

OSHA PROGRAM OVERVIEW

OSHA Compliance

HAZARD COMMUNICATION

Hazard Communication Program and Hazardous Materials

1. Written Program

- Facility specific plan, staff responsibilities, program availability, safety data sheets and chemical inventory list, chemical labeling, and chemical handling and storage

2. Employee Training

- Initial and whenever a new physical or health hazard is introduced into the workplace

Ingestion (Swallowing):

This product may be harmful or fatal if swallowed. This product may cause nausea, vomiting, diarrhea and restlessness. Do not induce vomiting. Do not give anything by mouth because this material can enter the lungs and cause severe lung damage. If victim is unconscious or drowsy, place on the left side with the head down. Seek immediate medical attention.

HAZARD COMMUNICATION

Old Standard vs New Standard

- Old standard allowed chemical manufacturers to convey hazard information on labels and material safety data sheets in any format (performance-oriented)
- New standard provides a single set of harmonized criteria for classifying chemicals and specifies hazard communication elements for labeling and SDSs.

Hazard Communication Standard adopted the Global Harmonization System

- Hazard Classification
- Labeling Requirements
 - Product name, supplier information, signal words, pictograms, hazard statement, and precautionary statement
- Safety Data Sheets
 - Standardized 16 section format

HAZARDOUS MATERIALS

Chemical Storage and Labeling



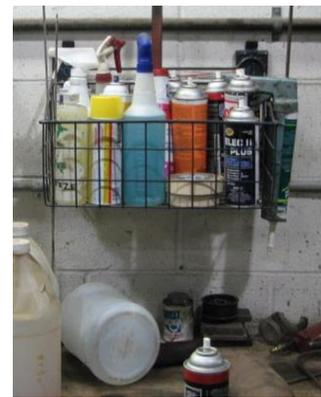
Flammable Storage Cabinets



Unlabeled chemical containers



Storage tanks and labeling

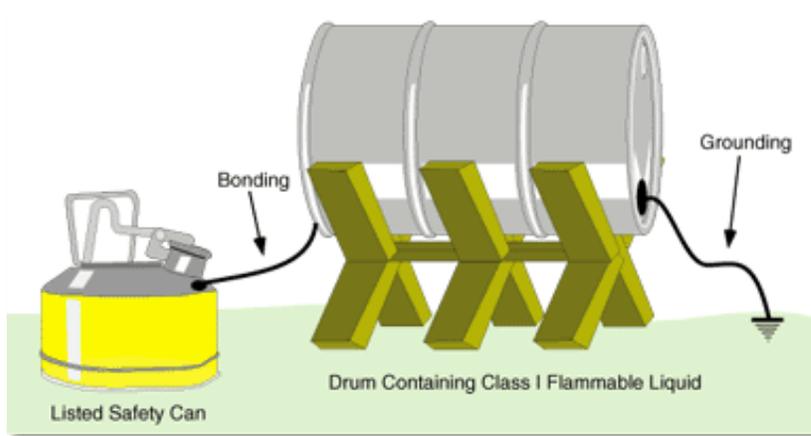


Control quantities outside of storage area and cabinets

HAZARDOUS MATERIALS

Dispensing Flammable Liquids

- Bonding and grounding



Category 1 or 2 flammable liquids or category 3 flammable liquid with a flashpoint below 100 °F

- GHS Category: 1, 2 or 3
- NFPA Rating: 3 or 4
- HMIS Rating: 3 or 4



HAZARDOUS MATERIALS

Dispensing Flammable Liquids

- Bonding and grounding



HAZARDOUS MATERIALS

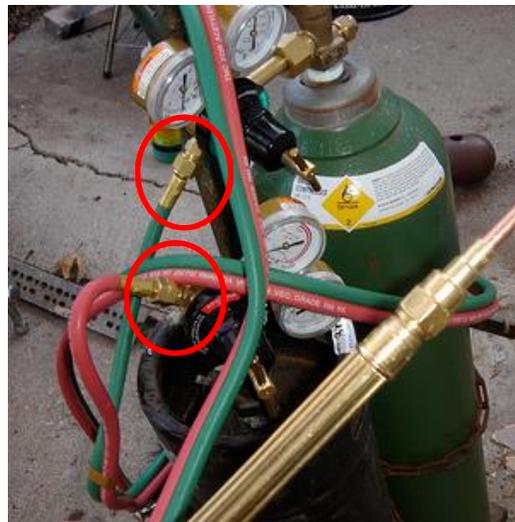
Compressed Gas Cylinders



Backflow Valves



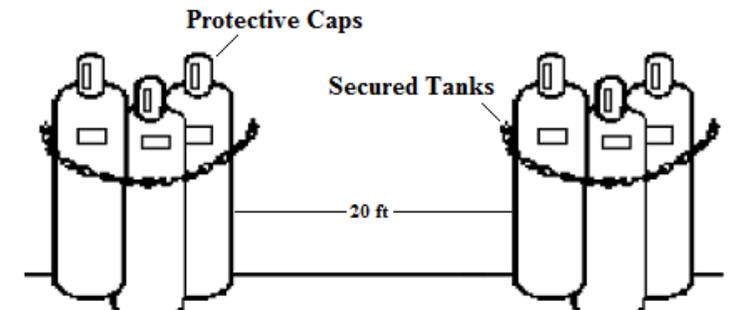
Flashback Arrestors



Unsecured cylinders

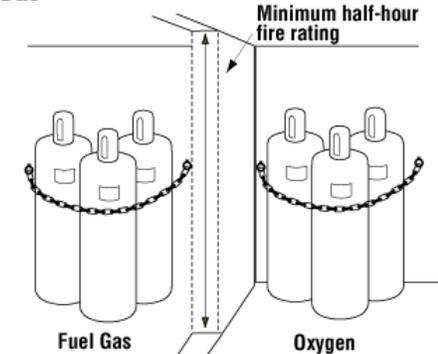


Missing Valve Caps



Fuel Gas

Oxygen



Fuel Gas

Oxygen

HAZARDOUS MATERIALS

Can you spot the hazards?



High Voltage

Oxygen

- Unsecured
- Missing Caps

Acetylene

- Unsecured
- Missing Caps

Flammable Liquid

HAZARDOUS MATERIALS

Compressed Gas Cylinders



Safe work practices



HAZARDOUS MATERIALS

Compressed Gas Cylinders

Tanks stored with relief valve in communication with vapors



Incorrect storage



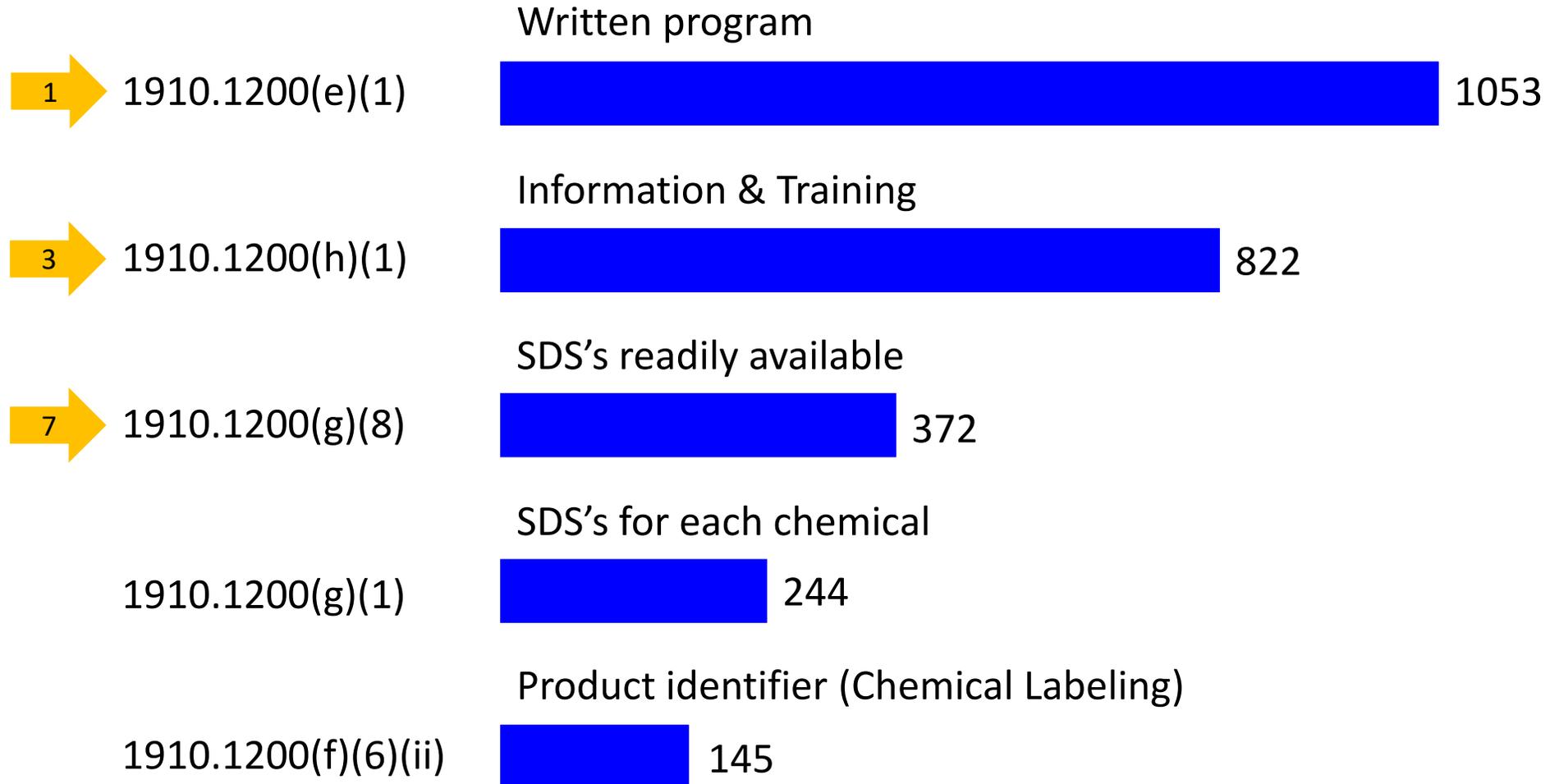
Correct storage



Propane tank storage

HAZARD COMMUNICATION

Hazard Communication [1910.1200]



