

Introduction to OSHA

STUDENT HANDOUT PACKET



- #1. Weekly Fatality/Catastrophe Report
- #2. OSHA Poster
- #3. MSDS Example
- #4. Your Rights as a Whistleblower Fact Sheet
- #5. Refusing to Work Because Conditions are Dangerous
- #6. OSHA 300 Log example
- #7. Employers Must Provide and Pay for PPE
- #8. How to Read the OSHA Standards: a. General Industry; b. Construction; c. Maritime Industry
- #9. Safety and Health Resources
- #10. Navigating the OSHA Website
- #11. Identifying Safety and Health Problems in the Workplace
- #12. Filing an OSHA Complaint includes tips for completion, scenario and form: a. General Industry; b. Construction; c. Maritime Industry

Intentional blank page to accommodate 2-sided printing.

Weekly Fatality/Catastrophe Report

Address  http://www.osha.gov/dep/fatcat/fatcat_weekly_rpt_12252009.html



UNITED STATES DEPARTMENT OF LABOR
 OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

www.OSHA.gov
[A-Z Index: ABCDEFGHIJKLMNOPQRSTUVWXYZ](#)

Weekly Fatality/Catastrophe Report

SAMPLE of Actual Report

This table contains the weekly summaries of fatalities and catastrophes resulting in the hospitalization of three or more workers. Employers must report these incidents to OSHA within eight hours. The summaries below include only preliminary information, as reported to OSHA Area Offices or to States which operate OSHA-approved State Plans. The fatalities listed here include only those that initially appear to be work-related, but excludes fatalities that do not appear to be work-related, such as an apparent heart attack of a sedentary worker. OSHA investigates all work-related fatalities and catastrophes. After OSHA's investigation is complete, these reports will be updated with inspection results and citation information.

Weekly Summary (Federal and State data tabulated week ending Dec 25, 2009)		
FATALITIES		
Date of Incident	Company and Location	Preliminary Description of Incident
12/17/2009	Manion & Associates, Inc., Brandenburg, KY 40108	Two workers were doing road surveying each on either side of the road. A civilian driver came over the hill and suddenly applied his brakes, even though no person, equipment, or car was in the road. This caused his car to spin off the road, running over one of the workers.
12/17/2009	TBM, Inc., Visalia, CA 93277	Worker fell from a ladder while working inside an airplane.
12/18/2009	Pro-Tech Contracting of Georgia LLC, Lawrenceville, GA	Worker was securing tarp on a roof (not wearing fall protection, although it was available) and fell 35 feet to lower level.
12/18/2009	Sonoma Compost Company, LLC, Petaluma, CA 94952	Worker was on ground when he was run over by a front loader.
12/19/2009	Auto Zone Store, Oakland, CA 94603	Security guard worker was shot three times during robbery. The assailants took his weapon.
12/20/2009	Gateco, Newbery Park, CA 91360	Worker, who is the owner, was doing electrical work and fell through the skylight. (No inspection planned)
12/20/2009	Premier Asphalt and Masonry, Inc., Coram, NY 11727	Worker was found in vehicle with engine running; carbon monoxide over exposure.
12/21/2009	County of Los Angeles - Office of Education, Downey, CA 90242	Worker was found unconscious in her cubicle by a janitor. (Inspection planned)
12/21/2009	Country Club Auto Repair, Inc., Lake Charles, LA 70305	Worker was repairing a roof insulation and fell 14 feet to the ground.
12/21/2009	Estes Express Lines, Seekonk, MA 02771	Worker was crushed between the forklift he was operating and a concrete bollard next to the loading dock door after stepped off the forklift.
12/21/2009	Kenvelm, Inc. dba KE Beal Company, Cape Coral, FL 33919	Worker was part of a four man tree trimming crew and was in the process of cutting down a 25-foot palm tree. Worker walked into the path of the falling tree and was struck by the tree.
12/22/2009	3 ML Construction Company, Inc., Methuen, MA	Worker was installing shingles and moving planks on a roof and fell 20' 6" from the roof to a driveway below.

FATALITIES

Date of Incident	Company and Location	Preliminary Description of Incident
12/22/2009	ANF Engineering, Inc., Redwood City, CA 94061	Worker was cleaning up on side of the road and was run over by a dump truck backing up.
12/22/2009	South Dakota Wheat Growers Association, McLaughlin, SD 57642	Worker entered a storage bin through a track side access hole that was 15 feet above ground and was engulfed by sunflower seeds.
12/23/2009	Golden Empire Concrete Products, Inc., Bakersfield, CA 93311	Worker, a Quality Control Manager, was found lying face down. (Inspection planned)
12/23/2009	I.G. Express Electric, New Braunfels, TX 78130	Worker was being elevated from a trash box on a forklift to reach a light pole. The trash box and worker fell to the parking lot.
12/23/2009	Storage Battery Systems, Inc., Alsip, IL 60803	Worker was working beneath an elevated hydraulic platform and the platform failed, crushing the worker.
12/23/2009	Walls Contractors, Inc., Newport, AR 72112	Worker was preparing drywall to be painted and found a coil of wire hanging from the ceiling. He attempted to throw the coil over a beam in the ceiling. The coil of wires struck the beam and fell back down. The wires contacted the worker and he was electrocuted.
12/25/2009	Stark Excavation, Inc., Normal, IL 61790	Worker was operating a track hoe to remove columns lodged against a building. The columns were rigged with a nylon strap and were attached to the track hoe. While hoisting the façade from the building, the strap broke and the concrete facade fell on the cab of the track hoe, fatally injuring the worker.
12/26/2009	Tomcat Drilling, LLC, Ames, OK 73718	Worker on a derrick board fell with the collapsing mast. The derrick board broke loose from the mast and the worker was thrown against a metal structure on the ground.

CATASTROPHES - MULTIPLE WORKERS HOSPITALIZED (None Reported)

NOTES:

[illegible]

Job Safety and Health

It's the law!

OSHA
Occupational Safety
and Health Administration
U.S. Department of Labor

EMPLOYEES:

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the *OSH Act*.
- You have the right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violations.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposures to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards issued under the *OSH Act* that apply to your own actions and conduct on the job.

EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the *OSH Act*.

**This free poster available from OSHA –
The Best Resource for Safety and Health**



Free assistance in identifying and correcting hazards or complying with standards is available to employers, without citation or penalty, through OSHA-supported consultation programs in each state.

1-800-321-OSHA
www.osha.gov

OSHA 3165-12-06R

Intentional blank page to accommodate 2-sided printing.

Section 1 – PRODUCT AND COMPANY INFORMATION

Manufacturer	IMS Company 10373 Stafford Road Chagrin Falls, OH 44023-5296 WEB imscompany.com	Emergency Phone Prepared by Prepared/Revised E-mail	800-424-9300 Product Safety Advisor April 19, 2006 sales@imscompany.com
--------------	--	--	--

Item Number	Size	Former Item Number
107320	2 ounce jar	SAG1-OB500-2
107439	14 ounce cartridge	SAG1-OB500-14C
105998	16 ounce jar	SAG1-OB500-16
107526	8 pounds, 1 gallon pail	SAG1-OB500-1G
107433	42 pounds, 5 gallon pail	SAG1-OB500-5G

Hazardous Material Information System

Health	1	Flammability	1	Reactivity	1	Protection	X
0 Normal use Material		0 Will Not Burn		0 Stable		X = Consult the	
1 Slight Hazard (temporary)		1 Possible to Burn		1 Unstable if Heated		MSDS and	
2 Health Affected (lengthy)		2 Burns if Heated		2 Violent Chemical Change		your supervisor	
3 Extreme Danger		3 Easily Burns		3 Shock and Heat Sensitive		for your special	
4 Severe or Fatal		4 Very Easily Burns		4 May Explode		workplace need	

* Chronic (Accumulates)

NOTE The HMIS may not be enough hazard information for this chemical in all workplaces. The HMIS system requires employee training about the system and about information in this MSDS.

Section 2 – INGREDIENTS INFORMATION

#	Chemical/Common Name	CAS-Number	%	PEL-OSHA	TLV-ACGIH
1	1-Decene homopolymer	68037-01-4	70 to 90	5mg/m ³	5mg/m ³
2	Organophillic clay	68953-58-2	5 to 25	10 mg/m ³ (4)	0.1 mg/m ³ (4)
3	Polytetrafluoroethylene	9002-84-0	0.1 to 10	(1) (3)	(1) (3)
4	Methylene bis dithiocarbonate	10254-57-6	0.1 to 10	(1)	5 mg/m ³
5	Zinc oxide (2)	1314-13-2	0.1 to 10	5mg/m ³	5mg/m ³

(1) Not Established

(2) Subject to SARA Title III Section 313 reporting requirements.

