Date Authorized	Mailing Information		14. Addressee		15. Mailing Address		16. City	17. State	18. Zip Code		19. Mail Completed Form To:		<i>(With Applicant's Portrait and Signature)</i>		Office of Administrative Services OSHA/USDOL Room: N3101 200 Constitution Ave., N.W. Washington, DC 20210-0001	
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