

# IN Review

INDIANA OCCUPATIONAL SAFETY AND HEALTH  
AN ANNUAL PUBLICATION OF THE INDIANA DEPARTMENT OF LABOR



2017

YOU ★ DON'T ★ NEED  
**SUPER  
POWERS**

TO ★ BE ★ A  
**SUPERHERO**



ELIMINATE DANGER  
PREVENT ACCIDENTS  
**PROTECT YOUR  
WORKPLACE**

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## ***IN Review 2017***

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# GREETINGS!

# HOOSIER OCCUPATIONAL SAFETY AND HEALTH IN REVIEW

**THE** Indiana Department of Labor dedicates this 2017 edition of its annual publication to the everyday heroes in Hoosier workplaces. These everyday heroes include workplace safety and health committees, maintenance personnel, labor unions, trade associations, safety and health professionals, employers, and many others. These individuals charge forward with innovative techniques and equipment to make jobs safer, work tirelessly to engineer hazards out of the workplace, and take other extraordinary efforts to positively influence the safety and health of their coworkers. These everyday heroes do not necessarily wear capes, but do hold the special powers to eliminate hazards, prevent accidents, and protect their Indiana workplaces.

The Indiana Department of Labor believes that a job is a good job when it is, first and foremost, a safe job. One of the agency's priorities is to educate stakeholders about moving beyond reactive compliance to embrace a culture of workplace safety and health excellence.

The goal of building a culture of workplace safety and health excellence is evident in the Indiana Department of Labor's outreach, education, and enforcement mechanisms. The agency maintains a balanced approach to workplace safety and health enforcement by providing Hoosier workplaces an opportunity to engage in its proactive programs — workplace safety and health consultation, certification in the Indiana Voluntary Protection Program or Indiana Safety and Health Achievement Recognition Program, and partnership and alliance opportunities.

The Indiana Department of Labor is pleased to release the latest nonfatal workplace injury and illness rate for the state of Indiana. The 2015 rate was 3.8 per 100 workers, tied with the historic 2013 low.

A reduction in the number and severity of occupational injuries and illnesses can only be achieved through a dedicated cooperative effort of all stakeholders—employers, management, employees, professional associations, trade organizations, and labor representatives. Together, we can help make Indiana a safe and healthy place to work.

If you have questions concerning this publication or its data, we encourage you to contact our free workplace safety and health consultation program, **INSafe**, by email at [insafe@dol.in.gov](mailto:insafe@dol.in.gov) or by calling (317) 232-2688.

Thank you for your contributions to the safety and health of Hoosier workers.

To your safety and health both on and off the job,



Rick J. Ruble  
Commissioner of the Indiana Department of Labor



**DATA** used to compile *IN Review 2017* was provided by the federal Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses (SOII) and the Census of Fatal Injuries (CFI). Case-specific information and other data were obtained from the Indiana Occupational Safety and Health Administration's (IOSHA) case files and data reports.

The overall Indiana nonfatal occupational injury and illness rate for 2015 was **3.8 per 100 full-time workers**. This means that 3.8 of every 100 full-time workers in Indiana experienced a work-related injury severe enough to require medical treatment beyond typical first aid.

The 2015 rate is tied with the 2013 rate for the lowest on record for the state of Indiana. The 2015 rate represents a one-year decline of five percent from the 2014 rate of 4.0 per 100 workers. At the inception of the BLS SOII in 1992, the rate was 11.0 per 100 workers. The rate reached a high of 11.3 in 1994 and has declined by more than 66 percent over the last 21 years.

While the state's overall nonfatal occupational injury and illness rate was 3.8 per 100 workers in 2015, some Hoosier industries experienced a higher rate.

Indiana industries reporting the highest injury and illness rate in 2015 included:

Agriculture, Forestry, Fishing, and Hunting	7.1
Arts, Entertainment, and Recreation	6.3
Local Government	5.8

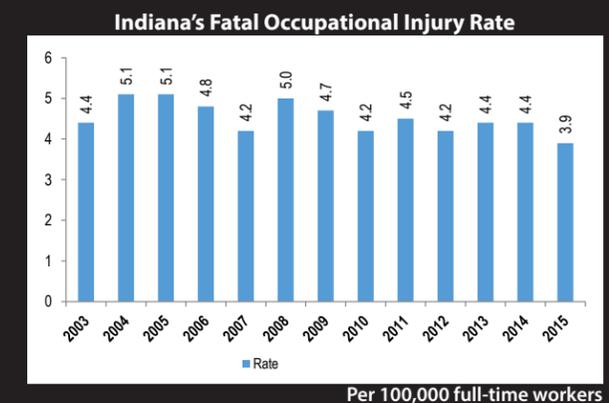
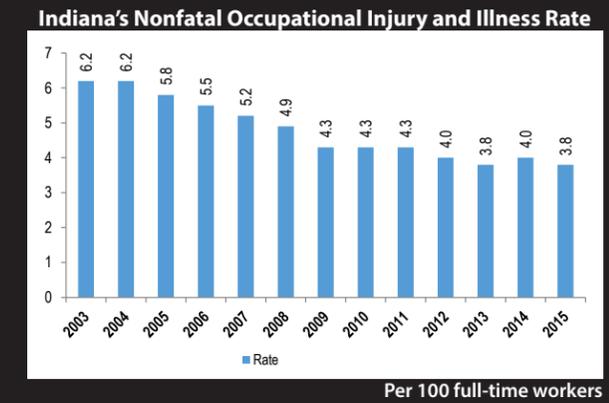
There were 88,700 workplace injuries and illnesses reported in Indiana in 2015. This represents a one-year decrease of 4,600 (4.93%) from 2014.