(3) Manufacturer's exposure level is 5mg/m³ for respirable dust.

(4) As respirable quartz.

This product Does Not Contain carcinogens according to NTP, IARC, or OSHA.

Section 3 – HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW Small amount (very thick material) is not expected to cause any emergency condition.

HEALTH EFFECTS (Acute and Chronic)

Nose No vapors expected. Vapors from elevated temperatures may cause respiratory irritation, harmful if aspirated into lungs. Vapors from over 400° F (204° C) may cause "Fume Fever."

Mouth May be harmful if swallowed. Possible irritation, nausea, or diarrhea.

Eyes Minimal irritation, tearing, reddening, or swelling. Avoid prolonged contact.

Skin May irritate skin. Avoid long-term contact. Prolonged contact may result in defatting, drying which may lead to irritation, dermatitis, allergic reaction. If injected under skin (with a high pressure grease gun), necrosis could result.

Chronic Not available

PRIMARY ROUTES OF ENTRY Skin, Eye

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE Preexisting skin, and eye disorders could be aggravated by exposure to this type of product.

Section 4 – FIRST AID MEASURES

NOTE If irritation persists after any kind of body exposure, get medical help.

- Breathing** Vapors are not likely to injure, unless the product is heated. Get to fresh air if symptoms appear. If breathing has stopped, administer artificial respiration and get medical attention.
- Eating** ****Get Medical Help at once**** Do not induce vomiting.
- Eye Contact** Immediately flush eyes thoroughly with plenty of water for at least 15 minutes. Remove contact lenses. Hold eyelids open to irrigate fully. Get medical attention if irritation persists.
- Skin Contact** Remove contaminated clothing. Wash exposed area with soap and water. Wash contaminated clothing before re-use. If irritation persists, or if contact has been prolonged, get medical attention.
- Medical Notes** Treat symptomatically

Section 5 – FIRE FIGHTING MEASURES

Flash Point (estimated)420° F(215° C) Flammable Limits.....LEL = NA ...UEL = NA
Autoignition temperature590° F(310° C)

Extinguishing Media Water spray, alcohol-type foam, or all-purpose-type foam, for large fires. Carbon dioxide or dry chemical for small fires.

Special Fire Fighting Procedures Material will not burn unless preheated. Cool exposed containers with water. Do not direct a solid stream of water or foam into hot, burning pools; this may cause frothing and increase fire intensity. Firefighters should wear full bunker gear, self-contained, positive-pressure breathing apparatus, and protective clothing.

Unusual Fire and Explosion Hazards Streams of water are likely to spread fire. Use water spray only to cool containers. Will not flash spontaneously. Stable at ambient temperatures and pressures. Toxic fumes may be evolved on burning or exposure to heat.

Hazardous Combustion/Decomposition Products Hydrogen fluoride (HF), carbonyl fluoride, perfluoroolefin, carbon anoxide, fluorocarbons, carbon monoxide, carbon dioxide, and unidentified organic compounds.

Section 6 – ACCIDENTAL RELEASE MEASURES

Steps to be Taken in Case Material is Released or Spilled May burn, although not readily ignitable. Wear appropriate personal protective equipment according to the conditions, such as respirator and protective clothing. Small spills can be collected or absorbed with appropriate absorbing materials. Soak up residue with an absorbent such as clay, sand, or other suitable material. Dispose of properly. Flush area with water to remove trace residues, but do not let product or contaminated water get to drains, sewers, or rainfall. All spill response should be carried out in accordance with Federal, State, County/Provincial, and local requirements.

Section 7 – HANDLING AND STORAGE

Precautions to be Taken in Storage Product will burn. Eliminate open flames, strong oxidizers, and other sources of ignition from the storage area. Keep containers closed to avoid contamination from airborne dust and moisture. Observe applicable fire codes. Store in accordance with good industrial practices. These include store in cool, dry area out of direct sunlight (below 120° F, 49° C). Do not puncture or burn containers.

Handling Thoroughly wash after handling and before eating, drinking, or using tobacco products.

Maintenance Precautions Do not remove or deface label. Keep container closed.

Other Precautions As per any petroleum-based products, read and follow directions and cautions on the container label.

Section 8 – EXPOSURE CONTROLS – PERSONAL PROTECTION

Ventilation Usually not specifically required. No local exhaust required. General (mechanical) room ventilation may be adequate to maintain product and its components below TLV/PEL, if handled at ambient temperatures or in covered equipment. Local exhaust ventilation or other engineering controls may be required, if ambient temperatures are exceeded or if used in operations that may produce mist, aerosol, or vapor.

Respiratory Protection Usually none. If personnel exposure exceeds exposure limit at any time, select respiratory protection equipment in accordance with 29 CFR 1910.134. NIOSH approved atmosphere-supplying respirator or a NIOSH approved air-purifying respirator with organic vapor cartridge and dust/mist pre-filter is recommended.

Section 8 – EXPOSURE CONTROLS – PERSONAL PROTECTION (cont)

Protective Gloves If needed to avoid long-term or repeated contact, natural rubber, neoprene, nitrile (NBR), and butyl are recommended materials.

Other Protective Equipment Safety glasses or goggles, and face shield, as appropriate for exposure.

Other Engineering Controls To determine exposure levels, monitoring should be performed. Eye bath and safety shower station should be available.

Work Practices Avoid long-term or repeated contact. Stained clothing should be removed and laundered before re-use. Sudden release of hot vapor or mist from process equipment operating at elevated temperature and pressure, or sudden ingress of air into hot equipment under vacuum, may result in ignition without the presence of obvious ignition sources. Autoignition temperature values cannot be treated as safe operating temperatures in chemical processes without analysis of the actual process conditions. Any use of this product in elevated-temperature processes must be thoroughly evaluated to establish and maintain safe operating conditions.

Avoid contact with eyes. Wear chemical goggles if there is likelihood of contact. Avoid prolonged or repeated contact with skin. Wear chemical resistant gloves and other clothing as required to minimize contact.

Ventilation should maintain the concentration of the components below their TLV/PEL values.

Hygienic Practices Avoid contact with skin and avoid breathing vapors. Do not eat, drink, or smoke in work area. Wash hands before eating, drinking, or using restroom after using this or any chemical product. Launder contaminated clothing before reuse. Product can contaminate tobacco, causing flu-like sickness (from inhaling product's polytetrafluoroethylene component heated in tobacco smoke or ingested from handling tobacco and/or food products). After using this, or any chemical product, wash thoroughly before eating or smoking.

Section 9 – PHYSICAL AND CHEMICAL PROPERTIES

Boiling Point.....NA	Specific Gravity (Water=1)0.87
Vapor Pressure at 68° F (20° C)NIL	Percent Volatile by Volume (%)NIL
Vapor Density (Air=1)NIL	Evaporation Rate (butyl acetate=1) ..NIL
VOC.....NIL	Pour point.....NA
Solubility in Water.....NIL	pHNA
Melting pointNA	

Appearance and Odor Information Light tan to off-white paste, sticky, almost odorless.

Section 10 – STABILITY AND REACTIVITY

Incompatibility (Materials to Avoid) Strong oxidizers

Will Hazardous Polymerization Occur? No

Conditions to Avoid for Polymerization See Incompatibility

Is the Product Stable? Yes

Conditions to Avoid for Stability Temperatures above 392° F (200° C), See Incompatibility

Section 11 – TOXICOLOGICAL INFORMATION

COMPONENT # COMMENTS

- 1Not listed in NTP, IARC, OSHA, Prop 65, and SARA 313. Is listed as a component of non-food article intended for use in contact with food or as a lubricant added to food directly as a result of incidental contact with container or equipment.
- 2AKA Di (tallow alkyl) dimethyl ammonium bentonite, a quaternary compound
- 3, 4, 5Not listed in NTP, IARC, OSHA, Prop 65, and SARA 313.

Section 12 – ECOLOGICAL INFORMATION

COMPONENT # COMMENTS

- 1, 2, 3, 5No ecological or environmental effects known
- 4Considered toxic to aquatic life

Section 13 – DISPOSAL CONSIDERATIONS

Waste Disposal Methods Consult Federal, State, County/Provincial, and Local regulations. Product is readily reclaimed from many applications; reclamation from spent fluids is encouraged where possible. At low concentrations in water, this product is biodegradable in a biological wastewater treatment plant. Where reclamation is not practical, this product may be incinerated where permitted under Federal, State, County/Provincial, and Local regulations, but only if the facility is capable of scrubbing out HF and other acidic products. Never dispose by means of public sewers or drainage. Empty containers should be recycled or disposed of through an approved waste management facility.