Number of Serious Violations – FY 2020

HAZARDOUS MATERIALS

Hazardous Materials [1910.101 - .126]

	Compressed Gases – Handling, storage and Use	
✓	1910.101(b)	72
	Flammable Liquids – Shall not be dispensed unless bonded & grounded	
✓	1910.106(e)(6)(ii)	28
	Process System Management – Employer shall document the equipment	
	1910.119(d)(3)(ii)	28
	Process System Management – Written procedures	
	1910.119(j)(2)	24
	Flammable Liquids – Prevent the ignition of flammable vapors	
	1910.106(e)(6)(i)	21

Number of Serious Violations – FY 2020

HAZARDOUS MATERIALS

Welding, Cutting & Brazing [1910.251 - .255]

✓	1910.253(b)(4)(iii)	Oxygen cylinders stored away from fuel-gas cylinders	80
	1910.252(b)(2)(iii)	General – Protection from arc welding ray	41
	1910.253(b)(2)(ii)	Cylinder storage inside buildings (location)	33
	1910.254(d)(9)(iii)	Arc Welding & Cutting – Damaged cables shall be replaced	20
	1910.253(b)(4)(i)	Oxygen cylinder storage next to combustibles	18

Number of Serious Violations – FY 2020

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment

1. PPE Hazard Assessment
 - Hazard assessment of the individual work areas and/or job categories
 - Determining if hazards are present which necessitate PPE use
2. PPE selection, acquisition, distribution and maintenance
3. Employee Training
 - Initial assignment and if there are changes to the workplace or PPE available, or if an employee is not using properly

Respiratory Protection

1. Written program
2. Medical Evaluations
3. Fit Testing
4. Employee Training
 - Prior to initial use and annually thereafter
5. Recordkeeping

PERSONAL PROTECTIVE EQUIPMENT

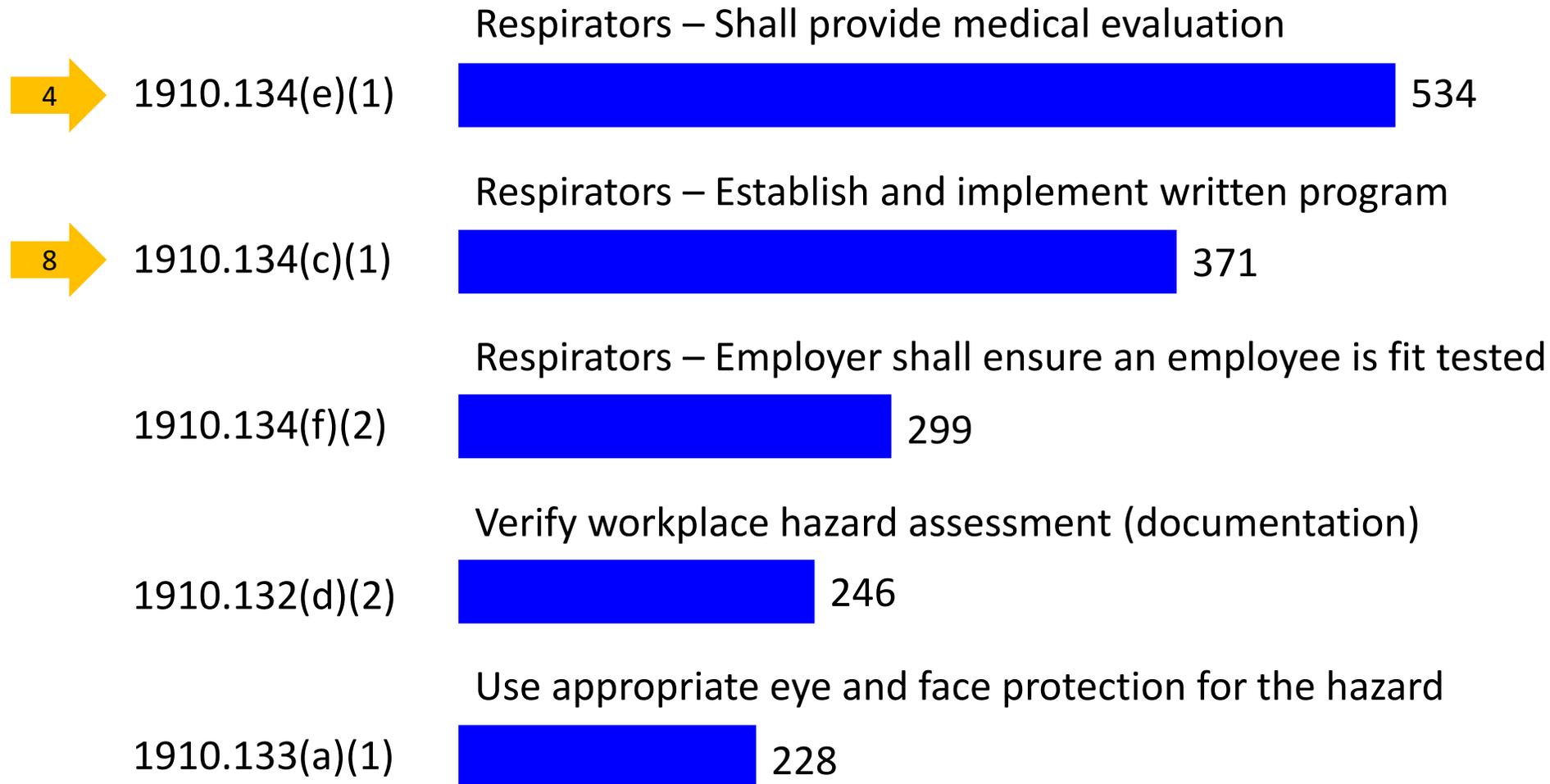
Personal Protective Equipment

- Damaged? Usable? Stocked? Available? Proper?



PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment [1910.132 - .138]



Number of Serious Violations – FY 2020

BLOODBORNE PATHOGENS

Potential exposure to diseases transmitted by blood and other bodily fluids

1. Written Program – Exposure Control Plan
 - Tasks and procedures where occupational exposure may occur
 - Develop universal precautions and work practice controls
 - Process to follow when an exposure incident occurs
 - Review and update program annually
2. Hepatitis B Vaccination
 - Identify employees who may reasonably anticipate exposure
3. Personal protective equipment and material
 - Acquisition, distribution and maintenance
4. Employee Training
 - Initial assignment and annually thereafter



BLOODBORNE PATHOGENS

Bloodborne Pathogens [1910.1030]

	Written Plan	
✓	1910.1030(c)(1)(i)	
	Updating Plan Annually	
	1910.1030(c)(1)(iv)	
	Employee Training	
✓	1910.1030(g)(2)	
	Safely engineered devices or work practice controls	
	1910.1030(d)(2)	
	Offering Hepatitis B vaccine to employees with potential exposure	
	1910.1030(f)(1)(i)	

Top Five BBP Violations

EMERGENCY ACTION AND FIRE PREVENTION

Emergency Action and Fire Prevention Plans; Exit Routes & Fire Protection

1. Written Plan

- Emergency Action Plan (1910.38)
 - Fire and emergency reporting procedures,
 - Evacuation procedures including evacuation type and exit route assignment,
 - Procedures to account for employees after evacuation,
 - Alarm systems and employee communication, and;
 - Contact information for the Emergency Action Plan.
- Fire Prevention Plan (1910.39)
 - Major fire hazards, storage and handling procedures, ignition sources and controls, fire protection equipment, waste management, and maintenance and safeguards.

2. Employee Training

- Initial and if there are any changes to the plan or employee responsibilities
- Fire Extinguisher Training: Initial and annually thereafter

EMERGENCY ACTION AND FIRE PREVENTION

Means of Egress



Exit Doors



Free and unobstructed

Able to open at all times
without keys, tools or
special knowledge



EMERGENCY ACTION AND FIRE PREVENTION

Exit Markings

- Clearly visible and marked “Exit”
- If direction of exit is not immediately apparent, signs posted indicating direction
- Doorways along an exit access labeled



- Exit signs illuminated by a reliable source.
- Externally and internally illuminated signs visible in both normal and emergency light mode.

Exit Lighting

Periodic testing of emergency lighting

- 30 second (monthly) and 90-minute (annual) testing



Diagnostic LED which illuminates to convey test results



Self-diagnostic equipment can be setup to automatically perform routine tests. A visual inspection is still required.