Indiana industries with the highest nonfatal injuries and illnesses (in raw numbers) in 2015 included:

Manufacturing	23,800
Healthcare and Social Assistance	14,000
State and Local Government	13,300

In 2015, Hoosier workplaces reported 115 occupational fatalities. Indiana industries with the highest number of work-related fatalities in 2015 included:

Transportation and Warehousing	27
Agriculture, Forestry, Fishing, and Hunting	23
Manufacturing	12



# MANUFACTURING

Indiana's **manufacturing** industry is comprised of a variety of industrial facilities including steel mills; automobile, food, chemical, and wood product manufacturers; foundries, and many others. The industry employs more Hoosier workers than any other industry in the state.

Hoosier manufacturing industry workers suffered fewer injuries in 2015 than they did in 2014. The 2015 nonfatal occupational injury and illness rate for 2015 was 4.7 per 100 workers; a four percent decrease from 2014 (4.9 per 100 workers).

Comparatively, however, Indiana's manufacturing industry had the single highest number of worker injuries and illnesses (23,800) of any industry in the state. Almost 27 percent of all work-related injuries and illnesses in 2015 in Indiana occurred in the Hoosier manufacturing industry.

**Wood product manufacturing** (10.4), **beverage and tobacco product manufacturing** (6.2), and **food manufacturing** (5.9) are the top three manufacturing sub-industries in Indiana with the highest nonfatal workplace injury and illness rates.

About 18 percent (4,400) of the nonfatal injuries and

illnesses suffered by Hoosier manufacturing workers were severe enough to require at least one day away from work to recuperate in 2015. The average number of days away from work in the manufacturing industry in 2015 was eight—one day higher than the 2014 average of seven. Employees who suffered these injuries were most often **male** (74%), **Caucasian** (62%), and **between the ages of 35 and 44** (23%). Common events or exposures resulting in an injury with days away from work in the manufacturing industry in 2015 included **overexertion and bodily reaction** (37%); **contact with objects or equipment** (35%); and **machinery** (14%). Common natures of injuries in the industry in 2015 included **sprains, strains, and tears** (26%); **fractures** (15%); and **cuts, lacerations, and punctures** (11%).

In 2015, the Hoosier manufacturing industry experienced 12 workplace fatalities. This represents an increase of two fatalities from 2014 (10). One-third (4) of the occupational fatalities were a result of workplace violence. Three of the 12 workplace fatalities that occurred in the industry were experienced in the manufacturing sub-industry of **transportation equipment manufacturing**.

# STATE AND LOCAL GOVERNMENT

Occupations that make up the **state and local government sector** include law enforcement; firefighters; city, county, and municipal workers; elected officials; and many other occupations. In some instances, public sector workers overlap some private industry occupations and duties such as healthcare workers at state-run hospitals.

The Indiana Occupational Safety and Health Administration (IOSHA) maintains jurisdiction over both private and public sector workplaces. Because of this, state and local government employees are protected by the same occupational safety and health standards, rules, and directives as private sector workers.

The 2015 Indiana overall state and local government nonfatal worker injury and illness rate was 4.8 per 100 workers. The 2015 rate represents a historic low for the state and local government sector and is almost 13 percent lower than the 2014 rate (5.5).

Public sector workers in state and local government suffered more than 13,000 occupational injuries or illnesses in 2015. Work groups in the state and local government sector with high worker injury and illness rates in 2015 included **state healthcare and social assistance** (14.6), **transit and ground passenger**

**transportation** (10.0), and **local public administration** (6.1). While all three work groups have nonfatal injury and illness rates significantly above the sector's average, all three demonstrated improvement over the 2014 rates.

More than 18 percent (2,450) of the reported injuries in this sector required the injured or ill worker to miss at least one day of work to recuperate. The average number of missed workdays in 2015 for state and local government workers was seven days—unchanged from 2014.

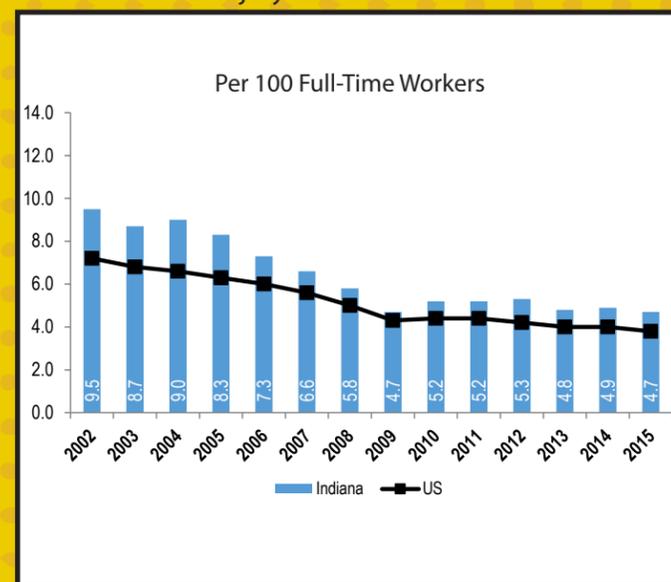
More than half of the sector's injuries and illnesses requiring days away from work in 2015 were suffered by **men** (53%). The most frequent injuries suffered by workers in the state and local government sector were **sprains, strains, and tears** (36%). The second most common nature of injury was **soreness and pain** (25%). **Bruises and contusions** were the third highest injury suffered by state and local government sector workers (10%).