Section 14 – TRANSPORT INFORMATION

COMPONENT # COMMENTS
1, 2, 3, 4, 5Not regulated

Section 15 – REGULATORY INFORMATION

	Component 1	Component 2	Component 3	Component 4	Component 5
ACGIH	N	N	N	N	N
AIHA	N	N	N	N	N
ANSI	N	N	N	N	N
Canada - DSL	Y	Y	Y	Y	Y
CFC	N	N	N	N	N
DOT listed	N	N	N	N	N
EINECS listed	Y	Y	Y	Y	Y
EPA - CAA, CAW	N	N	N	N	N
EU rating #'s	N	N	N	N	N
HCFC	N	N	N	N	N
OSHA listed	Y	Y	N	N	N
PROP 65 listed	N	N	N	N	N
RCRA listed	N	N	N	N	N
SARA 313 list	N	N	N	N	Y
TSCA listed	Y	Y	Y	Y	Y
WHMIS-other	N	N	N	N	N

Section 16 – OTHER INFORMATION

CAUTION Intentional misuse of this chemical product, as with any industrial chemical in contact with the body, can be harmful or fatal. This includes such things as deliberately breathing, placing in mouth, swallowing, placing on skin, or any other body contact, or repeated, or continuous contact.

IMS provides this information in good faith, but makes no representation as to its comprehensiveness or its accuracy. This document is offered as a guide to a trained person, for appropriate precautionary handling. Persons using the product and receiving the information must exercise independent judgment in determining the appropriateness of the use and the safety information for their particular purpose. IMS MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THIS INFORMATION OR TO THE PRODUCT. ACCORDINGLY, IMS WILL NOT BE RESPONSIBLE FOR DAMAGES RESULTING FROM USE OF OR RELIANCE ON THIS INFORMATION.

ACGIH American Conference of Governmental Hygienists
AKA Also Known As, Synonym
CAS Chemical Abstract Service
IARC International Agency for Research of Cancer
mg/m³ milligrams per Cubic Meter
N No, None, Not listed
NA Not Applicable, Not Available
ND Not Determined
NIL Not measurable, significant, noticeable, or an affect
NTP National Toxicology Program
OSHA Occupational Safety and Health Administration
ppm parts per million
Y Yes, Does Exists, Is Listed,

OSHA FactSheet

Your Rights as a Whistleblower

You may file a complaint with OSHA if your employer retaliates against you by taking unfavorable personnel action because you engaged in protected activity relating to workplace safety and health, commercial motor carrier safety, pipeline safety, air carrier safety, nuclear safety, the environment, asbestos in schools, corporate fraud, SEC rules or regulations, railroad carrier safety or security, or public transportation agency safety or security.

Whistleblower Laws Enforced by OSHA

Each law requires that complaints be filed within a certain number of days after the alleged retaliation.

You may file complaints by telephone or in writing under the:

- *Occupational Safety and Health Act* (30 days)
- *Surface Transportation Assistance Act* (180 days)
- *Asbestos Hazard Emergency Response Act* (90 days)
- *International Safe Container Act* (60 days)
- *Federal Rail Safety Act* (180 days)
- *National Transit Systems Security Act* (180 days)

Under the following laws, complaints must be filed in writing:

- *Clean Air Act* (30 days)
- *Comprehensive Environmental Response, Compensation and Liability Act* (30 days)
- *Energy Reorganization Act* (180 days)
- *Federal Water Pollution Control Act* (30 days)
- *Pipeline Safety Improvement Act* (180 days)
- *Safe Drinking Water Act* (30 days)
- *Sarbanes-Oxley Act* (90 days)
- *Solid Waste Disposal Act* (30 days)
- *Toxic Substances Control Act* (30 days)
- *Wendell H. Ford Aviation Investment and Reform Act for the 21st Century* (90 days)

Unfavorable Personnel Actions

Your employer may be found to have retaliated against you if your protected activity was a contributing or motivating factor in its decision to take unfavorable personnel action against you.

Such actions may include:

- Firing or laying off
- Blacklisting
- Demoting
- Denying overtime or promotion
- Disciplining

- Denying benefits
- Failing to hire or rehire
- Intimidation
- Reassignment affecting promotion prospects
- Reducing pay or hours

Filing a Complaint

If you believe that your employer retaliated against you because you exercised your legal rights as an employee, contact your local OSHA office *as soon as possible*, because you must file your complaint within the legal time limits. OSHA conducts an in-depth interview with each complainant to determine whether to conduct an investigation. For more information, call your closest OSHA Regional Office:

- *Boston* (617) 565-9860
- *New York* (212) 337-2378
- *Philadelphia* (215) 861-4900
- *Atlanta* (404) 562-2300
- *Chicago* (312) 353-2220
- *Dallas* (972) 850-4145
- *Kansas City* (816) 283-8745
- *Denver* (720) 264-6550
- *San Francisco* (415) 625-2547
- *Seattle* (206) 553-5930

Addresses, fax numbers and other contact information for these offices can be found on OSHA's website, www.osha.gov, and in local directories. Some complaints must be filed in writing and some may be filed verbally (call your local OSHA office for assistance). Written complaints may be filed by mail (we recommend certified mail), fax, or hand-delivered during business hours. The date postmarked, faxed or hand-delivered is considered the date filed.

If retaliation for protected activity relating to occupational safety and health issues takes place in a state that operates an OSHA-approved state plan, the complaint should be filed with the state agency, although persons in those states may file with Federal OSHA at the same time. Although the *Occupational Safety and*

Health Act covers only private sector employees, state plans also cover state and local government employees. For details, see <http://www.osha.gov/fso/osp/index.html>.

How OSHA Determines Whether Retaliation Took Place

The investigation must reveal that:

- The employee engaged in protected activity;
- The employer knew about the protected activity;
- The employer took an adverse action; and
- The protected activity was the motivating factor (or under some laws, a contributing factor) in the decision to take the adverse action against the employee.

If the evidence supports the employee's allegation and a settlement cannot be reached, OSHA will issue an order requiring the employer to reinstate the employee, pay back wages, restore benefits, and other possible remedies to make the employee whole.

Limited Protections for Employees Who Refuse to Work

You have a limited right under the OSH Act to refuse to do a job because conditions are hazardous. You may do so under the OSH Act only when (1) you believe that you face *death or serious injury* (and the situation is so clearly hazardous that any reasonable person would believe the same thing); (2) you have tried to get your employer to correct the condition, and there is no other way to do the job safely; and (3) the situation is so urgent that you do not have time to eliminate the hazard through regulatory channels such as calling OSHA.

Regardless of the unsafe condition, you are not protected if you simply walk off the job. For details, see <http://www.osha.gov/as/opa/worker/refuse.html>. OSHA cannot enforce union contracts or state laws that give employees the right to refuse to work.

Whistleblower Protections in the Transportation Industry

Employees whose jobs directly affect commercial motor vehicle safety are protected from retaliation by their employers for refusing to violate or for reporting

violations of Department of Transportation (DOT) motor carrier safety standards or regulations, or refusing to operate a vehicle because of such violations or because they have a reasonable apprehension of death or serious injury.

Similarly, employees of air carriers, their contractors or subcontractors who raise safety concerns or report violations of FAA rules and regulations are protected from retaliation, as are employees of owners and operators of pipelines, their contractors and subcontractors who report violations of pipeline safety rules and regulations. Employees involved in international shipping who report unsafe shipping containers are also protected. In addition, employees of railroad carriers or public transportation agencies, their contractors or subcontractors who report safety or security conditions or violations of federal rules and regulations relating to railroad or public transportation safety or security are protected from retaliation.

Whistleblower Protections for Voicing Environmental Concerns

A number of laws protect employees who report violations of environmental laws related to drinking water and water pollution, toxic substances, solid waste disposal, air quality and air pollution, asbestos in schools, and hazardous waste disposal sites. *The Energy Reorganization Act* protects employees who raise safety concerns in the nuclear power industry and in nuclear medicine.

Whistleblower Protections When Reporting Corporate Fraud

Employees who work for publicly traded companies or companies required to file certain reports with the Securities and Exchange Commission are protected from retaliation for reporting alleged mail, wire, or bank fraud; violations of rules or regulations of the SEC, or federal laws relating to fraud against shareholders.

More Information

To obtain more information on whistleblower laws, go to www.osha.gov, and click on the link for "Whistleblower Protection."

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For more complete information:



U.S. Department of Labor

www.osha.gov

(800) 321-OSHA

Refusing to Work because Conditions are Dangerous

Workers have the right to refuse to do a job if they believe in good faith that they are exposed to an imminent danger. "Good faith" means that even if an imminent danger is not found to exist, the worker had reasonable grounds to believe that it did exist.

