FRBH ORGANIZATIONAL SELF-EVALUATION

Version 2.0 | October 2026

A Working Review Against Chapter 2 of the National Standard

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COMPANION PUBLICATION TO A PROVISIONAL EDITION

This publication supports the FRBH National Standard for Occupational Psychological Hazard Protection (OPHP), Version 3.1, Provisional Field-Test Edition. The Standard has not yet completed an open multi-stakeholder consensus process, and its requirements may be modified before publication of the first Consensus Edition. This publication is informative. It does not establish, modify, narrow, or add to any requirement of the Standard. Where anything in this publication and the Standard differ, the Standard governs.

No conformity assessment, certification, or accreditation program operates against the Standard. Organizations determine their own conformity by self-assessment under Chapter 3 of the Standard.

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Standards Steward:

American Board of First Responder Behavioral Healthcare (FRBH). FRBH owns, maintains, and publishes the Standard.

Conformity Assessment:

FRBH does not perform conformity assessment, certification, or accreditation of any organization, does not operate such a program, and does not intend to establish one. Chapter 6 of the Standard establishes the requirements applicable to any body that would assess conformity with it. FRBH does not license, approve, recognize, or list any such body, and no assessment activity has commenced.

Related Publications:

FRBH National Standard for OPHP (FRBH-OPHP-003)

FRBH Executive Overview (FRBH-EB-002)

FRBH Implementation Guidance (FRBH-IG-002)

FRBH National Technical Assistance Center (FRBH-NTAC-002)

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How to Use This Workbook

This workbook walks through every requirement in Chapter 2 of the Standard and asks two questions about each: whether the organization has established it, and what evidence it could actually produce.

What this workbook is, and is not

Section 2.9 of the Standard requires a periodic documented self-assessment of conformity, at intervals not exceeding 12 months under Section 3.6(f). This workbook is a tool for conducting that review. It is not itself the Standard, and completing it is not required by the Standard.

A completed copy of this workbook can serve as the record of the Section 2.9 self-assessment provided it meets the evidence criteria in Section 3.7 — it must be dated, attributable to a role or individual with documented authority to complete it, consistent with the organization's other records for the same period, and retained. An undated or unsigned copy is not sufficient evidence of anything.

This workbook is titled “Self-Evaluation” rather than “Self-Assessment” because Self-Assessment is a defined term in the Standard meaning the organization's formal conformity determination under Chapter 3. This workbook supports that determination; it does not replace it.

Before you begin

- Have the Standard open alongside this workbook. The requirement text here is summarized; the Standard governs.
- Assign completion to the accountable executive designated under Section 2.1, or to someone acting under that person's documented authority.
- Answer from evidence, not from memory. The middle column asks for a document title, a date, and an author for a reason — if that cannot be filled in, the requirement is not yet evidenced.
- Do not treat a blank as a failure. An organization in its first cycle is not nonconforming for a review that is not yet due (Section 3.1). Mark those “Not yet due” and record the date the interval starts.

How to classify what you find

Section 3.8.2 of the Standard defines two classifications. Use them as written rather than inventing a middle grade.

Classification	When it applies
Conforms	Sufficient objective evidence exists for every subordinate requirement within the expectation, meeting all four criteria in Section 3.7.
Minor nonconformity	The required element exists but is incomplete, is inconsistently applied, or has fallen outside the applicable review interval in Section 3.6.
Major nonconformity	A required element is entirely absent; sufficient evidence cannot be produced for a required element; or a pattern of minor nonconformities indicates the expectation is not functioning as a system. Any unresolved major nonconformity precludes overall conformity.

Classification	When it applies
Not yet due	The organization is within its first review cycle and the interval for this activity has not yet elapsed (Section 3.1). Record the cycle start date.

The evidence test (Section 3.7)

Evidence offered against any requirement in this workbook is sufficient only if all four of the following hold. Apply this test to everything entered in the middle column.

1. **Dated** — or otherwise attributable to a specific, ascertainable point in time.
2. **Attributable** — traceable to a specific identifiable role or individual with documented authority to create or approve it.
3. **Consistent** — not in conflict with the organization's other conformity records for the same period.
4. **Retained** — available for inspection for not less than three years, or the two most recently completed cycles of the applicable Section 3.6 interval, whichever is longer.