**Overexertion and bodily reaction** (40%) was the most common injury-causing event among state and local government workers in 2015. **Falls, slips, and trips** (27%) and **contact with objects and equipment** (14%) were second and third respectively.

Manufacturing Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	573,000	6.8	8.7	49,200	15
2004	572,000	6.6	9.0	51,400	15
2005	571,000	6.3	8.3	48,600	10
2006	570,000	6.0	7.3	41,900	13
2007	568,000	5.6	6.6	36,600	7
2008	538,500	5.0	5.8	30,800	18
2009	470,800	4.3	4.7	21,500	12
2010	437,600	4.4	5.2	22,800	14
2011	456,200	4.4	5.2	23,700	14
2012		4.2	5.3	25,100	11
2013		4.0	4.8	23,000	12
2014		4.0	4.9	24,800	10
2015		3.8	4.7	23,800	12

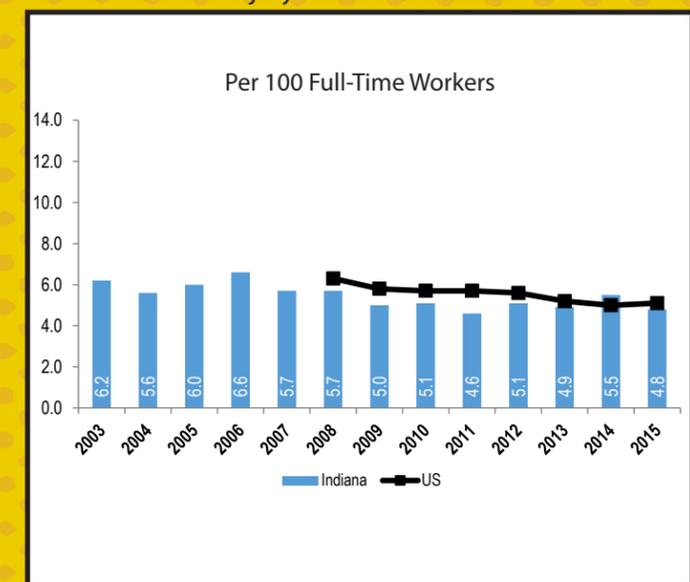
U.S. and Indiana Manufacturing Injury and Illness Rates



State and Local Government Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	357,500		6.2	18,900	7
2004	360,900	DATA UNAVAILABLE	5.6	16,900	6
2005	362,200		6.0	17,500	9
2006	360,300		6.6	19,700	7
2007	361,200		5.7	17,100	9
2008	368,800	6.3	5.7	15,500	10
2009	371,100	5.8	5.0	15,300	6
2010	368,600	5.7	5.1	14,500	9
2011	359,400	5.7	4.6	13,500	9
2012		5.6	5.1	13,400	8
2013		5.2	4.9	13,900	7
2014		5.0	5.5	15,800	7
2015		5.1	4.8	13,300	2

U.S. and Indiana State and Local Government Injury and Illness Rates



# AGRICULTURE, FORESTRY, FISHING, AND HUNTING

For many Hoosier agriculture industry workers, work is a never-ending job. Farm animals must be fed daily and soil must be worked to ensure fruitful crop and a bountiful harvest season. However, working with large and unpredictable animals, heavy equipment, and machinery, and working long and strenuous hours can be dangerous and take a toll on the worker.

The 2015 nonfatal workplace injury and illness rate of the Hoosier agriculture, forestry, fishing, and hunting industry's was 7.1 per 100 workers. The 2015 reflects an increase in nonfatal worker injuries and illnesses of more than 29 percent from the 2014 rate of 5.5 per 100 workers. The Indiana rate for the industry is also significantly above the national rate of 5.7 per 100 workers.

The 2015 animal production and aquaculture sub-industry had a higher rate than the overall agriculture, forestry, fishing, and hunting industry (9.6). This sub-industry rate reflects a one-year increase of 37 percent.

Of the injuries in agriculture, forestry, fishing and hunting, nearly half of the cases (3.4) involved injuries that resulted in lost workdays or job transfer or restriction. In raw

numbers, an estimated 800 workers were injured or made ill in the Hoosier agriculture, forestry, fishing, and hunting industry in 2015. Nearly 400 of these injuries and illnesses resulted in at least one day of missed work or at least one day of job transfer or restriction. The average number of days away from work for an injured worker in the industry in 2015 was six—four days longer than the 2014 average.

The most common event or exposure resulting in an injury with days away from work in the agriculture, forestry, fishing, and hunting industry in 2015 was **contact with object or equipment** (65%). The second most common event was **overexertion and bodily reaction** (18%). **Sprains, strains, and tears** and **bruises and contusions** were tied at 24 percent for the highest natures of injury or illness in 2015. **Cuts, lacerations, and punctures** (12%) was third.

Twenty-three workers in the Hoosier agriculture, forestry, fishing, and hunting industry were killed on the job in 2015—five less than in 2014. Ten of the 2015 occupational fatalities which occurred in the agriculture, forestry, fishing, and hunting industry were a result of **transportation-related incidents**.