The United States Supreme Court, in the *Whirlpool* case, issued the landmark ruling which more clearly defined a worker's right to refuse work where an employee has reasonable apprehension that death or serious injury or illness might occur as a result of performing the work. **However, as a general rule, you do not have the right to walk off the job because of unsafe conditions.**

REFUSING WORK IS PROTECTED IF:

Your right to refuse to do a task is protected if **ALL** of the following conditions are met:

- ✓ Where possible, you have asked the employer to eliminate the danger, and the employer failed to do so; **and**
- ✓ You refused to work in "good faith." This means that you must genuinely believe that an imminent danger exists. Your refusal cannot be a disguised attempt to harass your employer or disrupt business; **and**
- ✓ A reasonable person would agree that there is a real danger of death or serious injury; **and**
- ✓ There isn't enough time, due to the urgency of the hazard, to get it corrected through regular enforcement channels, such as requesting an OSHA inspection.

CONDITIONS ARE MET, NEXT STEPS:

When all of these conditions are met, you take the following steps:

- ✓ Ask your employer to correct the hazard;
- ✓ Ask your employer for other work;
- ✓ Tell your employer that you won't perform the work unless and until the hazard is corrected; **and**
- ✓ Remain at the worksite until ordered to leave by your employer.

The table below offers a few "IF/THEN" scenarios to follow.

IF	THEN
You believe working conditions are unsafe or unhealthful.	Call your employer's attention to the problem.
Your employer does not correct the hazard or disagrees with you about the extent of the hazard.	You may file a complaint with OSHA.
Your employer discriminates against you for refusing to perform the dangerous work.	Contact OSHA immediately.

Intentional blank page to accommodate 2-sided printing.

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

Log of Work-Related Injuries and Illnesses

You must record information 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 and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 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.

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 2009

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name

ABC Co.

City

Anywhere

State

USA

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 (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of 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:							(M)						
						Death	Days away from work	Job transfer or restriction	Remained at work	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Injury						
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)		
1	Tammy Newcomer	Chemist	2/5	Lab	Breathing difficulty-inhaled chlorine gas		X				13			X					
2	Pat James	Electrician	3/4	Maintenance Dept.	Gunshot wound left shoulder from ex-wife on 3rd shift		X				25	28					X		
3	Jose Ortega	CNA	5/30	3rd Fl, South wing	Hernia, lower right abdomen from lifting resident			X				5					X		
4	Georgina Gonzella	Welder	6/29	Welding Area	Welder flash, both eyes from TIG welder					X							X		
5	William Handwerk	Temp Help	8/7	Shipping Department	Broke left wrist from fall to dock floor		X				5	15							
6	Privacy Case	Janitor	10/4	Rm 6, 2nd Fl, North Wing	Needlestick from used syringe Right Hand					X							X		
7	Ellen Bass	Press Opr	12/5	Sheet Metal Dept.	Hearing loss, right ear					X									
Page totals						0	3	1	3		43	48	4	0	1	0	1		

Be sure to transfer these totals to the Summary page (Form 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 instruction, 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 any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Intentional blank page to accommodate 2-sided printing.

**Employers Must Provide and Pay for PPE****Personal Protective Equipment (PPE)**

The Occupational Safety and Health Administration (OSHA) requires that employers protect you from workplace hazards that can cause injury or illness. Controlling a hazard at its source is the best way to protect workers. However, when engineering, work practice and administrative controls are not feasible or do not provide sufficient protection, employers must provide personal protective equipment (PPE) to you and ensure its use.

PPE is equipment worn to minimize exposure to a variety of hazards. Examples include items such as gloves, foot and eye protection, protective hearing protection (earplugs, muffs), hard hats and respirators.

Employer Obligations	Workers should:
<ul style="list-style-type: none">✓ Performing a "hazard assessment" of the workplace to identify and control physical and health hazards.✓ Identifying and providing appropriate PPE for employees.✓ Training employees in the use and care of the PPE.✓ Maintaining PPE, including replacing worn or damaged PPE.✓ Periodically reviewing, updating and evaluating the effectiveness of the PPE program.	<ul style="list-style-type: none">✓ Properly wear PPE✓ Attend training sessions on PPE✓ Care for, clean and maintain PPE, and✓ Inform a supervisor of the need to repair or replace PPE.

Employers Must Pay for Personal Protective Equipment (PPE)

On May 15, 2008, a new OSHA rule about employer payment for PPE went into effect. With few exceptions, OSHA now requires employers to pay for personal protective equipment used to comply with OSHA standards. The final rule does not create new requirements regarding what PPE employers must provide.

The standard makes clear that employers cannot require workers to provide their own PPE and the worker's use of PPE they already own must be completely voluntary. Even when a worker provides his or her own PPE, the employer must ensure that the equipment is adequate to protect the worker from hazards at the workplace.

**Examples of PPE that Employers Must Pay for Include:**

- Metatarsal foot protection
- Rubber boots with steel toes
- Non-prescription eye protection
- Prescription eyewear inserts/lenses for full face respirators
- Goggles and face shields
- Fire fighting PPE (helmet, gloves, boots, proximity suits, full gear)
- Hard hats
- Hearing protection
- Welding PPE

**Payment Exceptions under the OSHA Rule**

Employers are not required to pay for some PPE in certain circumstances:

- Non-specialty safety-toe protective footwear (including steel-toe shoes or boots) and non-specialty prescription safety eyewear provided that the employer permits such items to be worn off the job site. (OSHA based this decision on the fact that this type of equipment is very personal, is often used outside the workplace, and that it is taken by workers from jobsite to jobsite and employer to employer.)
- Everyday clothing, such as long-sleeve shirts, long pants, street shoes, and normal work boots.
- Ordinary clothing, skin creams, or other items, used solely for protection from weather, such as winter coats, jackets, gloves, parkas, rubber boots, hats, raincoats, ordinary sunglasses, and sunscreen
- Items such as hair nets and gloves worn by food workers for consumer safety.
- Lifting belts because their value in protecting the back is questionable.
- When the employee has lost or intentionally damaged the PPE and it must be replaced.

OSHA Standards that Apply**OSHA General Industry PPE Standards**

- 1910.132: General requirements and payment
- 1910.133: Eye and face protection
- 1910.134: Respiratory protection
- 1910.135: Head protection
- 1910.136: Foot protection
- 1910.137: Electrical protective devices
- 1910.138: Hand protection

OSHA Construction PPE Standards

- 1926.28: Personal protective equipment
- 1926.95: Criteria for personal protective equipment
- 1926.96: Occupational foot protection
- 1926.100: Head protection
- 1926.101: Hearing protection
- 1926.102: Eye and face protection
- 1926.103: Respiratory protection

There are also PPE requirements in shipyards and marine terminals and many standards on specific hazards, such as 1910.1030: Bloodborne pathogens and 1910.146: Permit-required confined spaces.

OSHA standards are online at www.osha.gov.

Sources:

- *Employers Must Provide and Pay for PPE, New Jersey Work Environment Council (WEC) Fact Sheet*
- *OSHA Standards, 1910.132(h) and 1926.95(d)*
- *Employer Payment for Personal Protective Equipment Final Rule, Federal Register: November 15, 2007 (Volume 72, Number 220)*

How to Read the OSHA Standards 29 CFR 1910 – General Industry

UNDER TITLE 29, CHAPTER XVII, THE OSHA REGULATIONS ARE BROKEN DOWN INTO PARTS. PART 1910, FOR EXAMPLE, IS COMMONLY KNOWN AS THE OSHA GENERAL INDUSTRY STANDARDS. PART 1926 COVERS OSHA CONSTRUCTION STANDARDS AND PARTS 1915, 1917 AND 1918 INCLUDE THE OSHA STANDARDS FOR THE MARITIME INDUSTRY.

SUBPARTS

Under each part, such as Part 1910, major blocks of information are further broken into subparts. The major subparts in 1910 standards include:

Subpart D	Walking-Working Surfaces
Subpart E	Means of Egress
Subpart F	Powered Platforms, Manlifts, and Vehicle-Mounted Work Platforms
Subpart G	Occupational Health and Environmental Control
Subpart H	Hazardous Materials
Subpart I	Personal Protective Equipment
Subpart J	General Environmental Controls
Subpart K	Medical and First Aid
Subpart L	Fire Protection
Subpart M	Compressed Gas and Compressed Air Equipment
Subpart N	Materials Handling and Storage
Subpart O	Machinery and Machine Guarding
Subpart P	Hand and Portable Powered Tools
Subpart Q	Welding, Cutting and Brazing
Subpart R	Special Industries
Subpart S	Electrical
Subpart Z	Toxic and Hazardous Substances

SECTIONS

Each Subpart is further broken down into sections. For example, Subpart D – Walking-Working Surfaces has sections 1910.21 through 1910.30.