Annex A of the Standard lists evidence types that commonly satisfy each expectation, and also lists evidence frequently offered that is not sufficient on its own — an undated policy, an organizational chart with no written designation of authority, criteria that exist but were never distributed, or “we have always done this informally.”

Review Cover Sheet

Organization	
Scope of this review (whole organization, or which disciplines)	
Edition of the Standard reviewed against	Version 3.1, Provisional Field-Test Edition (October 2026)
Accountable executive (Section 2.1)	
Completed by / role	
Date completed	
Date of previous self-assessment	
Next self-assessment due (within 12 months — Section 3.6(f))	

This review is the organization's own determination. No conformity assessment or accreditation program operates against this edition of the Standard.

Part 1 — Section 2.1 Governance

The organization shall establish, implement, maintain, and periodically review governance for OPHP. Review interval: 24 months (Section 3.6(a)).

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Executive accountability is assigned to a named individual.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) The authority that designation carries is defined.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Implementation responsibilities are established.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Oversight responsibilities are established, and are distinguishable from implementation responsibilities.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(e) Responsibility for organizational evaluation is identified.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(f) The governance framework supports continual improvement.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(g) There is a provision for re-designating the accountable executive without undue delay if that role becomes vacant.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(h) The governance framework has been reviewed within the last 24 months.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook

Date of this review / reviewer	

Notes on Section 2.1

Part 2 — Section 2.2 Recognition of Qualifying OPHE

The organization shall establish documented qualifying OPHE criteria. Review interval: 12 months, and after any activation revealing the criteria missed a foreseeable exposure (Section 3.6(b)).

Requirement	Evidence we can produce (title, date, author)	Determination
(a) The criteria are based on the operational events, incidents, and duties associated with the organization's mission.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(b) The criteria define qualifying exposure events, exposure patterns, or cumulative exposure conditions.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(c) The criteria incorporate the Section 2.2.1 minimum floor without narrowing it.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(d) The criteria establish organizational activation criteria.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(e) The criteria reflect the organization's actual operational environment.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(f) The criteria identify organizational responsibilities following activation.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(g) There is a documented route by which activation may be requested where the criteria are not met — usable by the affected individual directly, not only by a supervisor, and not requiring justification tied to diagnosis or symptoms.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due
(h) The criteria have been communicated to personnel, with a date and a record of distribution.		☐ Conforms ☐ Minor NC ☐ Major NC ☐ Not yet due

Requirement	Evidence we can produce (title, date, author)	Determination
(i) The criteria have been reviewed within the last 12 months.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(j) Development and each periodic review included documented consultation with personnel who encounter these hazards and, where personnel are represented, with their designated representatives.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(k) The criteria either include at least one cumulative or repeated exposure criterion expressed as a verifiable threshold, or the absence of one is documented as a known limitation with a target date.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.2

Section 2.2.1 — Minimum Floor Criteria

The organization's criteria shall include, at minimum, activation for the following categories, adapted to its mission. Broader criteria are permitted; narrower criteria are not.

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Any line-of-duty death.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Any mass casualty incident, with the casualty threshold defined by the organization based on its operational environment.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Any pediatric fatality encountered in the course of duty.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Any incident resulting in serious injury or death to organizational personnel.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Thresholds Any numeric threshold used to operationalize a floor category is reasonable, documented, and supported by the organization's mission, operational environment, foreseeable exposure profile, and incident history. A threshold that materially limits activation without a documented operational basis is objective evidence of nonconformity.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.2.1

Part 3 — Section 2.3 Organizational Activation

The organization shall establish documented activation procedures and shall implement them as documented when qualifying OPHE is recognized.