# HEALTHCARE AND SOCIAL ASSISTANCE

Aides, nursing assistants, nurses, case managers, physicians, and others are a few of the occupations that provide critical medical services and interventions to Hoosier citizens. Healthcare workers face a number of serious and complex safety and health hazards. These hazards include bloodborne pathogens and biological hazards, potential chemical and drug exposures, waste anesthetic gas exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, laser hazards, acts of workplace violence, and hazards associated with laboratories, radioactive material, and x-rays. Generally speaking, chemical exposures include formaldehyde, used for preservation of specimens for pathology; ethylene oxide, glutaraldehyde, and peracetic acid used for sterilization; as well as many other chemicals used in healthcare laboratories.

In 2015, the Hoosier healthcare and social assistance nonfatal injury and illness rate was 4.9 per 100 workers. The industry's rate represents a single-year decline of nearly six percent. The 2015 rate also reflects a five-year decline of more than 22 percent. The national nonfatal injury and illness rate for the healthcare and social assistance industry for 2015 was 4.3 per 100 workers.

Sub-industries within the Hoosier healthcare and social assistance industry with high nonfatal worker injury and

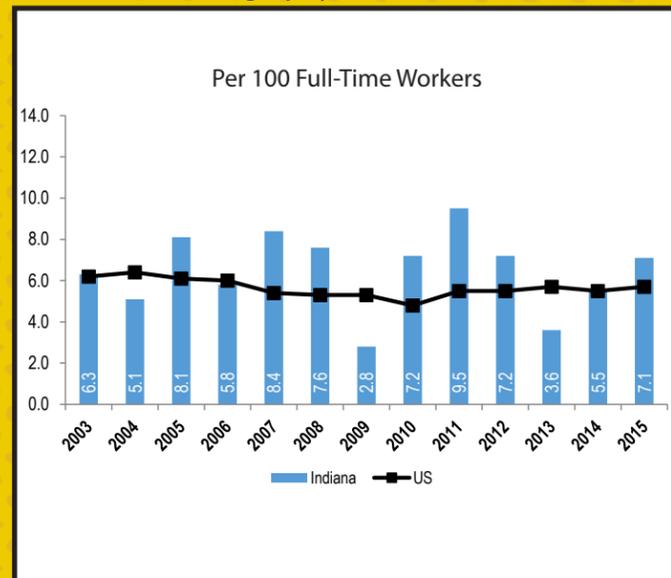
illness rates in 2015 included the **nursing and residential care facilities** (7.4) and **hospitals** (5.8). While nursing and residential care facilities and hospitals were above overall healthcare and social assistance industry nonfatal injury and illness rate, both experienced a decline in their respective rates from 2014.

In 2015, Indiana healthcare and social assistance workers suffered more than 2,500 injuries severe enough to require at least one day away from work for the worker to recuperate. The average number of days away from work in the healthcare and social assistance industry in 2015 was six—unchanged from 2014. Employees who suffered these injuries were most often **female** (85%), **Caucasian** (60%), and **between the ages of 45 and 54** (36%). Common events or exposures resulting in an injury requiring days away from work in the healthcare and social assistance industry in 2015 included **overexertion and bodily reaction** (42%); **falls, slips, and trips** (24%); and **contact with objects and equipment** (16%). In 2015, the most common natures of injuries suffered by Hoosier healthcare and social assistance workers included **sprains, strains, and tears** (46%); **soreness and pain** (11%); and **fractures** (11%). The most frequent sources of injuries were most often identified as the following: **healthcare patients** (36%); **floors, walkways, and ground surfaces** (19%); and **worker motion or position** (8%).

Agriculture, Forestry, Fishing, and Hunting Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	11,200	6.2	6.3	500	22
2004	9,000	6.4	5.1	400	30
2005	8,800	6.1	8.1	600	26
2006	8,800	6.0	5.8	500	12
2007	9,200	5.4	8.4	700	22
2008	9,300	5.3	7.6	600	25
2009	9,300	5.3	2.8	300	23
2010	9,300	4.8	7.2	600	24
2011	9,700	5.5	9.5	800	16
2012	Data Unavailable	5.5	7.2	600	16
2013		5.7	3.6	400	18
2014		5.5	5.5	600	28
2015		5.7	7.1	800	23

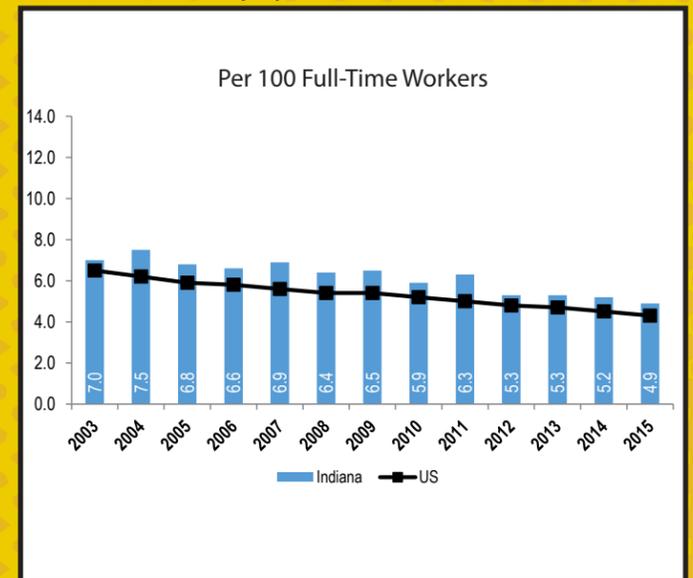
U.S. and Indiana Agriculture, Forestry, Fishing, and Hunting Injury and Illness Rates