- 1910.21 – Definitions.
- 1910.22 – General requirements.
- 1910.23 – Guarding floor and wall openings and holes.
- 1910.24 – Fixed industrial stairs.
- 1910.25 – Portable wood ladders.
- 1910.26 – Portable metal ladders.
- 1910.27 – Fixed ladders.
- 1910.28 – Safety requirements for scaffolding.
- 1910.29 – Manually propelled mobile ladder stands and scaffolds (towers).
- 1910.30 – Other working surfaces.

NOTES:

EXAMPLE: READING OSHA STANDARDS –BREAKING DOWN THE NUMBERS

STANDARD: 29 CFR 1910.110(b)(13)(ii)(b)(7)(iii)

Portable containers shall not be taken into buildings except as provided in paragraph (b)(6)(i) of this section.

NUMBERS:

TITLE	CODE OF FED. REG.	PART	SECTION	LOWER CASE ALPHA	ARABIC NUMBER	LOWER CASE ROMAN	ITALICIZED*
29	CFR	1910	.110	(b)	(13)	(ii)	<i>(b)(7)(iii)</i>

*FOR STANDARDS PROMULGATED PRIOR TO 1979, ITALICS ARE USED TO LIST THE FOURTH SET OF PARENTHESES. AFTER 1979, A CAPITAL/UPPER CASE LETTER IS USED IN THIS SPACE.

Intentional blank page to accommodate 2-sided printing.

How to Read the OSHA Standards 29 CFR 1926 – Construction

UNDER TITLE 29, CHAPTER XVII, THE OSHA REGULATIONS ARE BROKEN DOWN INTO PARTS. PART 1926, FOR EXAMPLE, IS COMMONLY KNOWN AS THE OSHA CONSTRUCTION STANDARDS. PART 1910 COVERS OSHA GENERAL INDUSTRY STANDARDS AND PARTS 1915, 1917 AND 1918 INCLUDE THE OSHA STANDARDS FOR THE MARITIME INDUSTRY.

SUBPARTS

UNDER EACH PART, SUCH AS PART 1926, MAJOR BLOCKS OF INFORMATION ARE FURTHER BROKEN INTO SUBPARTS. THE MAJOR SUBPARTS IN 1926 STANDARDS INCLUDE:

Subpart C	General Safety and Health Provisions
Subpart D	Occupational Health and Environmental Controls
Subpart E	Personal Protective and Life Saving Equipment
Subpart F	Fire Protection and Prevention
Subpart G	Signs, Signals and Barricades
Subpart H	Materials Handling, Storage, Use, and Disposal
Subpart I	Tools – Hand and Power
Subpart J	Welding and Cutting
Subpart K	Electrical
Subpart L	Scaffolds
Subpart M	Fall Protection
Subpart N	Cranes, Derricks, Hoists, Elevators, and Conveyors
Subpart O	Motor Vehicles, Mechanized Equipment, and Marine Operations
Subpart P	Excavations
Subpart Q	Concrete and Masonry Construction
Subpart R	Steel Erection
Subpart S	Underground Construction, Caissons, Cofferdams, and Compressed Air
Subpart T	Demolition
Subpart U	Blasting and the Use of Explosives
Subpart V	Power Transmission and Distribution
Subpart W	Rollover Protective Structures; Overhead Protection
Subpart X	Ladders
Subpart Y	Commercial Diving
Subpart Z	Toxic and Hazardous Substances

SECTIONS

EACH SUBPART IS FURTHER BROKEN DOWN INTO SECTIONS. FOR EXAMPLE, SUBPART C – GENERAL SAFETY AND HEALTH PROVISIONS, HAS SECTIONS 1926.20 THROUGH 1926.35.

- 1926.20 – General safety and health provisions.
- 1926.21 – Safety training and education.
- 1926.22 – Recording and reporting of injuries.
- 1926.23 – First aid and medical attention.
- 1926.24 – Fire protection and prevention.
- 1926.25 – Housekeeping.
- 1926.26 – Illumination.
- 1926.27 – Sanitation.
- 1926.28 – Personal protective equipment.
- 1926.29 – Acceptable certifications.
- 1926.30 – Shipbuilding and ship repairing
- 1926.31 – Incorporation by reference.
- 1926.32 – Definitions.
- 1926.33 – Access to employee exposure and medical records.
- 1926.34 – Means of egress.
- 1926.35 – Employee emergency action plans.

NOTES:

EXAMPLE: READING OSHA STANDARD NUMBERS

STANDARD: 29 CFR 1926.152(i)(1)(i)(C)

Tanks built of materials other than steel shall be designed to specifications embodying principles recognized as good engineering design for the material used.

BREAKING DOWN THE NUMBER:

TITLE	CODE OF FED. REG.	PART	SECTION	LOWER CASE ALPHA	ARABIC NUMBER	LOWER CASE ROMAN	CAPITAL/UPPER CASE ALPHA*
29	CFR	1926	.152	(i)	(1)	(i)	(C)

*FOR STANDARDS PROMULGATED AFTER 1979, A CAPITAL/UPPER CASE LETTER IS USED IN THE FOURTH SET OF PARENTHESES. PRIOR TO 1979, THE FOURTH SET OF PARENTHESES ARE ITALICIZED.

Intentional blank page to accommodate 2-sided printing.

How to Read the OSHA Standards

29 CFR 1915, 29 CFR 1917, 29 CFR 1918 – Maritime Industry

UNDER TITLE 29, CHAPTER XVII, THE OSHA REGULATIONS ARE BROKEN DOWN INTO PARTS. PARTS 1915, 1917 AND 1918 INCLUDE THE OSHA STANDARDS FOR THE MARITIME INDUSTRY. PART 1910 COVERS OSHA GENERAL INDUSTRY STANDARDS AND PART 1926 IS COMMONLY KNOWN AS THE OSHA CONSTRUCTION STANDARDS.

SUBPARTS OF 29 CFR 1915

UNDER EACH PART, SUCH AS **PART 1915 OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR SHIPYARD EMPLOYMENT**, MAJOR BLOCKS OF INFORMATION ARE FURTHER BROKEN INTO SUBPARTS. THE MAJOR SUBPARTS IN 1915 STANDARDS INCLUDE:

Subpart A	General Provisions
Subpart B	Confined and Enclosed Spaces and Other Dangerous Atmospheres in Shipyard Employment
Subpart C	Surface Preparation and Preservation
Subpart D	Welding, Cutting and Heating
Subpart E	Scaffolds, Ladders and Other Working Surfaces
Subpart F	General Working Conditions
Subpart G	Gear and Equipment for Rigging and Materials Handling
Subpart H	Tools and Related Equipment
Subpart I	Personal Protective Equipment
Subpart J	Ship's Machinery and Piping Systems
Subpart K	Portable, Unfired Pressure Vessels, Drums and Containers, Other Than Ship's Equipment
Subpart L	Electrical Machinery
Subpart M, N, O	[Reserved]
Subpart P	Fire Protection in Shipyard Employment
Subpart Q, R, S, T, U, V, W, X, Y	[Reserved]
Subpart Z	Toxic and Hazardous Substances

SECTIONS

EACH SUBPART IS FURTHER BROKEN DOWN INTO SECTIONS. FOR EXAMPLE, **SUBPART B – CONFINED AND ENCLOSED SPACES AND OTHER DANGEROUS ATMOSPHERES IN SHIPYARD EMPLOYMENT**, HAS SECTIONS 1915.11 THROUGH 1915.16 WITH APPENDICES.

- 1915.11 – Scope, application, and definitions applicable to this subpart.
- 1915.12 – Precautions and the order of testing before entering confined and enclosed spaces and other dangerous atmospheres.
- 1915.13 – Cleaning and other cold work.
- 1915.14 – Hot work.
- 1915.15 – Maintenance of safe conditions.
- 1915.16 – Warning signs and labels.
- 1915 Subpart B App A – Compliance Assistance Guidelines for Confined and Enclosed Spaces and Other Dangerous Atmospheres
- 1915 Subpart B App B – Reprint of U.S. Coast Guard Regulations Referenced in Subpart B, for Determination of Coast Guard Authorized Persons.