EMERGENCY ACTION AND FIRE PREVENTION

Fire Extinguishers and Fire Protection



Blocked



Un-mounted



Unmarked



Annual inspections



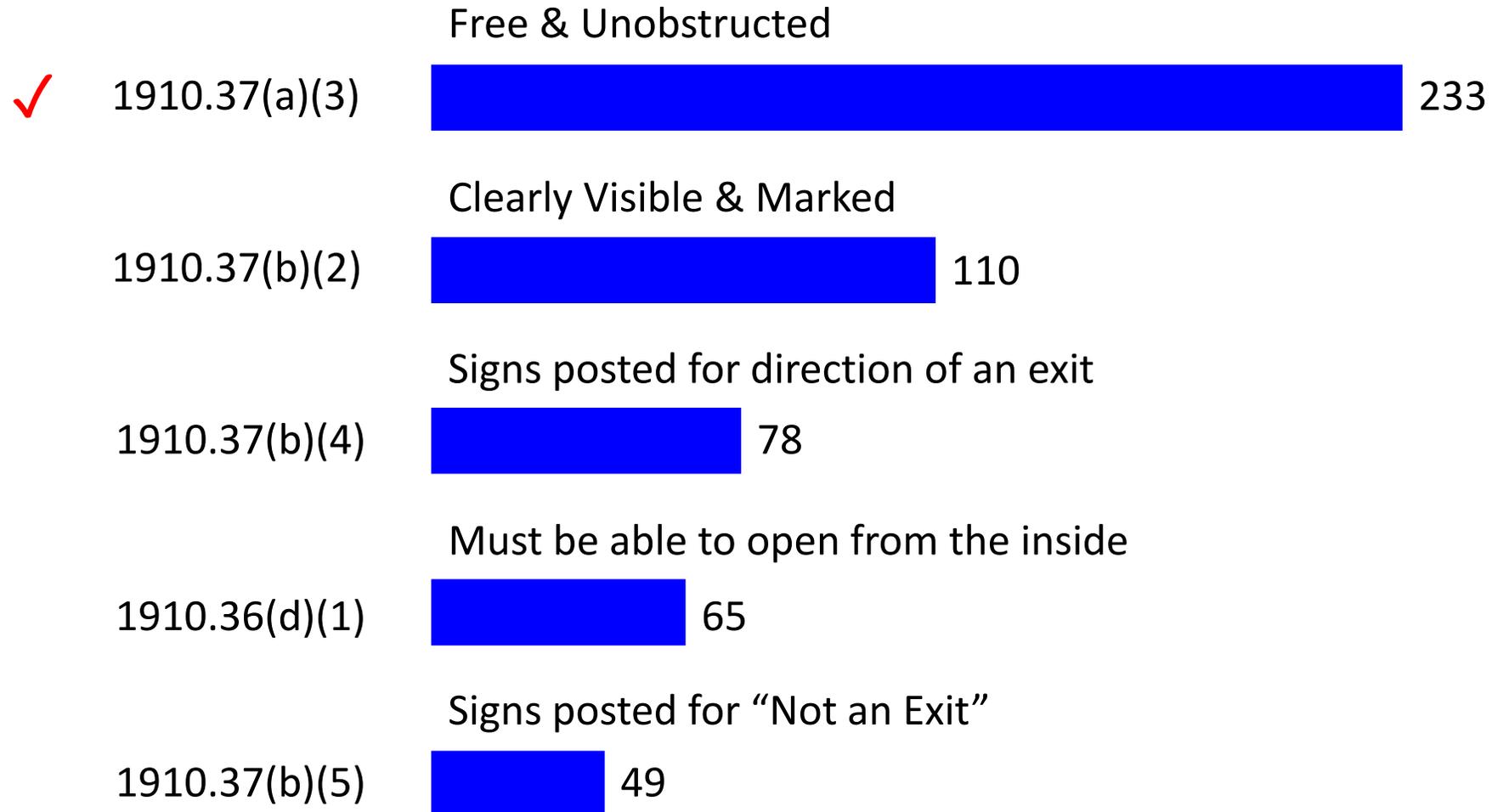
Inspections (annual/monthly)



Blocked sprinkler heads

EMERGENCY ACTION AND FIRE PREVENTION

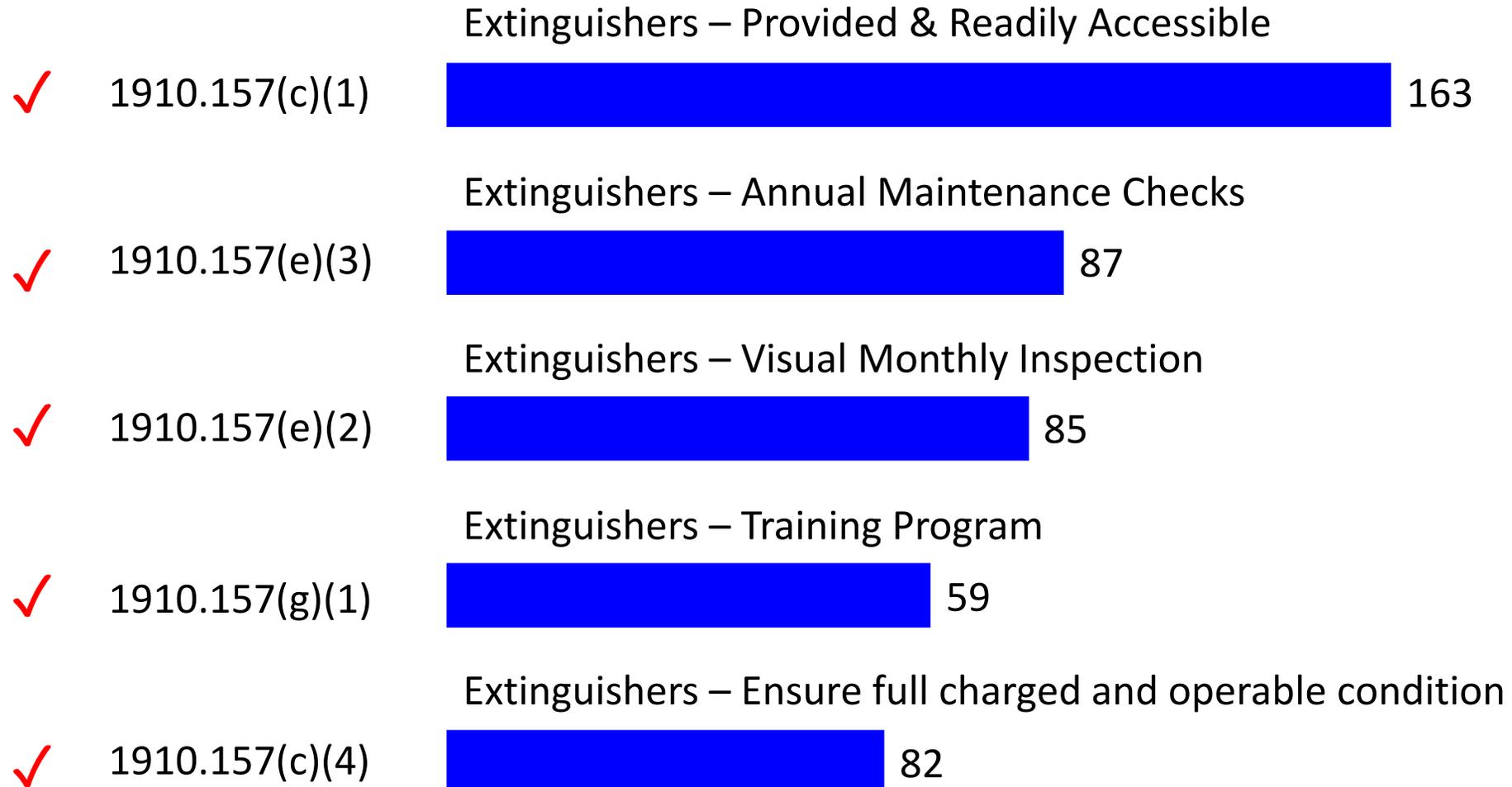
Exit Routes and Emergency Planning [1910.33 - .39]



Number of Serious Violations – FY 2020

EMERGENCY ACTION AND FIRE PREVENTION

Fire Protection [1910.155 - .165]



Number of Serious Violations – FY 2020

EMERGENCY ACTION AND FIRE PREVENTION

Medical and First Aid [1910.151 - .152]

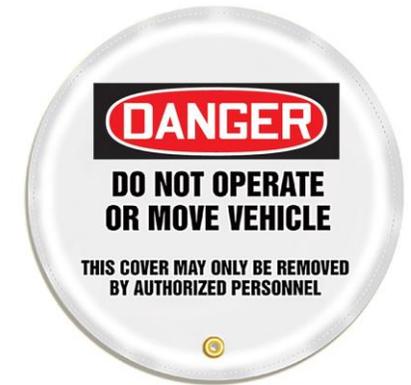
✓	1910.151(c)	Medical & First Aid – Eye and/or body washing facilities provided	297
	1910.151(b)	Medical & First Aid – First aid training & supplies readily available	23
	1910.151(a)	Medical & First Aid – Medical personnel advice & consultation	3