Healthcare and Social Assistance Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	329,600	6.5	7.0	16,500	-
2004	303,200	6.2	7.5	18,600	3
2005	308,400	5.9	6.8	16,100	4
2006	316,000	5.8	6.6	16,500	-
2007	325,600	5.6	6.9	17,100	-
2008	332,600	5.4	6.4	16,000	5
2009	341,000	5.4	6.5	16,600	6
2010	348,100	5.2	5.9	16,200	4
2011	353,900	5.0	6.3	17,300	-
2012	Data Unavailable	4.8	5.3	14,500	-
2013		4.7	5.3	15,100	3
2014		4.5	5.2	15,000	3
2015		4.3	4.9	14,000	4

U.S. and Indiana Healthcare and Social Assistance Injury and Illness Rates



# TRANSPORTATION AND WAREHOUSING

The Hoosier **transportation and warehousing** industry workers help move passengers and cargo, provide transportation and logistical support, and store goods. Semi-truck drivers, mechanics, material movers, and taxi drivers all represent occupations that make up a small fraction of the employment opportunities within this industry.

The 2015 nonfatal occupational injury and illness rate for the Indiana transportation and warehousing industry was 4.6 per 100 workers. This represents a slight uptick in the rate of worker injuries and illnesses over the 2014 rate of 4.4. The national rate for this industry for 2015 was 4.5.

Sub-industries within the transportation and warehousing industry with high nonfatal worker injury and illness rates in 2015 included **couriers and messengers** (6.6), **transit and ground passenger transportation** (5.7), and **truck transportation** (4.7). All three sub-industries are above the overall industry average.

In raw numbers, workers in the transportation and warehousing industry suffered 5,700 nonfatal injuries and illnesses. Nearly half (2,500) of these injuries were severe enough to require at least one day away from work for the worker to recover. The average number of days away from work in the transportation and warehousing industry in 2015 was 11—the third highest number of days of any other Hoosier industry. Employees who suffered these

injuries were most often **male** (85%), **Caucasian** (44%), and **between the ages of 55 and 64** (30%). The most common event or exposure resulting in an injury with days away from work for workers in the industry in 2015 was **falls, slips, and trips** (38%). The second and third most common events or exposures were **overexertion and bodily reaction** (27%) and **transportation incidents** (18%). Injuries resulting in days away from work most often suffered by workers in the transportation and warehousing industry in Indiana in 2015 were **sprains, strains, and tears** (43%); **fractures** (18%); and **bruises and contusions** (14%).

More workers in the transportation and warehousing industry were killed in 2015 than any other Hoosier industry. Twenty-seven transportation and warehousing industry workers were killed on-the-job in 2015. This is more than double the number reported for the industry in 2014 (13). **Transportation-related incidents** accounted for 22 of the 27 fatalities in this industry (81.48%), with most of these fatal injuries resulting from roadway incidents involving **motorized land vehicles** (17) and **pedestrian vehicle incidents** (4). Twenty-one of the 27 total fatalities in transportation and warehousing were attributed to the **truck transportation** sub-industry with **general freight trucking** and **specialized freight trucking** experiencing 18 and three fatalities respectively.

# RETAIL TRADE

The **retail trade** industry consists of a wide variety of establishments which include clothing, grocery, and convenience stores; automobile dealerships; home supply centers; and many others. The industry not only provides many employees with employment opportunities, it also provides a great deal of services to the public.

The retail trade industry experienced a slight uptick in the nonfatal injury and illness rate in 2015. The 2015 rate for the retail trade industry was 4.0 per 100 workers. The 2014 rate was 3.7 per 100 workers. Sub-industries in the larger retail trade industry with workplace injury and illness rates above the industry average included **building material and garden equipment supplies dealers** (5.7); **food and beverage stores** (5.0); and **sporting goods, hobby, and book and music stores** (4.6).

Workers in the retail trade industry are subject to a wide variety of workplace safety and health hazards. Hazards include contact with the public; working long or irregular hours; and ergonomic-related stressors from repetitive motion injuries which may be caused by excessive lifting and bending, extended reaching, and working on stepstools and ladders. Large scale retail sales events like

“Black Friday” also can contribute to workplace injuries. Employers and employees are encouraged to work together to proactively prevent worker injuries during the holiday’s prime and peak shopping times and seasons.