NOTES:

EXAMPLE: READING OSHA STANDARD NUMBERS

STANDARD:	BREAKING DOWN THE NUMBER:							
1915.7(b)(2)(iii)(B) THE ROSTER SHALL CONTAIN, AS A MINIMUM, THE DATE THE EMPLOYEE WAS TRAINED AS A COMPETENT PERSON.	TITLE	CODE OF FED. REG.	PART	SECTION	LOWER CASE ALPHA	ARABIC NUMBER	LOWER CASE ROMAN	CAPITAL/UPPER CASE ALPHA*
	29	CFR	1915	.7	(b)	(2)	(iii)	(B)

*FOR STANDARDS PROMULGATED AFTER 1979, A CAPITAL/UPPER CASE LETTER IS USED IN THE FOURTH SET OF PARENTHESES. PRIOR TO 1979, THE FOURTH SET OF PARENTHESES ARE ITALICIZED.

How to Read the OSHA Standards

29 CFR 1915, 29 CFR 1917, 29 CFR 1918 – Maritime Industry

SUBPARTS OF 29 CFR 1917

UNDER EACH PART, SUCH AS **PART 1917 MARINE TERMINALS**, MAJOR BLOCKS OF INFORMATION ARE FURTHER BROKEN INTO SUBPARTS. THE MAJOR SUBPARTS IN 1917 STANDARDS INCLUDE:

Subpart A	Scope and Definitions
Subpart B	Marine Terminal Operations
Subpart C	Cargo Handling Gear and Equipment
Subpart D	Specialized Terminals
Subpart E	Personal Protection
Subpart F	Terminal Facilities
Subpart G	Related Terminal Operations and Equipment

SECTIONS

EACH SUBPART IS FURTHER BROKEN DOWN INTO SECTIONS. FOR EXAMPLE, **SUBPART G – RELATED TERMINAL OPERATIONS AND EQUIPMENT**, HAS SECTIONS 1917.151 THROUGH 1917.158.

- 1917.151 – Machine guarding.
- 1917.152 – Welding, cutting and heating (hot work)
- 1917.153 – Spray painting
- 1917.154 – Compressed air.
- 1917.155 – Air receivers.
- 1917.156 – Fuel handling and storage.
- 1917.157 – Battery charging and changing.
- 1917.158 – Prohibited operations.

NOTES:

SUBPARTS OF 29 CFR 1918

UNDER EACH PART, SUCH AS **PART 1918 SAFETY AND HEALTH REGULATIONS FOR LONGSHORING**, MAJOR BLOCKS OF INFORMATION ARE FURTHER BROKEN INTO SUBPARTS. THE MAJOR SUBPARTS IN 1918 STANDARDS INCLUDE:

Subpart A	Scope and Definitions
Subpart B	Gear Certification
Subpart C	Gangways and Other Means of Access
Subpart D	Working Surfaces
Subpart E	Opening and Closing Hatches
Subpart F	Vessel's Cargo Handling Gear
Subpart G	Cargo Handling Gear and Equipment Other Than Ship's Gear
Subpart H	Handling Cargo
Subpart I	General Working Conditions
Subpart J	Personal Protective Equipment

SECTIONS

EACH SUBPART IS FURTHER BROKEN DOWN INTO SECTIONS. FOR EXAMPLE, **SUBPART D – WORKING SURFACES**, HAS SECTIONS 1918.31 THROUGH 1918.37.

- 1918.31 – Hatch coverings.
- 1918.32 – Stowed cargo and temporary landing surfaces.
- 1918.33 – Deck loads.
- 1918.34 – Other decks.
- 1918.35 – Open hatches.
- 1918.36 – Weather deck rails.
- 1918.37 – Barges.

EXAMPLE: READING OSHA STANDARD NUMBERS

STANDARD:	BREAKING DOWN THE NUMBER:							
29 CFR 1917.43(g)(2)(i)(C) THE DRIVE CHAIN SHALL BE ENCLOSED TO A HEIGHT OF EIGHT FEET (2.44 M) EXCEPT FOR THAT PORTION AT THE LOWER HALF OF THE LOWER SPROCKET.	TITLE	CODE OF FED. REG.	PART	SECTION	LOWER CASE ALPHA	ARABIC NUMBER	LOWER CASE ROMAN	CAPITAL/ UPPER CASE ALPHA*
	29	CFR	1917	.43	(g)	(2)	(i)	(C)
STANDARD:	BREAKING DOWN THE NUMBER:							
1918.66(a)(14)(iii)(A) <i>[HOLDING BRAKES TORQUE]</i> 125 PERCENT WHEN USED WITH AN OTHER THAN MECHANICALLY CONTROLLED BRAKING MEANS;	TITLE	CODE OF FED. REG.	PART	SECTION	LOWER CASE ALPHA	ARABIC NUMBER	LOWER CASE ROMAN	CAPITAL/ UPPER CASE ALPHA*
	29	CFR	1918	.66	(a)	(14)	(iii)	(A)

*FOR STANDARDS PROMULGATED AFTER 1979, A CAPITAL/UPPER CASE LETTER IS USED IN THE FOURTH SET OF PARENTHESES. PRIOR TO 1979, THE FOURTH SET OF PARENTHESES ARE ITALICIZED.



Safety & Health Resources



Government Resources

OSHA: <http://www.osha.gov/>

Contact the OSHA Office nearest you or contact the toll free number:
1-800-321-OSHA (6742)

NIOSH: <http://www.cdc.gov/niosh/>

Phone NIOSH at
1-800-CDC-INFO (1-800-232-4636)
or Email at: cdcinfo@cdc.gov

NIOSH is a part of the Centers for Disease Control and Prevention (<http://www.cdc.gov/>).
CDC has extensive information on health and safety topics.

Universities

CORNELL UNIVERSITY

School of Industrial and Labor Relations:
<http://www.ilr.cornell.edu/healthSafety/>

LABOR OCCUPATIONAL HEALTH PROGRAM, University of California at Berkeley: <http://www.lohp.org/>

NATIONAL LABOR COLLEGE, George Meany Center: <http://www.nlc.edu/>

UCLA, Labor Occupational Safety and Health (UCLA-LOSH):
<http://www.losch.ucla.edu/>

COSH GROUPS

COSH groups are private, non-profit coalitions of labor unions, health and technical professionals, and others interested in promoting and advocating for worker health and safety. *If you don't see a COSH group in your area, check the NATIONAL COSH website for local COSH groups.*

NATIONAL COUNCIL FOR OCCUPATIONAL SAFETY & HEALTH National COSH is a federation of local and statewide "COSH" groups:
<http://www.coshnetwork.org/>

CACOSH – Chicago Area Committee on Occupational Safety and Health:
<http://www.cacosh.org/>

MASSCOSH –Massachusetts Coalition on Occupational Safety and Health:
<http://www.masscosh.org/>

NYCOSH – New York Committee for Occupational Safety and Health:
<http://www.nycosh.org/>

PHILAPOSH – Philadelphia Area Project for Occupational Safety and Health:
<http://www.philaposh.org/>
Prevention (<http://www.cdc.gov/>).

Unions

The following is a sample list of unions with links to useful health and safety information.

AFL-CIO: <http://www.aflcio.org/issues/safety/>

AFSCME: <http://www.afscme.org/issues/73.cfm>

eLCOSH – The Electronic Library of Construction Safety and Health is a collection of information on construction safety and health developed by CPWR – Center for Construction Research and Training, with funding by NIOSH: <http://www.elcosh.org/>

SEIU (Service Employees International Union) Health and Safety Department:
<http://www.seiu.org/a/members/safety-and-health.php>

UAW Health and Safety Department: <http://www.uaw.org/hs/>

Intentional blank page to accommodate 2-sided printing.



Navigating the OSHA Website

<http://www.osha.gov>

The elements of this valuable source of occupational safety and health information are featured:

UNITED STATES DEPARTMENT OF LABOR
Occupational Safety & Health Administration

A to Z Index | En Español | Contact Us | What's New | About OSHA

A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Search OSHA **GO**

Highlights
Combustible Dust
Graphic slideshow of OSHA highlights. Graphics are linked to the respective website.

Latest News
Statement of U.S. Secretary of Labor L. Solis on the Explosion in Middletown, Conn. [02/09/10]
Secretary Solis presents department budget request for FY 2011
New marine cargo handling operations QuickCards [02/01/10]
Secretary Hilda L. Solis and agency discuss US Labor Department's fiscal 2011 budget through live Web chat on Monday, Feb. 1 [01/28/10]
US Department of Labor's OSHA proposes recordkeeping change to improve illness data [01/28/10]

Worker Fatalities
Connecticut Power Plant Explosion, Klean Energy Systems, Middletown CT, Sunday, Feb. 7. At least 5 workers were killed and at least 12 injured.
Recent incidents, as well as weekly summaries are posted.
- Hilda Solis, Secretary of Labor

Top Links
>Regulations/Standards >Enforcement
>Laws & Rulemaking >Offices >S&H Topics
>Training >How to File a Complaint >MORE
Compliance Assistance
Newsroom
Offices
Construction
Maritime
Laws & Rulemaking
Interpretations

Featured Videos
>Videos >Data & Statistics >Other Resources >MORE
Data & Statistics
New Respirator Safety Videos
Earthquake Response
OSHA cites Mueller in Fulton, Miss. for safety violations
OSHA schedules compliance meetings [01/27/10]

Intentional blank page to accommodate 2-sided printing.