Number of Serious Violations – FY 2020

CONTROL OF HAZARDOUS ENERGY: LOCKOUT/TAGOUT

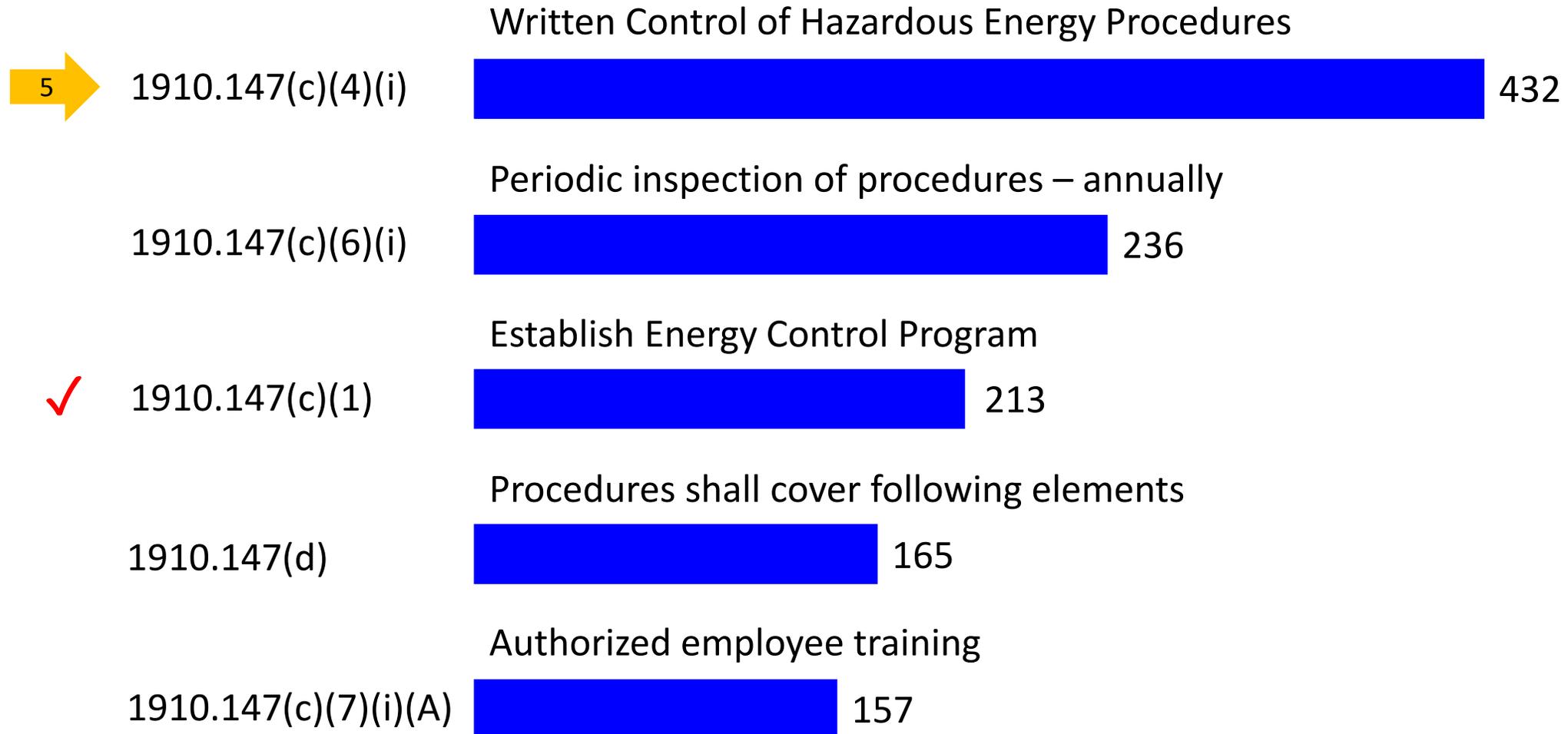
Procedures to prevent the unexpected release of energy

1. Written Program – Energy control procedures
 - Site specific lockout/tagout procedures (machines, equipment & vehicles),
 - Application of controls, and;
 - Periodic inspection of program
 - Annual review of energy control procedures
2. Lockout/tagout devices
 - Site specific devices
3. Employee Training
 - Initial assignment and if there are changes to the job or workplace, or procedures



CONTROL OF HAZARDOUS ENERGY: LOCKOUT/TAGOUT

Control of Hazardous Energy [1910.147]



Number of Serious Violations – FY 2020

POWERED INDUSTRIAL TRUCKS: FORKLIFTS

Training Requirements

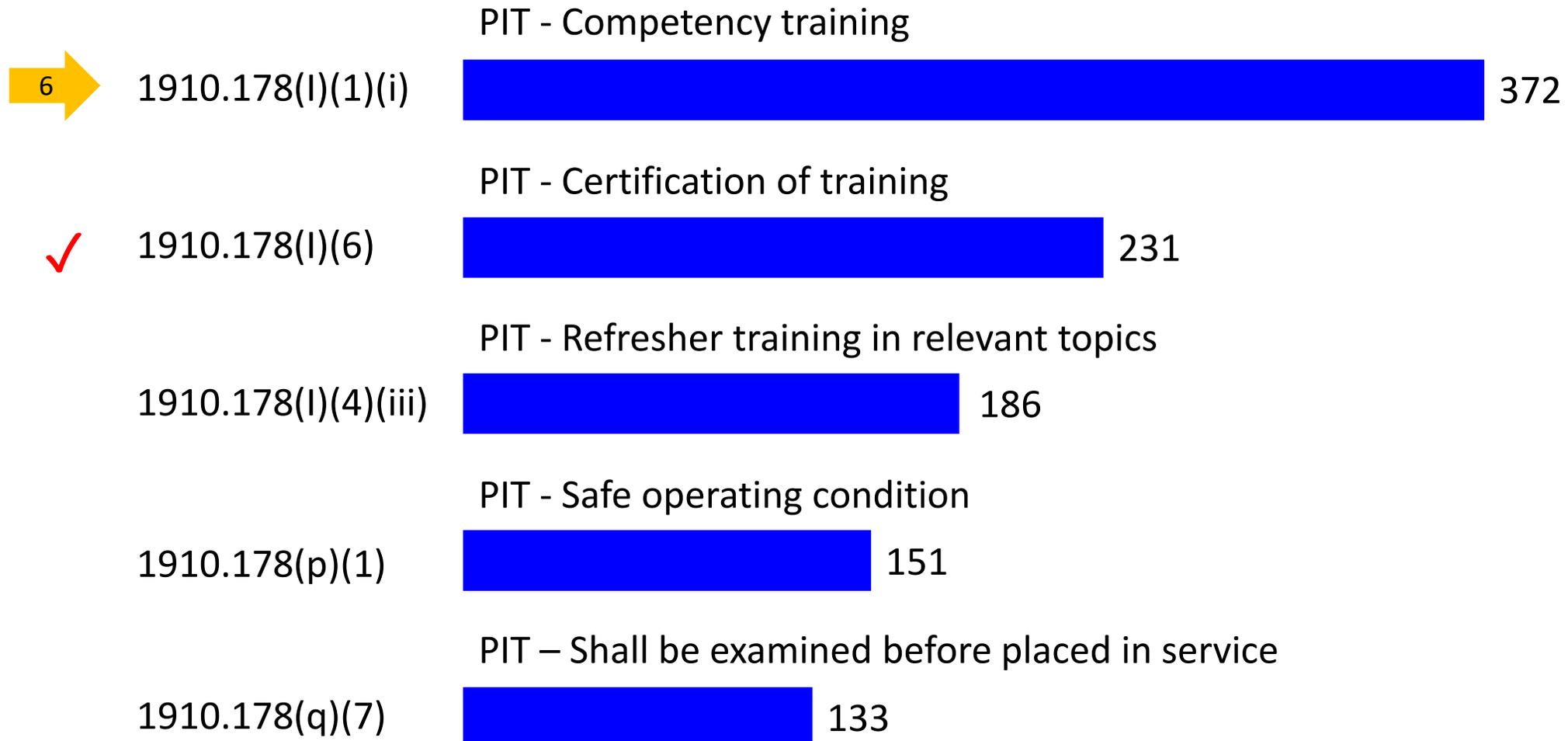
- Initial operator training
 - Lecture (classroom), Practical (driving proficiency), and Evaluations
- Refresher training
 - Driving in an unsafe manner
 - Following an accident or near-miss
 - Assigned to operate a different forklift
 - Significant changes to the workplace
- An operator's performance must be evaluated at least once every three years

Maintenance and Inspections

- PITs must be examined before being placed into service (daily)
 - Scheduled maintenance plan according to manufacturer's specifications

POWERED INDUSTRIAL TRUCKS: FORKLIFTS

Materials Handling & Storage [1910.176 - .184]



Number of Serious Violations – FY 2020

VEHICLE MAINTENANCE LIFTS

OSHA does not have a specific standard for Automotive Lifts

- Employer is to provide a workplace free from recognized hazards that are likely to cause death or serious physical harm pursuant to Section 5(a)(1) of the Occupational Safety and Health Act of 1970 – **General Duty Clause**

Case Review

[REDACTED] (2/15/2019) – Penalty \$6,497

Health and Safety Complaint

Violations – 2 Serious & 1 Other

Initial Penalty - \$5,304: Current Penalty \$3,713

Text For Citation: 01 Item/Group: 001 Hazard:

OSH ACT of 1970 Section (5)(a)(1): The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm in that employees were exposed to crushing hazards while working under inadequately maintained automotive lifts: a) Service Area, Fourth Lift from the Service Desk (Break Room Side): Employees were exposed to a crush hazard while working beneath vehicles elevated by an in-ground automotive lift (2-post, red), and the employer failed to ensure that one of the lift's arm stage extenders was properly secured (stopper bolted) to prevent it from fully dislodging from the lift arm, as discovered on or about 02/15/2019. b) Service Area, Fifth Lift from the Service Desk (Break Room Side): Employees were exposed to a crush hazard while working beneath vehicles elevated by an above-ground automotive lift (2-post, blue), and the employer failed to ensure that one of the lift's arm stage extenders was properly secured (stopper bolted) to prevent it from fully dislodging from the lift arm, as discovered on or about 02/15/2019. ABATEMENT CERTIFICATION AND DOCUMENTATION REQUIRED

VEHICLE MAINTENANCE LIFTS

ANSI/ALI Standards

ANSI/ALI ALCTV Standard (R2017)

- *Standard for Automotive Lifts - Safety Requirements for Construction, Testing and Validation*

ANSI/ALI ALIS Standard (R2015)

- *Standard for Automotive Lifts - Safety Requirements for Installation and Service*

ANSI/ALI ALOIM (2020)

- *Standard for Automotive Lifts - Safety Requirements for Operation, Inspection and Maintenance*

ANSI/ALI ALCTV R2017

- Certified Automotive Lift
- Receives the gold "ALI Certified" label and is listed in the ALI Directory of Certified Lifts



VEHICLE MAINTENANCE LIFTS

ANSI/ALI ALOIM (2020)

- Qualified Operator Training
 - Operating instructions, safety information and warning labels for each lift
- Automotive Lift Safety Tips Placard
- Safety/Warning Decals
- Vehicle Lift Inspections
 - Daily (pre-use)
 - Periodic (annual at minimum)
 - Planned Maintenance
 - Per manufacturer

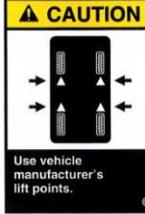
**AUTOMOTIVE LIFT
SAFETY TIPS**

Post these safety tips where they will be a constant reminder to all lift operators. For information about a specific lift, always refer to its operation manual.

1. Only trained and authorized people should position vehicles and operate the lift. Training should be documented by the owner/employer.
2. Examine your lift daily. Never operate the lift if it malfunctions, makes unusual noises, or has broken or damaged parts. Repairs should be made with original equipment parts.
3. Do not tamper with, bypass, or otherwise override operating controls. Operating controls are designed to return to the neutral, or off, position when released.
4. Never overload your lift. The lift's rated load capacity is required to be listed on its nameplate.
5. Never lift one end, side, or corner of a vehicle. Always lift the entire vehicle unless authorized in writing by the lift manufacturer.
6. Never raise or lower an occupied vehicle. Unescorted customers or by-standers should not be in the lift area.
7. Always keep the lift area clean. Prepare the service bay by making sure the lift area is free of grease and oil, tools, hoses, trash and other debris.
8. Provide unobstructed clearance to and from the lift. Do not hit or run over lift arms, adapters, or axle supports when moving a vehicle into or out of the service bay. This could damage the lift or the vehicle. Check for obstructions and adequate overhead clearance.
9. Carefully load the vehicle onto the lift. Position lift supports or adapters to contact the vehicle manufacturer's recommended lifting points. Raise the lift until the supports or adapters contact the vehicle securely. Visually check the lifting points again. Raise until tires clear the floor, and shake the vehicle to confirm stability. After a final visual confirmation, raise the lift to the desired working height.
10. Always use the load-holding device (sometimes known as a lock or latch). After the vehicle is raised to the desired working height, lower the lift onto its load-holding device(s), and visually check all vehicle contact points once more to make sure each adapter or support is securely in position before going under the vehicle.
11. Use vehicle support stands for stabilizing the load. The removal or installation of components may cause the raised vehicle to become unstable. Use support stands for long vehicles or any service that could change the vehicle's center of gravity.
12. Remove anything that could block the lowering process. Before releasing the load-holding device to lower the lift, remove tool boxes, jacks, oil drain systems, and anything else from under the lift.
13. Have all lifts inspected at least annually by a qualified automotive lift inspector. To find a qualified lift inspector in your area, contact the lift manufacturer or visit www.autolift.org.



These safety tips, along with general lift safety materials, are presented as an industry service by the Automotive Lift Institute. Learn more at www.autolift.org. AL-51-17 © 2019 by ALI, Inc.

 <p>CAUTION</p> <p>Lift to be used by trained operator only.</p>	 <p>CAUTION</p> <p>Authorized personnel only in lift area.</p>	 <p>WARNING</p> <p>Clear area if vehicle is in danger of falling.</p>	 <p>WARNING</p> <p>Position vehicle with center of gravity midway between adapters.</p>
 <p>CAUTION</p> <p>Use vehicle manufacturer's lift points.</p>	 <p>CAUTION</p> <p>Always use safety stands when removing or installing heavy components.</p>	 <p>WARNING</p> <p>Remain clear of lift when raising or lowering vehicle.</p>	 <p>WARNING</p> <p>Avoid excessive rocking of vehicle while on lift.</p>
 <p>CAUTION</p> <p>Use height extenders when necessary to ensure good contact.</p>	 <p>CAUTION</p> <p>Auxiliary adapters may reduce load capacity.</p>	 <p>WARNING</p> <p>Do not override self-closing lift controls.</p>	 <p>WARNING</p> <p>Keep feet clear of lift while lowering.</p>

The messages and pictographs shown are generic in nature and are meant to generally represent hazards common to all automotive lifts regardless of specific style. Funding for the development and validation of these labels was provided by the Automotive Lift Institute, PO Box 85 Cortland, NY 13045. Replacement label sets may be obtained from the original lift manufacturer and ALI's member companies. They are protected by copyright. www.autolift.org © 2019 by ALI, Inc. ALW11014

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WHEEL RIM MAINTENANCE

Servicing Multi-Piece and Single Piece Rim Wheels

- Servicing Procedures
 - Establish servicing procedures
- Employee Training
 - Safe operating procedures, hazards involved, and OSHA charts and information,
 - Employer evaluates employee's ability to perform tasks and to service rims safely
- Servicing Equipment
 - Necessary equipment available
 - Restraining devices and barriers visually inspected prior to use and after separation of components or sudden release of contained air
- OSHA Charts and Manuals

Training conducted by 3rd party vendor. Documentation??

WALKING AND WORKING SURFACES

Housekeeping



All places of employment, aisles, storerooms, etc. kept clean, orderly and in a sanitary condition.

Fall Protection

Provide fall protection for open sided floor or platform above 4 feet

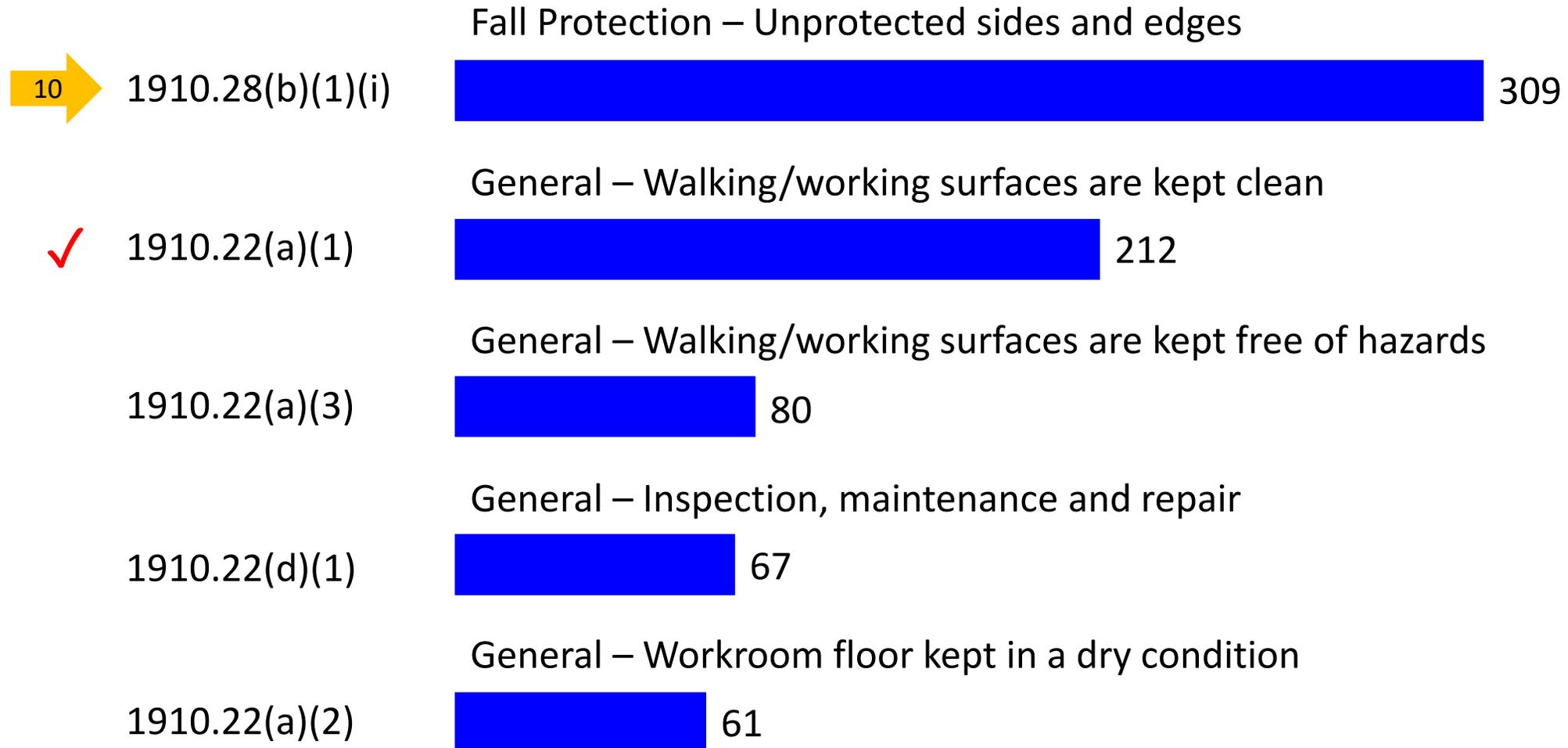
- A toeboard required when falling material could create a hazard