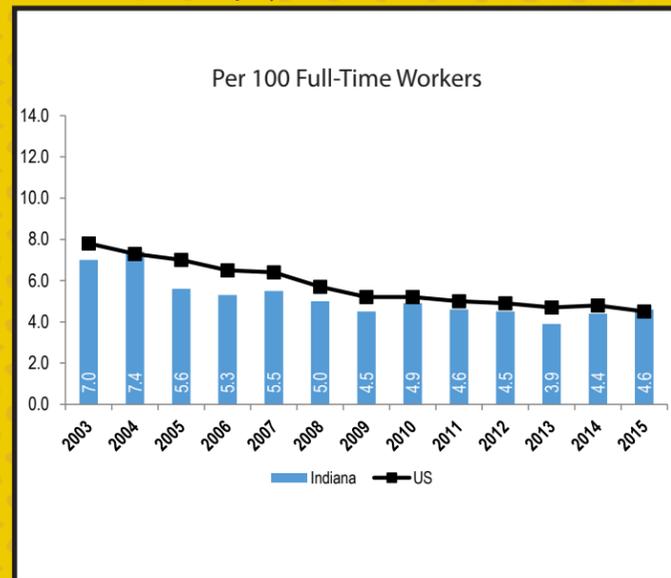
Hoosier retail trade industry workers suffered nearly 3,000 injuries, which resulted in one or more days away from work for the affected worker to recover. On average, these injured workers missed six days. Workers who suffered these injuries were most often **men** (57%) **between the ages of 55 and 64**. The most frequent injury-causing event was **contact with objects and equipment** (36%). This is followed by **overexertion and bodily reaction** (34%) and **falls, slips, and trips** (24%). The most common nature of injury requiring days away from work in the retail trade industry in 2015 was **sprains, strains, and tears** (40%). **Bruises and contusions** and **fractures** tied (13%) as the next most common injury types. The source of the majority of the injuries were most often **containers** (17%).

There were four workplace fatalities in the Hoosier retail trade industry in 2015. All of the workplace fatalities were attributed to **workplace violence**.

Transportation and Warehousing Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	107,700	7.8	7.0	6,700	17
2004	101,800	7.3	7.4	7,000	27
2005	105,200	7.0	5.6	6,300	28
2006	108,800	6.5	5.3	5,900	34
2007	110,900	6.4	5.5	6,200	31
2008	108,800	5.7	5.0	5,800	16
2009	107,200	5.2	4.5	5,200	18
2010	103,000	5.2	4.9	5,100	16
2011	106,300	5.0	4.6	4,900	25
2012	Data Unavailable	4.9	4.5	5,000	21
2013		4.7	3.9	4,500	27
2014		4.8	4.4	5,000	13
2015		4.5	4.6	5,700	27

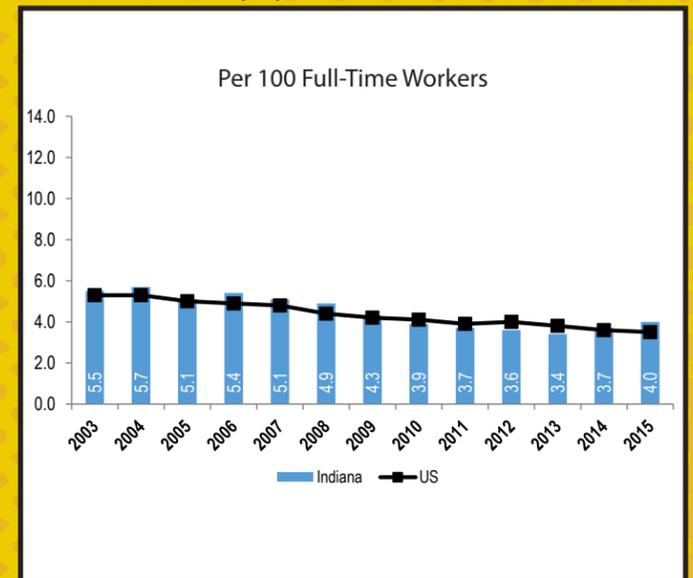
U.S. and Indiana Transportation and Warehousing Injury and Illness Rates



Retail Trade Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	333,300	5.3	5.5	14,100	10
2004	332,900	5.3	5.7	13,700	17
2005	332,100	5.0	5.1	13,000	13
2006	330,700	4.9	5.4	13,700	5
2007	330,900	4.8	5.1	12,500	4
2008	328,400	4.4	4.9	12,100	13
2009	316,000	4.2	4.3	10,200	9
2010	306,200	4.1	3.9	8,700	7
2011	307,200	3.9	3.7	8,500	8
2012	Data Unavailable	4.0	3.6	8,500	7
2013		3.8	3.4	8,100	9
2014		3.6	3.7	8,700	8
2015		3.5	4.0	9,400	4

U.S. and Indiana Retail Trade Injury and Illness Rates



# ACCOMMODATION AND FOOD SERVICES

The state's **accommodation and food services** sub-industry employs workers in hotels, restaurants, and vacation camps to name a few. Workers in the industry provide guests with lodging and food and beverage services. The accommodation and food services industry is a sub-industry of the much larger **leisure and hospitality** industry.

The 2015 Indiana nonfatal occupational injury and illness rate for the accommodation and food services industry was 3.1 per 100 workers. The 2015 rate reflects a one-year decline of about six percent from the 2014 rate of 3.3 per 100 workers. The 2015 rate also represents a historic low for the Hoosier industry. The 2015 national nonfatal workplace injury and illness rate for the accommodation and food services industry was 3.3.

Workers in the accommodation and food services industry suffered approximately 4,800 nonfatal workplace injuries and illnesses in 2015. A little more than 900 (18.75%) of

those injuries and illnesses required the injured or ill worker to miss at least one day of work to recuperate. The average number of days away was four—half the sub-industry's 2014 average. In 2015, injured or ill workers in the industry most often suffered from **soreness and pain** (22%); **sprains, strains, and tears** (21%); and **cuts and lacerations** (15%). These injuries were most often attributed to **falls, slips, and trips** (29%); **contact with objects and equipment** (27%), and **overexertion and bodily reaction** (20%). Workers who suffered injuries were most often **male** (52%) and **between the ages of 25 and 34** (24%).

