

**EXHIBIT 7-1**

United States  
Department of  
Agriculture

Forest  
Service

Washington  
Office

1400 Independence Ave. SW.  
Washington, DC 20250

File code: 6730  
Route to:

Date:

Subject: Delegation of Authority  
(Name and location of accident)  
(Date of accident)

To: (Chairperson, Accident Review Board)

This memorandum formalizes your appointment as chairperson of the Accident Review Board to review the Chief's Office Investigation Report on the \_\_\_\_\_ fatality that occurred near \_\_\_\_\_, on \_\_\_\_\_.

Using the *Accident Investigation Guide* (most current edition), your board will:

- Review the report for content and format.
- Accept or reject the report.
- Develop an action plan based on the report's recommendations.
- Submit the action plan to the Chief for approval.

The (level authorizing the investigation) safety office will assist you with selecting the members of your board and arranging for logistical support.

All travel and associated costs related to the board should be charged to (job code). For additional information, please contact (safety manager at level authorizing the investigation).

Title (Name of official authorizing the board)

cc:

Safety Manager (at level authorizing the investigation)



*Caring for the Land and Serving People*