Identifying Safety and Health Problems in the Workplace

Identifying health and safety problems can be as easy as answering basic questions. To determine if there are health and safety problems that need to be addressed in your workplace, use these questions:

- Do you or your co-workers have injuries or health complaints? If so, what types?
- Who has been hurt or is having symptoms?
- When do you or your co-workers feel these symptoms?
- Where in the workplace are safety or health problems occurring?
- What are the conditions that are causing problems?

HEALTH HAZARDS	SAFETY HAZARDS
Common types of health hazards in the workplace are: <ul style="list-style-type: none"> ○ Chemical (asbestos, solvents, chlorine) ○ Biological (tuberculosis, HIV, hepatitis, molds) ○ Physical (noise, heat and cold, radiation, vibration) ○ Ergonomics or Repetitive Strain Injuries (carpal tunnel syndrome, back injuries) ○ Psychological (stress) 	Common types of safety hazards in the workplace are: <ul style="list-style-type: none"> ○ Slips, trips and falls ○ Being caught in or struck by moving machinery or other objects ○ Fire and explosions ○ Transportation and vehicle-related accidents ○ Confined spaces ○ Violence
How health hazards enter your body: <ul style="list-style-type: none"> ○ Breathing (inhalation) ○ Swallowing (ingestion) ○ Skin (absorption) ○ Cuts (injection) 	Slips, Trips and Falls <ul style="list-style-type: none"> ○ Bad housekeeping and poor drainage can make floors and other walking surfaces wet and slippery. ○ Electrical wires along the floor pose a tripping hazard. ○ You can fall if you are not provided with fall protection equipment, guardrails, and safe ladders.
The harm caused by health hazards depends on: <ul style="list-style-type: none"> ○ Strength, or potency, of the agent. ○ Amount of the agent that is present. ○ How long you are exposed to the agent. ○ Part of your body that is exposed. 	Caught In or Struck By Moving Machinery/Objects Machinery can cause injuries in different ways: <ul style="list-style-type: none"> ○ You can get parts of your body caught in or struck by exposed moving parts if machines are not properly guarded, or not locked out when being repaired. ○ You can be struck by flying objects from machines without protective guards.
Types of health effects: <ul style="list-style-type: none"> ○ Acute: the effect shows up right away. ○ Chronic: problems show up after a long period of exposure and/or long after the exposure ends. ○ Local: only the part of the body that was exposed is affected. ○ Systemic: an agent enters the body and affects other parts of the body. 	Fire and Explosions <ul style="list-style-type: none"> ○ Improper labeling, handling or storage of certain materials can pose a risk of fire or explosion. ○ Every workplace should have an evacuation plan for getting people out of a building in case of fire and an alarm or alert system to quickly inform employees of an emergency. ○ Every worker should be trained on what to do in case of an emergency.
Cancer <ul style="list-style-type: none"> ○ Cancer is a term for many diseases in different parts of the body. ○ Carcinogens are agents that cause cancer. ○ There is no totally safe level of exposure to something that causes cancer. ○ Cancer from a workplace exposure may develop 10, 20 or more years after the exposure. 	Transportation and Vehicle-Related Accidents <ul style="list-style-type: none"> ○ Operators of vehicles and equipment can be injured or cause injury to pedestrians if equipment is unsafe or if adequate training has not been provided. ○ You can be seriously injured or killed after being hit by a vehicle while repairing roads or doing other work in traffic zones. This danger exists when traffic is not properly routed and/or adequate barriers are not placed between the workers and the traffic.
Reproductive effects <ul style="list-style-type: none"> ○ Both men and women can be affected by reproductive hazards at work. ○ Reproductive hazards cause miscarriages and birth defects. 	Confined Spaces <ul style="list-style-type: none"> ○ A confined space is an area with small openings for a worker to enter and exit and is not designed for regular work. Examples of confined spaces include manholes, sewer digestors and silos. There are many hazards in confined spaces. ○ Workers can become unconscious and die from a lack of oxygen. ○ There may be too much oxygen, or other chemicals that can catch fire or explode. ○ Poisonous gases and vapors, such as hydrogen sulfide or carbon monoxide, may also build up in a confined space. ○ Confined spaces can also pose physical hazards. They can be very hot or cold, very loud, or slippery and wet. ○ Grain, sand or gravel can bury a worker.
Sensitization <ul style="list-style-type: none"> ○ You may become allergic or sensitive to some agents you work with. Sensitization can develop over time. ○ For example, a health care worker may develop a serious allergic reaction to latex used in gloves. 	Violence <ul style="list-style-type: none"> ○ Violence on the job is a growing problem. ○ Homicides are the second leading cause of workplace fatalities. Workplace violence includes physical assault as well as near misses, verbal abuse and sexual harassment.

Intentional blank page to accommodate 2-sided printing.

Filing an OSHA Complaint – Tips for Completing the OSHA-7 Form

INSTRUCTIONS Provided on the Form:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper. After you have completed the form, return it to your local OSHA office.

Here are tips for completing the form:

1. Be specific and include appropriate details: The information on the complaint form may be the only description of the hazard that the inspector will see before the inspection. The inspector will base his or her research and planning on this information.
2. Establishment Name, Address, & Type of Business: Be thorough and specific. The inspector's research on the company and the industry's hazards will be based on this information.
3. Hazard Description/Location: The hazard description is the most important part of the form. Your answer should explain the hazards clearly. If your complaint is about chemicals, identify them whenever possible and attach copies of labels or MSDSs if you can. Identify the location so the inspector will know where to look.
4. Has this condition been brought to the attention of the employer or another government agency? You should indicate on the form if you have tried to get the employer to fix the hazard before filing the complaint. Also, if another agency, such as a local fire or building department, has been notified of these hazards, OSHA may want to consult with them.
5. Do NOT reveal my name: OSHA will keep your name off the complaint, if you wish. Remember that discrimination for health and safety activity is illegal. If you are a union representative, you may wish to have your name on the complaint.
6. Signature and address: It is important to sign the complaint if you want OSHA to conduct an onsite inspection. Also, your address will allow OSHA to send copies of inspection related materials to you.

U. S. Department of Labor Occupational Safety and Health Administration		1	
Notice of Alleged Safety or Health Hazards			
		Complaint Number	
Establishment Name			
Site Address		2	
Site Phone		Site FAX	
Mailing Address			
Mail Phone		Mail FAX	
Management Official		Telephone	
Type of Business			
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or work area where the alleged violation exists.			
3			
Has this condition been brought to the attention of:		4	
		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)	
Please Indicate Your Desire:		5	
		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer	
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box)	
		<input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
Complainant Name		Telephone	
Address(Street, City, State, Zip)		6	
Signature		Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name: Your Title:			

You have worked at Ben Brothers Woodworking for 8 years as a janitor. Ben Brothers is located at 88 Wren Street, Anytown, USA, 40001. The company makes and refinishes office furniture. You usually work the second shift, but come in early sometimes. You and at least 3 of your co-workers have been getting headaches when you are working in the warehouse and the propane-operated forklift is running. You have had headaches over the past two months, at least twice a week.

The forklift operator told you that there are a lot of problems with the forklift and it needs to be replaced. You reported your headaches to your supervisor. She told you to go outside until you felt better and that there was nothing more she could do. You did some research and found out that exposure to propane in a confined, unventilated area can cause headaches, dizziness, difficulty breathing and unconsciousness. There is no monitoring of the air in the warehouse. There is no union at the facility. You decide to file a complaint with OSHA.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notice of Alleged Safety or Health Hazards

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

For Federal Employees:

This report format is provided to assist Federal employees or authorized representatives in registering a report of unsafe or unhealthful working conditions with the U.S. Department of Labor.

The Secretary of Labor may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have occupational safety and health committees established in accordance with Subpart F, 29 CFR 1960; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1-3, Executive Order 12196; or in the case of a report of imminent danger when such a committee has not responded to the report as required in Sec. 1-201(h).

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local OSHA office.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than \$10,000. or by imprisonment of not more than six months, or by both. (Section 17(g))

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.

OMB Approval# 1218-0064; Expires: 03-31-2011

Do not send the completed form to this Office.