Requirement	Evidence we can produce (title, date, author)	Determination
(a) The procedure identifies who is responsible for recognizing that qualifying OPHE has occurred, and the point at which that recognition occurs.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Notification procedures are defined.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Implementation responsibilities are assigned.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Workforce protection coordination is established.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(e) Documentation requirements are defined.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(f) Leadership notification requirements are identified.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(g) A timeframe is defined within which notification and coordination occur following recognition — stated, not left open.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(h) Affected personnel are informed of the workforce protection capabilities available to them, how to access them, and that participation is voluntary except where law or an applicable collective bargaining agreement requires otherwise.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Requirement	Evidence we can produce (title, date, author)	Determination
(i) Procedures for concluding organizational activation are established.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Implementation Where qualifying OPHE has occurred, the records show the procedure was followed as written, including the timeframe.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Affected personnel The organization has decided how it determines who counts as affected personnel, including personnel exposed without being present at a scene — telecommunications personnel who handled the incident, secondary and supporting responders.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.3

Section 2.3.1 — Activation Exercise

Because qualifying OPHE may occur infrequently, the organization shall conduct and document a tabletop or simulated exercise of its activation procedures at intervals not exceeding 24 months.

Requirement	Evidence we can produce (title, date, author)	Determination
Exercise An exercise has been conducted within the last 24 months, or a genuine activation within that window is being relied on in its place.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Scope The exercise tested notification, coordination, and documentation steps — exercised, not merely discussed.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Record The exercise is documented with the date, the participants, and any resulting corrective action.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Follow-through Corrective actions identified were tracked to closure rather than only noted.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.3.1

Part 4 — Section 2.4 Workforce Protection Coordination

The organization shall establish documented processes for coordinating workforce protection capabilities. Inventory and coordination review interval: 12 months (Section 3.6(g)).

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Available workforce protection capabilities are identified, and are actually available and reachable rather than merely contracted.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Organizational coordination responsibilities are established.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Referral pathways are defined where applicable.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Continuity of workforce protection beyond initial contact is supported.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(e) Workforce autonomy regarding participation is preserved, except where law or an applicable collective bargaining agreement requires otherwise.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(f) Coordination among appropriate organizational stakeholders is supported.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(g) The capability inventory and coordination process have been reviewed within the last 12 months, and the inventory reflects current rather than lapsed arrangements.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.4

Part 5 — Section 2.5 Confidential Access

The organization shall maintain confidential pathways through which personnel may access available workforce protection capabilities.

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Confidentiality is protected consistent with applicable law and organizational policy, and at least one pathway exists that does not route the request through the chain of command.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Available confidential resources are communicated to personnel, with a date.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Limitations to confidentiality are defined where required, and are stated plainly and accurately for this jurisdiction.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Voluntary access is supported.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Legal fit The policy is consistent with any applicable state peer-support or critical-incident confidentiality statute and with any applicable collective bargaining agreement (Chapter 4).		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.5

Section 2.5.1 — Protection from Reprisal

The organization shall not subject personnel to adverse organizational action on the basis of being identified as having experienced qualifying OPHE, or on the basis of their participation, non-participation, or degree of participation in coordinated workforce protection capabilities.

Requirement	Evidence we can produce (title, date, author)	Determination
(a) The protection is stated in a documented organizational policy with identifiable authority behind it — not only described verbally.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) The protection has been communicated to personnel, with a date and a record of the distribution method.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Information identifying an individual's qualifying OPHE or their participation is not held in that person's personnel file or performance evaluation records, except where law requires retention there.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Records practice The organization can document where activation information is recorded and retained, and that practice matches what was communicated to personnel.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.5.1

Part 6 — Section 2.6 Leadership Oversight

Review interval: 6 months (Section 3.6(c)). This is the shortest interval in the Standard.

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Implementation is monitored.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Organizational activation activities are reviewed.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Implementation effectiveness is assessed.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Implementation barriers are identified.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(e) Corrective actions are initiated where appropriate.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(f) Overall organizational performance is reviewed at intervals not exceeding 6 months, and the review addressed implementation, activation activity, effectiveness, and barriers rather than only receiving a status report.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.6

Part 7 — Section 2.7 Organizational Evaluation

Review interval: 12 months (Section 3.6(d)).