Seven workers in the accommodation and food services industry were killed while working in 2015. This represents an increase of two from 2014. Three of the seven worker deaths were attributed to **workplace violence**, and one worker fatality was attributed to a **transportation-related incident**.

# ARTS, ENTERTAINMENT, AND RECREATION

The **arts, entertainment, and recreation** sub-industry is a part of the much larger leisure and hospitality industry. This sub-industry includes a wide range of establishments that operate facilities or provide services to meet the varied interests of their respective customers. The sub-industry also includes spectator sports, amusement parks, gambling venues, live performances and events, exhibits (cultural or educational), and recreation or leisure time activities.

The 2015 nonfatal occupational injury and illness rate for the Indiana arts, entertainment, and recreation sub-industry was 6.3 per 100 workers. This reflects a slight one-year increase from the 2014 rate of 6.2. The arts, entertainment, and recreation sub-industry has the second highest nonfatal workplace injury and illness rate of all major Hoosier industries.

Workplace safety and health hazards in this sub-industry include noise, engine exhaust, cleaning agents, falls, contact with objects and equipment, and workplace violence.

Sub-industries with high rates of nonfatal injuries and

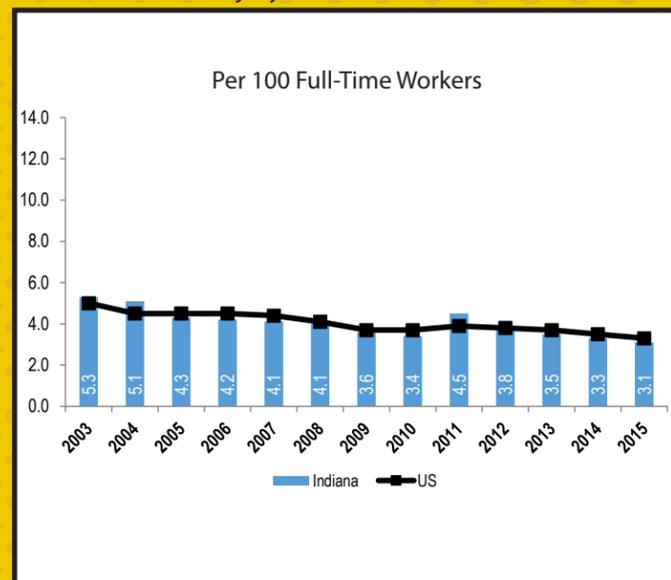
illnesses in 2015 included **performing arts, spectator sports, and related industries** (20.4); and **museums, historical sites, and similar institutions** (7.6).

In raw numbers, workers in the arts, entertainment, and recreation sub-industry suffered 1,500 nonfatal workplace injuries and illnesses. Ten percent (150) of these injuries were severe enough to require at least one day away from work for the worker to recover. The average number of days away from work in the sub-industry in 2015 was five. Workers who suffered from these injuries were most often **female** (60%), Caucasian (67%), and **between the ages of 25 and 34** (27%). The most common event or exposure resulting in an injury with days away from work for workers in the industry in 2015 was **falls, slips, and trips** (33%). The second and third most common events or exposures were **overexertion and bodily reaction** (27%) and **contact with objects and equipment** (20%). Injuries resulting in days away from work most often suffered by workers in the sub-industry in Indiana in 2015 were most often **sprains, strains, and tears** (33%); **fractures** (20%); and **bruises and contusions** (13%).

Accommodation and Food Service Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	228,700	5.0	5.3	7,400	5
2004	230,000	4.5	5.1	7,400	-
2005	232,900	4.5	4.3	6,100	5
2006	236,100	4.5	4.2	6,300	3
2007	242,100	4.4	4.1	6,100	3
2008	244,300	4.1	4.1	5,800	3
2009	240,200	3.7	3.6	5,100	4
2010	233,700	3.7	3.4	4,800	-
2011	236,500	3.9	4.5	6,800	3
2012	Data Unavailable	3.8	3.8	5,400	1
2013		3.7	3.5	5,300	4
2014		3.5	3.3	5,000	5
2015		3.3	3.1	4,800	7

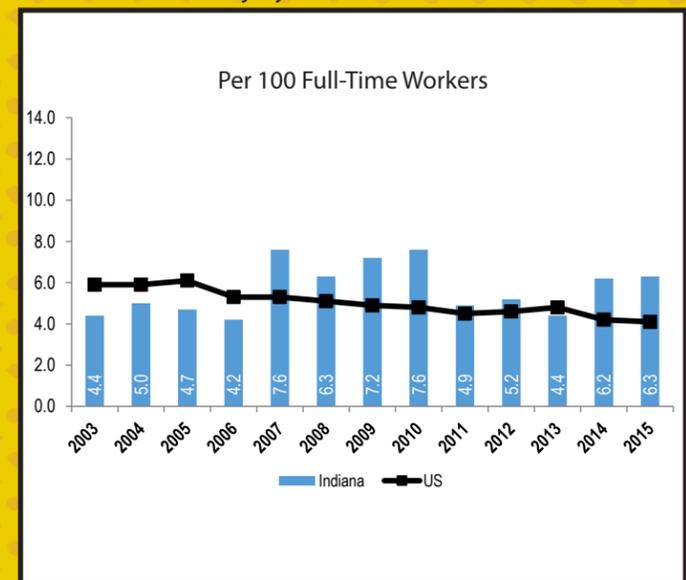
U.S. and Indiana Accommodation and Food Service Injury and Illness Rates