Notice of Alleged Safety or Health Hazards

		Complaint Number			
Establishment Name					
Site Address					
		Site Phone		Site FAX	
Mailing Address					
		Mail Phone		Mail FAX	
Management Official				Telephone	
Type of Business					
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					
Has this condition been brought to the attention of:		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)			
Please Indicate Your Desire:		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer			
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify) _____			
Complainant Name				Telephone	
Address(Street, City, State, Zip)					
Signature				Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:					
Organization Name: Your Title:					

Filing an OSHA Complaint – Tips for Completing the OSHA-7 Form

INSTRUCTIONS Provided on the Form:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper. After you have completed the form, return it to your local OSHA office.

Here are tips for completing the form:

1. Be specific and include appropriate details: The information on the complaint form may be the only description of the hazard that the inspector will see before the inspection. The inspector will base his or her research and planning on this information.
2. Establishment Name, Address, & Type of Business: Be thorough and specific. The inspector's research on the company and the industry's hazards will be based on this information.
3. Hazard Description/Location: The hazard description is the most important part of the form. Your answer should explain the hazards clearly. If your complaint is about chemicals, identify them whenever possible and attach copies of labels or MSDSs if you can. Identify the location so the inspector will know where to look.
4. Has this condition been brought to the attention of the employer or another government agency? You should indicate on the form if you have tried to get the employer to fix the hazard before filing the complaint. Also, if another agency, such as a local fire or building department, has been notified of these hazards, OSHA may want to consult with them.
5. Do NOT reveal my name: OSHA will keep your name off the complaint, if you wish. Remember that discrimination for health and safety activity is illegal. If you are a union representative, you may wish to have your name on the complaint.
6. Signature and address: It is important to sign the complaint if you want OSHA to conduct an onsite inspection. Also, your address will allow OSHA to send copies of inspection related materials to you.

U. S. Department of Labor Occupational Safety and Health Administration		1	
Notice of Alleged Safety or Health Hazards			
		Complaint Number	
Establishment Name			
Site Address		2	
Site Phone		Site FAX	
Mailing Address			
Mail Phone		Mail FAX	
Management Official		Telephone	
Type of Business			
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or work area where the alleged violation exists.			
3			
Has this condition been brought to the attention of:		4	
		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)	
Please Indicate Your Desire:		5	
		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer	
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box)	
		<input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
Complainant Name		Telephone	
Address(Street, City, State, Zip)		6	
Signature		Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name: Your Title:			

You are a construction worker for ABC, Inc, 1000 Sweet Road, Anytown, USA, 40001. ABC does non-residential plumbing, heating and air-conditioning work. You have worked for ABC for 3 years. You, along with 7 co-workers, have been installing sheetmetal ductwork in the lower level of the Anytown Shopping Mall, which is undergoing renovation, for the past few weeks. The site is located in the Northwest quadrant, in the basement of the anchor store, located at 555 Times Drive, in Anytown. One of your co-workers has been operating a 65-horsepower concrete cutting saw in the same area. The saw is being run in the propane mode. You and several co-workers get headaches from the fumes whenever the saw is used and have told your supervisor about the problem. The supervisor said that nothing could be done, because the General Contractor, CAB Management, has control over the site and this job will be complete in another month. You did some research and found out that exposure to propane in a confined, unventilated area can cause headaches, dizziness, difficulty breathing and unconsciousness. There is no ventilation or monitoring of the air in the area.

NOTES:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Notice of Alleged Safety or Health Hazards

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

For Federal Employees:

This report format is provided to assist Federal employees or authorized representatives in registering a report of unsafe or unhealthful working conditions with the U.S. Department of Labor.

The Secretary of Labor may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have occupational safety and health committees established in accordance with Subpart F, 29 CFR 1960; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1-3, Executive Order 12196; or in the case of a report of imminent danger when such a committee has not responded to the report as required in Sec. 1-201(h).

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local OSHA office.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than \$10,000. or by imprisonment of not more than six months, or by both. (Section 17(g))

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.

OMB Approval# 1218-0064; Expires: 03-31-2011

Do not send the completed form to this Office.

Notice of Alleged Safety or Health Hazards

		Complaint Number			
Establishment Name					
Site Address					
		Site Phone		Site FAX	
Mailing Address					
		Mail Phone		Mail FAX	
Management Official				Telephone	
Type of Business					
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					
Has this condition been brought to the attention of:		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)			
Please Indicate Your Desire:		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer			
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify) _____			
Complainant Name				Telephone	
Address(Street, City, State, Zip)					
Signature				Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:					
Organization Name: Your Title:					

Filing an OSHA Complaint – Tips for Completing the OSHA-7 Form

INSTRUCTIONS Provided on the Form:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper. After you have completed the form, return it to your local OSHA office.

Here are tips for completing the form:

1. Be specific and include appropriate details: The information on the complaint form may be the only description of the hazard that the inspector will see before the inspection. The inspector will base his or her research and planning on this information.
2. Establishment Name, Address, & Type of Business: Be thorough and specific. The inspector's research on the company and the industry's hazards will be based on this information.
3. Hazard Description/Location: The hazard description is the most important part of the form. Your answer should explain the hazards clearly. If your complaint is about chemicals, identify them whenever possible and attach copies of labels or MSDSs if you can. Identify the location so the inspector will know where to look.
4. Has this condition been brought to the attention of the employer or another government agency? You should indicate on the form if you have tried to get the employer to fix the hazard before filing the complaint. Also, if another agency, such as a local fire or building department, has been notified of these hazards, OSHA may want to consult with them.
5. Do NOT reveal my name: OSHA will keep your name off the complaint, if you wish. Remember that discrimination for health and safety activity is illegal. If you are a union representative, you may wish to have your name on the complaint.
6. Signature and address: It is important to sign the complaint if you want OSHA to conduct an onsite inspection. Also, your address will allow OSHA to send copies of inspection related materials to you.

U. S. Department of Labor Occupational Safety and Health Administration		1	
Notice of Alleged Safety or Health Hazards			
		Complaint Number	
Establishment Name			
Site Address		2	
Site Phone		Site FAX	
Mailing Address			
Mail Phone		Mail FAX	
Management Official		Telephone	
Type of Business			
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or work area where the alleged violation exists.			
3			
Has this condition been brought to the attention of:		4	
		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)	
Please Indicate Your Desire:		5	
		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer	
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box)	
		<input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
Complainant Name		Telephone	
Address(Street, City, State, Zip)		6	
Signature		Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name: Your Title:			

Maritime Industry Complaint Scenario

Use the following scenario to determine what information should be put on an OSHA complaint form. Is any additional information needed?

You are a longshoreman who operates a propane-operated forklift truck for ABC, Inc, 1000 Pier Street, Anytown, USA, 40001. ABC is involved in terminal operations and warehousing. You have worked for ABC for 3 years. For the past week, you have been transporting rolls of coiled steel from a storage area to a different section of the longshoring terminal, due to hurricane damage to another part of the terminal. As a result, you have been working inside the terminal more than you usually do. The area you are working in is somewhat confined and crowded due to extra storage. You have noticed that you are getting headaches and feeling dizzy. Two other co-workers working with you are also having the same symptoms. You are concerned that the forklift needs maintenance, and have asked your supervisor to have it checked out, but he looked it over and said it didn't need service. You and your union representative requested air monitoring of the area, but your supervisor did not agree. There is limited ventilation in the area. You did some research and found out that exposure to propane in a confined, unventilated area can cause headaches, dizziness, difficulty breathing and unconsciousness.

After talking to your union representative, you decide to file a complaint with OSHA.

NOTES:

Notice of Alleged Safety or Health Hazards

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

For Federal Employees:

This report format is provided to assist Federal employees or authorized representatives in registering a report of unsafe or unhealthful working conditions with the U.S. Department of Labor.

The Secretary of Labor may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have occupational safety and health committees established in accordance with Subpart F, 29 CFR 1960; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1-3, Executive Order 12196; or in the case of a report of imminent danger when such a committee has not responded to the report as required in Sec. 1-201(h).

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local OSHA office.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than \$10,000. or by imprisonment of not more than six months, or by both. (Section 17(g))

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.

OMB Approval# 1218-0064; Expires: 03-31-2011

Do not send the completed form to this Office.

Notice of Alleged Safety or Health Hazards

		Complaint Number			
Establishment Name					
Site Address					
		Site Phone		Site FAX	
Mailing Address					
		Mail Phone		Mail FAX	
Management Official				Telephone	
Type of Business					
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					
Has this condition been brought to the attention of:		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)			
Please Indicate Your Desire:		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer			
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify) _____			
Complainant Name				Telephone	
Address(Street, City, State, Zip)					
Signature				Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:					
Organization Name: Your Title:					