Provide covers, netting or railings for pits and/or cover when not in use.

WALKING AND WORKING SURFACES

Walking and Working Surfaces [1910.21 - .30]



Number of Serious Violations – FY 2020

ELECTRICAL

Electrical Panels



Inserts missing inside panel box



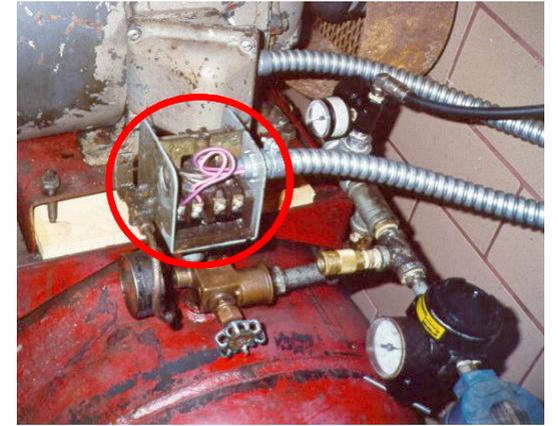
Labeled circuits



Blocked electrical panels and switches



Covers, Faceplates & Openings

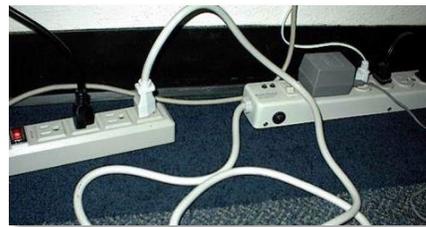


Outlets, junction boxes and fittings must have cover, faceplate or fixture canopy



ELECTRICAL

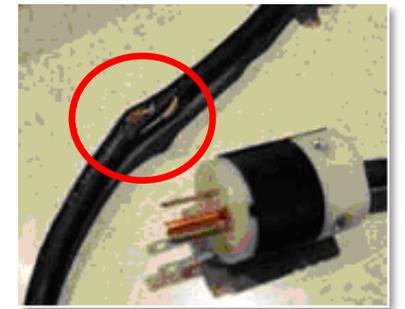
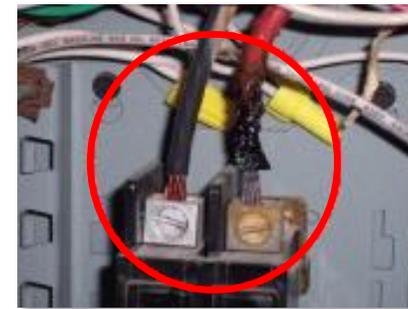
Wiring and Damaged Electrical Equipment



“daisy chaining”



Removing the ground



Damaged cords and equipment



- Temporary wiring only during periods of repair, construction, remodeling, or demolition.
- Not to be used as a substitute for fixed wiring of a structure.



Spliced electrical cords



ELECTRICAL

Electrical [1910.301 - .399]

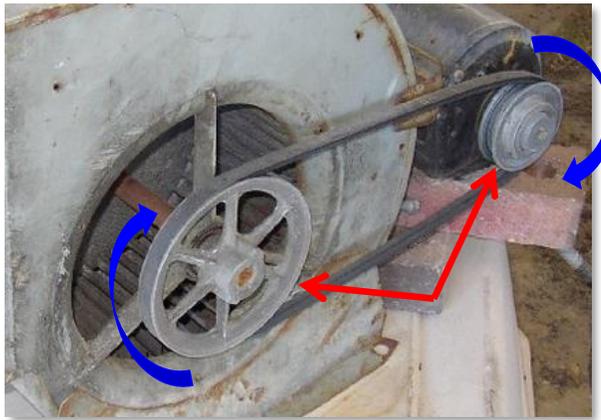
	General – Proper installation & use of equipment	
1910.303(b)(2)		275
	Wiring Methods – Flexible cords used as fixed wiring	
✓ 1910.305(g)(1)(iv)(A)		171
	General – Space about electrical equipment	
✓ 1910.305(g)(1)		158
	Wiring Methods – Flexible cord strain relief	
1910.305(g)(2)(iii)		146
	Wiring Method – Boxes and fittings shall be provided with covers	
1910.303(b)(2)(i)		117

Number of Serious Violations – FY 2020

MACHINERY AND MACHINE GUARDING

Machine Hazards

- Point of operation
- Power transmission equipment
 - Flywheels, pulleys, sprockets & chains, etc.
- Moving parts



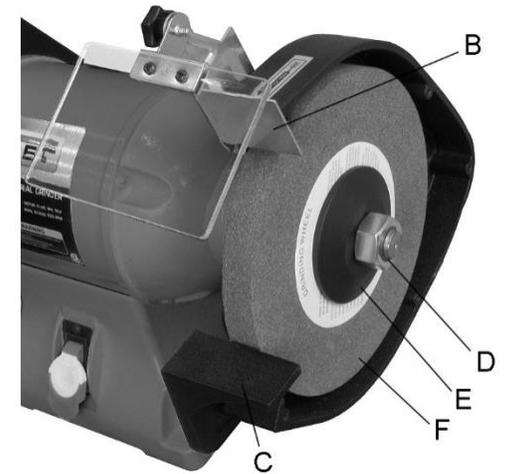
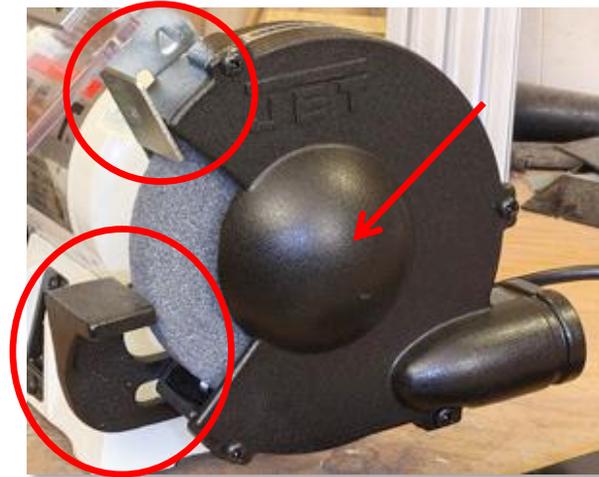
In-running nip points