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Implementation effectiveness is assessed.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Organizational activation trends are reviewed.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Implementation strengths are identified.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Opportunities for improvement are identified.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(e) Evaluation findings are documented as findings, not only as a data table.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(f) Evaluation results were communicated to appropriate leadership, with a date and a named recipient.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.7

Part 8 — Section 2.8 Continual Improvement

Effectiveness review interval: 12 months (Section 3.6(e)).

Requirement	Evidence we can produce (title, date, author)	Determination
(a) Evaluation findings are reviewed.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(b) Organizational learning is incorporated.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(c) Organizational processes are updated where appropriate.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(d) Workforce protection capabilities are strengthened.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(e) Improvement activities are documented, with a traceable line from a specific evaluation finding to a specific change.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
(f) The effectiveness of implemented improvements has been evaluated within the last 12 months — the change was implemented, not only approved.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.8

Part 9 — Section 2.9 Conformity

Self-assessment interval: 12 months (Section 3.6(f)).

Requirement	Evidence we can produce (title, date, author)	Determination
Determination Conformity is determined on objective evidence that the organizational expectations have been implemented.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Frequency A self-assessment has been conducted and documented within the last 12 months.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Level The self-assessment reached a determination at the level of each organizational expectation, as required by Section 3.8.1.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due
Nonconformities Any major nonconformity identified has a documented corrective action plan with a defined resolution period; any minor nonconformity has a plan tracked to closure.		❑ Conforms ❑ Minor NC ❑ Major NC ❑ Not yet due

Section determination (Section 3.8.1)	❑ Conforms ❑ Minor nonconformity ❑ Major nonconformity
Corrective action required?	❑ No ❑ Yes — record in the Corrective Action Register at the back of this workbook
Date of this review / reviewer	

Notes on Section 2.9

Review Interval Tracker

Section 3.6 fixes the intervals below unless the organization's own documented policy specifies something shorter. An organization that has not conducted a required review within the interval is nonconforming with the corresponding expectation as of the date the interval lapses, regardless of whether the underlying program continues to operate.

Activity	Maximum interval	Last completed	Next due
Governance review (2.1)	24 months		
Qualifying OPHE criteria review (2.2)	12 months, and after any activation revealing a gap		
Activation exercise (2.3.1)	24 months		
Capability inventory and coordination review (2.4)	12 months		
Leadership oversight review (2.6)	6 months		
Organizational evaluation (2.7)	12 months		
Continual improvement effectiveness review (2.8)	12 months		
Conformity self-assessment (2.9)	12 months		

Nonconformity and Corrective Action Register

Record every nonconformity identified in this review. Section 3.8.3 requires a documented corrective action plan for both classifications: a major nonconformity must be resolved within a defined period recorded in the plan, and a minor nonconformity must be tracked to closure.

Section	Classification	What is missing or insufficient
	❑ Major ❑ Minor	

Corrective action	Owner	Target date	Closed
			❑

Section	Classification	What is missing or insufficient
	❑ Major ❑ Minor	

Corrective action	Owner	Target date	Closed
			❑

Overall Determination

Section 3.8.3: overall conformity is achieved when the organization has no unresolved major nonconformities and has documented corrective action plans for any minor nonconformities identified.

Unresolved major nonconformities	❑ None ❑ Yes — number: _____
Minor nonconformities identified	❑ None ❑ Yes — number: _____, all with documented plans: ❑
Overall determination	❑ Conforms with FRBH-OPHP-003 v3.1 (Provisional Field-Test Edition) ❑ Does not yet conform
Determination made by (name, role)	
Signature and date	

Representing this determination

If the determination is that the organization conforms, the Standard offers the following wording at Section D.4 so that representations remain accurate and consistent across adopting organizations:

> *"[Organization] has implemented, and has determined by self-assessment under Chapter 3 that it conforms with, the FRBH National Standard for Occupational Psychological Hazard Protection, Version 3.1, Provisional Field-Test Edition (2026). No conformity assessment or accreditation program operates against this edition; the determination is the organization's own."*

Retain this completed workbook with the evidence it references for not less than three years, or the two most recently completed cycles of the applicable review interval, whichever is longer (Section 3.7(d)).

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