Point of operation

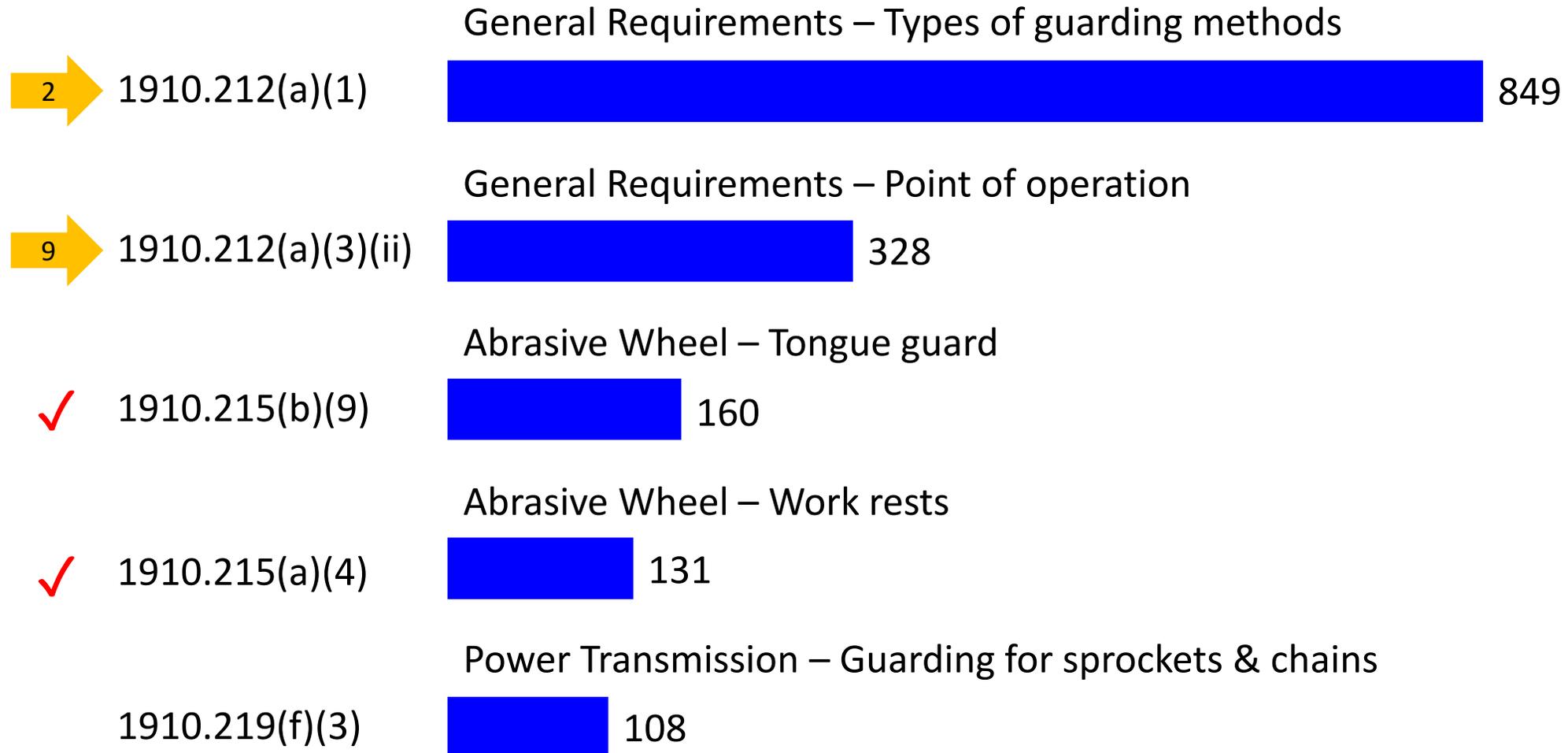
Bench Grinder (abrasive wheel)

- Work rest adjusted to 1/8" of wheel
- Tongue guard adjusted to 1/4" of wheel
- Side guards must cover flange, spindle end and nut



MACHINERY AND MACHINE GUARDING

Machinery and Machine Guarding [1910.211 - .219]



Number of Serious Violations – FY 2020

HAND AND POWER TOOLS

Compressed Air

When pressurized air greater than 30 psi is used for cleaning, the nozzle needs a pressure relief device that limits 30 psi



Male end tips



Safety nozzles

Damaged Tools and Equipment



HAND AND POWER TOOLS

Other Hand-Held Equipment Jacks and Jack Stands



Place damaged or defective equipment out of service



Legible capacity labels



HAND AND POWER TOOLS

Hand and Power Tools [1910.241 - .244]

✓	1910.242(b)	General – Compressed air for cleaning	143
	1910.243(c)(1)	Guarding of powered tools – abrasive wheels shall be guarded	29
	1910.243(c)(3)	Vertical portable grinders shall be guarded	16
	1910.242(a)	General – Condition of tools & equipment	15
✓	1910.244(a)(1)(ii)	Rated load shall be legible and permanent on jack	10

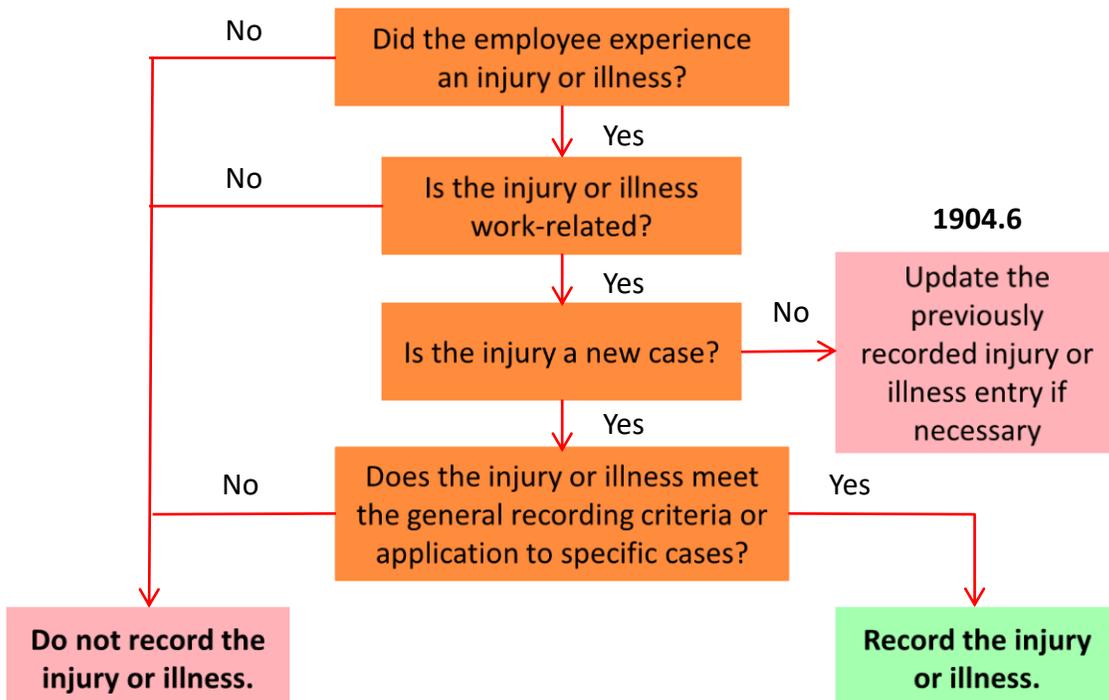
Number of Serious Violations – FY 2020

OSHA RECORDKEEPING

OSHA Forms

- **OSHA Form 300** – Log of Work-Related Injuries & Illnesses
- **OSHA Form 301** – Injury & Illness Incident Report
- **OSHA Form 300A** – Summary of Work-Related Injuries & Illnesses

Implementation



Work-Relatedness (OSHA Recordkeeping)

- Cases caused by, contributed to, or significantly aggravated by events or circumstances in the work environment

OSHA defines work environment as:

“the establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work”

OSHA RECORDKEEPING

Severity Criteria

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
 - Regardless of length of time
- A significant injury or illness diagnosed by a physician or other licensed health care provider

Medical Treatment beyond first aid

Medical treatment means the management and care of a patient to combat disease or disorder. For purposes of Part 1904, medical treatment does not include:

- Visits to the physician or other licensed health care professional solely for observation or counseling
- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes
- Any procedures that can be labeled first aid
 - 1904.7(b)(5)(ii)

OSHA RECORDKEEPING

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20____
 U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0178

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries or illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.B through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment Name _____

City _____ State _____

Most severe outcome

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of the body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:		Job transfer or restriction		On job transfer or restriction		(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	1	2	3	4	5	6
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the employee unless there is a privacy issue

Page totals > Be sure to transfer these totals to the Summary page (300A) before you post it

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing Loss	All other illnesses
1	2	3	4	5	6

OSHA RECORDKEEPING

OSHA 300A

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restrictions	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>1</u> (I)	<u>1</u> (J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
<u>6</u> (K)	<u>19</u> (L)

Injury and Illness Types			
Total number of... (M)			
(1) Injuries	<u>3</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Electronically submit 2021 OSHA 300A
March 2, 2022 is the deadline

<https://www.osha.gov/injuryreporting/>

- 20-249 employees classified in specific industries with high rates of injuries
- 250 or more employees

Recordkeeping Retention

Must keep the OSHA records for five years following the end of the calendar year that the records cover

OSHA RECORDKEEPING

COVID-19

Under OSHA's Recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19 if:

1. A confirmed case of COVID-19, as defined by the CDC
 - An individual with at least one respiratory specimen that tested positive for SARS-CoV-2, the virus that causes COVID-19
2. The case is work-related, as defined by OSHA
 - Work-Related Cases
3. The case meets the general recording criteria
 - Severity Criteria

likely cause or a contributing factor

minimum would include lost work time

OSHA RECORDKEEPING

COVID-19

Determining work-relatedness:

- Reasonableness of investigation into work-relatedness
 - Not expected to undertake extensive medical inquiries (lack of expertise and privacy issues)
 - In most cases, sufficient to ask:
 1. How he/she believes they contacted COVID-19
 2. With respect to privacy, discuss work and out-of-work activities that may have led to COVID-19
 3. Review employees work environment potential
- Evidence available to the employer
 - Determine work-relatedness based on information reasonably available.

OSHA RECORDKEEPING

Determining work-relatedness continued...

- Evidence of COVID-19 illness was contracted at work

Likely work-related

- When several cases develop among workers who work closely together and there is no alternative explanation
- If it is contracted shortly after lengthy, close exposure to a particular customer or co-worker who has a confirmed case and there is no alternative explanation
- If his/her job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation



1. Multiple cases with no explanation
2. Known exposure to a customer or coworker with COVID-19
3. Job duties include exposure to the general public in an area with ongoing community transmission

OSHA RECORDKEEPING

Determining work-relatedness continued...

- Evidence of COVID-19 illness was contracted at work

Likely not work-related

- If he/she is the only worker to contract COVID-19 in their vicinity and their job duties do not include having frequent contact with the general public, regardless of the rate of community spread
- If he/she, outside of the workplace, closely and frequently associates someone who has COVID-19, is not a co-worker, and exposes the employee during the period in which the individual is likely infectious.



If, after a reasonable and good faith inquiry, the employer cannot determine that exposure in the workplace played a causal role, the employer does not need to record that COVID-19 illness.

OSHA RECORDKEEPING

OSHA Reporting

All employers must report:

- All work-related fatalities within 8 hours
 - Only fatalities occurring within 30 days of work-related incident must be reported to OSHA
- All work-related in-patient hospitalizations, all amputations and all losses of an eye within 24 hours
- ✓ In-patient hospitalization is defined as a formal admission to the in-patient service of a hospital or clinic for care or treatment
- ✓ An amputation is defined as the traumatic loss of a limb or other external body part

Report to OSHA by

- 1-800-321-OSHA (6742), calling your closest area office, or using online form

OSHA ENFORCEMENT

Fiscal Year 2020

Total Inspections – 21,674*

OSHA Inspections

Unprogrammed – 12,948

- Fatality/Catastrophe
- Complaints and Referrals
- Other unprogrammed

Programmed – 8,726

- Industries with high injury/incident rates
- Local, regional and national emphasis programs

OSHA Penalties

Below are the maximum penalty amounts, with the annual adjustment for inflation, that may be assessed after Jan. 15, 2021. (See [OSHA Memo, Jan 8, 2021](#)).

Type of Violation	Penalty
Serious Other-Than-Serious Posting Requirements	\$13,653 per violation
Failure to Abate	\$13,653 per day beyond the abatement date
Willful or Repeated	\$136,532 per violation

State Plan States

States that operate their own [Occupational Safety and Health Plans](#) are required to adopt maximum penalty levels that are at least as effective as Federal OSHA's.

*OSHA averaged 33,010 inspections between FY2015 – FY2019

**Federal

CASE STUDY

Case Status: CLOSED

Inspection: 1320601.015 - [REDACTED]

Inspection Information - Office: Tenn Cmpl Sfty 2

Nr: 1320601.015 Report ID: 0454712 Open Date: 06/05/2018

[REDACTED] Union Status: NonUnion

SIC:
NAICS: 485510/Charter Bus Industry
Mailing: [REDACTED]

Inspection Type: Planned
Scope: Complete Advanced Notice: N
Ownership: Private
Safety/Health: Safety Close Conference: 06/05/2018
Emphasis: S:Planguide, P:Planguide Close Case: 12/07/2018

Case Status: CLOSED

Violation Summary						
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	6			3		9
Current Violations	6			3		9
Initial Penalty	\$7,200	\$0	\$0	\$300	\$0	\$7,500
Current Penalty	\$7,200	\$0	\$0	\$300	\$0	\$7,500
FTA Amount	\$0	\$0	\$0	\$0	\$0	\$0

Violation Items										
#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001	Serious	19100028 B01 I	07/10/2018	08/02/2018	\$1,600	\$1,600	\$0		Z - Issued
2.	01002	Serious	19100151 C	07/10/2018	08/02/2018	\$1,000	\$1,000	\$0		Z - Issued
3.	01003	Serious	19100178 A05	07/10/2018	10/04/2018	\$1,200	\$1,200	\$0		Z - Issued
4.	01004	Serious	19100178 A06	07/10/2018	12/02/2018	\$1,200	\$1,200	\$0		Z - Issued
5.	01005	Serious	19100215 B09	07/10/2018	07/23/2018	\$1,000	\$1,000	\$0		Z - Issued
6.	01006	Serious	19100253 B04 III	07/10/2018	07/23/2018	\$1,200	\$1,200	\$0		Z - Issued
7.	02001	Other	19100110 E04 III	07/10/2018	07/23/2018	\$100	\$100	\$0		Z - Issued
8.	02002	Other	19101200 F06	07/10/2018	07/23/2018	\$100	\$100	\$0		Z - Issued
9.	02003	Other	19101200 H01	07/10/2018	08/02/2018	\$100	\$100	\$0		Z - Issued

Inspection Type & Scope

Type: Planned

- From information contained in a planning guide; guide associated with high hazard industry group

Scope: Complete

- A complete and thorough inspection of the company; evaluate all potentially hazardous areas

Violations

1. 1910.28(b)(1)(i) – Unprotected sides or edges above 4”
2. 1910.151(c) – Eye and/or body washing facility available
3. 1910.178(a)(5) – Forklift attachment data available
4. 1910.178(a)(6) – Forklift nameplate & markings in place
5. 1910.215(b)(9) – Tongue guard adjusted on bench grinder
6. 1910.253(b)(4)(iii) – Oxygen cylinder storage near fuel-gas
7. 1910.110(e)(4)(iii) – Fuel container securely mounted
8. 1910.1200(f)(6) – Chemical container labeling
9. 1910.1200(h)(1) – Hazard Communication training

CASE STUDY

Case Status: CLOSED

Inspection: 1244135.015 - [REDACTED]

Inspection Information - Office: Marlton

Nr: 1244135.015 Report ID: 0213900 Open Date: 07/05/2017

[REDACTED] Union Status: NonUnion

SIC:
NAICS: 485510/Charter Bus Industry
Mailing: [REDACTED]

Inspection Type: Complaint
Scope: Partial Advanced Notice: N
Ownership: Private
Safety/Health: Health Close Conference: 11/28/2017
Close Case: 10/16/2018

Related Activity: Type ID Safety Health
Complaint 1236199 Yes

Case Status: CLOSED

Violation Summary						
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	1			1		2
Current Violations	1			1		2
Initial Penalty	\$6,519	\$0	\$0	\$1,630	\$0	\$8,149
Current Penalty	\$3,912	\$0	\$0	\$978	\$0	\$4,890
FTA Amount	\$0	\$0	\$0	\$0	\$0	\$0

Violation Items										
#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001A	Serious	19100215 A04	12/05/2017	01/02/2018	\$3,912	\$6,519	\$0		I - Informal Settlement
2.	01001B	Serious	19100215 B09	12/05/2017	01/02/2018	\$0	\$0	\$0		I - Informal Settlement
3.	02001	Other	19040040 A	12/05/2017	01/02/2018	\$978	\$1,630	\$0		I - Informal Settlement

Inspection Type & Scope

Type: Complaint

- Allegations of hazards or violations

Scope: Partial

- Focus is limited to certain potentially high hazard areas, operations, conditions or practices of the establishment

Violations

1. 1910.215(a)(4) – Work rest adjusted on bench grinder
2. 1910.215(b)(9) – Tongue guard adjusted on bench grinder
3. 1904.4 – Keep records of fatalities, injuries & illnesses

CASE STUDY

Case Status: CLOSED
 Inspection: 1275002.015 - [REDACTED]

Inspection Information - Office: Harrisburg

Nr: 1275002.015	Report ID: 0316700	Open Date: 11/01/2017
[REDACTED]		Union Status: NonUnion
SIC:		
NAICS: 485510/Charter Bus Industry		
Mailing: [REDACTED]		
Inspection Type: Fat/Cat		
Scope: Partial	Advanced Notice: N	
Ownership: Private		
Safety/Health: Safety	Close Conference: 12/20/2017	
	Close Case: 03/08/2019	
Related Activity: Type	ID	Safety Health
Accident	1280913	

Case Status: CLOSED

Violation Summary

	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	3					3
Current Violations	3					3
Initial Penalty	\$32,520	\$0	\$0	\$0	\$0	\$32,520
Current Penalty	\$24,000	\$0	\$0	\$0	\$0	\$24,000
FTA Amount	\$0	\$0	\$0	\$0	\$0	\$0

Violation Items

#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001A	Serious	19100028 B03 III	02/27/2018	03/23/2018	\$4,910	\$6,652	\$0		I - Informal Settlement
2.	01001B	Serious	19100028 B08	02/27/2018	03/23/2018	\$0	\$0	\$0		I - Informal Settlement
3.	01002A	Serious	19100147 C04 I	02/27/2018	03/23/2018	\$9,545	\$12,934	\$0		I - Informal Settlement
4.	01002B	Serious	19100147 D03	02/27/2018	03/23/2018	\$0	\$0	\$0		I - Informal Settlement
5.	01003	Serious	19100147 C07 I	02/27/2018	03/23/2018	\$9,545	\$12,934	\$0		I - Informal Settlement

Inspection Type & Scope

Type: Fatality/Catastrophe

- Work-related fatalities or catastrophe

Scope: Partial

- Focus is limited to certain potentially high hazard areas, operations, conditions or practices of the establishment

Violations

1. 1910.28(b)(3)(iii) – Fall protection stairway floor hole
2. 1910.28(b)(8) – Service pit fall protection
3. 1910.147(c)(4)(i) – Energy control procedures
4. 1910.147(d)(3) – Machine/equipment energy isolation
5. 1910.147(c)(7)(i) – Energy control program training

Accident Investigation Summary

A mechanic was performing maintenance on a bus. The employee had completed the service items for the bus and was getting ready to start the bus, using the rear start switch located in the engine compartment at the rear of the bus. When the employee activated the switch to start the engine of the bus, the bus began to move backwards and struck the employee, running him over.

QUESTIONS

Contact Information

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DAECHER

CONSULTING GROUP