Arts, Entertainment, and Recreation Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	43,200	5.9	4.4	1,300	-
2004	44,300	5.9	5.0	1,300	4
2005	43,800	6.1	4.7	1,400	-
2006	43,300	5.3	4.2	1,200	-
2007	43,700	5.3	7.6	2,400	-
2008	43,300	5.1	6.3	1,800	6
2009	44,800	4.9	7.2	1,800	3
2010	42,300	4.8	7.6	2,000	4
2011	41,400	4.5	4.9	1,200	5
2012	Data Unavailable	4.6	5.2	1,300	5
2013		4.8	4.4	1,100	1
2014		4.2	6.2	1,500	3
2015		4.1	6.3	1,500	1

U.S. and Indiana Arts, Entertainment, and Recreation Injury and Illness Rates



# CONSTRUCTION

Indiana's **construction** industry workers are responsible for building and maintaining Indiana's streets, bridges, buildings, homes, and infrastructure. Workers in the construction industry are exposed to many occupational hazards including falls from heights such as ladders, roofs, and other structures; working with machinery, equipment, and chemicals; and electric shock. Carpenters, painters, pipe layers, masons, heavy equipment operators, and engineers are a few of the job categories found within the industry.

The 2015 nonfatal occupational injury and illness rate for the construction industry was 2.8 per 100 workers. The 2015 rate reflects a one-year decline of nearly 18 percent from the 2014 rate and is tied with the industry's 2013 historic low rate.

The **construction of buildings** sub-industry had the highest nonfatal injury and illness rate in 2015 (3.5). All other construction sub-industries were either tied with or lower than the industry average.

In 2015, Hoosier construction workers suffered more than 1,000 injuries severe enough to require at least one day

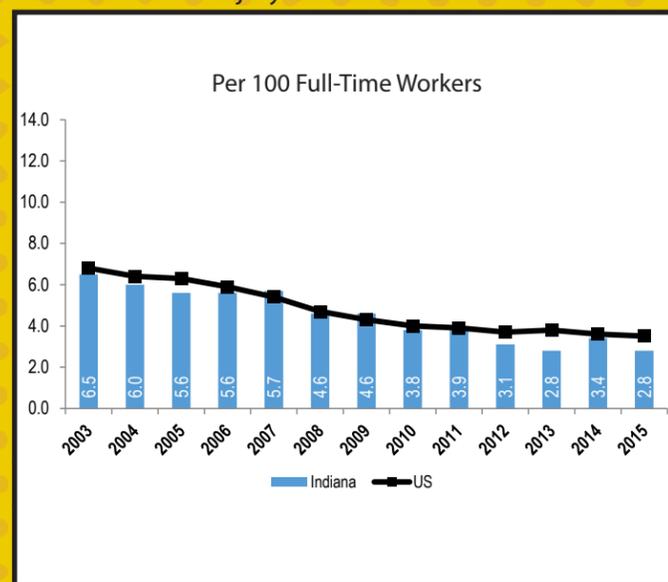
away from work for the worker to recuperate. The average number of days away from work in the construction industry in 2015 was 15—the second highest number of days away of any other Hoosier industry. The highest number of days away from work was experienced by workers in the **mining** industry (35 days). Construction workers who suffered injuries resulting in days away from work were most often **male** (99%), **Caucasian** (88%), and **between the ages of 35 and 44** (38%). Common events or exposures resulting in an injury with days away from work in the construction industry in 2015 included **falls, slips, and trips** (37%); **overexertion and bodily reaction** (33%); and **contact with objects and equipment** (23%). Common natures of injuries in the industry in 2015 included **sprains, strains, and tears** (32%); **fractures** (20%); and **soreness and pain** (11%).

The Hoosier construction industry experienced a nearly 40% decrease in fatal events from 18 fatalities in 2014 to 11 in 2015. Three of the fatalities in the construction industry were **transportation-related incidents**. Eight of the 11 workplace deaths occurred in the **specialty trade** sub-industry.

Construction Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	139,300	6.8	6.5	8,500	15
2004	143,300	6.4	6.0	7,900	21
2005	144,600	6.3	5.6	7,500	27
2006	146,600	5.9	5.6	7,600	27
2007	153,100	5.4	5.7	7,700	21
2008	151,600	4.7	4.6	6,300	20
2009	135,300	4.3	4.6	5,600	17
2010	117,600	4.0	3.8	4,000	16
2011	119,100	3.9	3.9	4,300	19
2012		3.7	3.1	3,600	20
2013	Data Unavailable	3.8	2.8	3,000	15
2014		3.6	3.4	3,700	18
2015		3.5	2.8	3,400	11

U.S. and Indiana Construction Injury and Illness Rates



**REMEMBER, YOU'RE SOMEONE'S HERO...**



**JOIN THE NATIONAL SAFETY STAND-DOWN TO PREVENT FALLS IN CONSTRUCTION MAY 8 - 12, 2017**

Sign-up for INSafe's 2017 Safety Stand Down event information and updates at <http://bit.ly/2iQ2eQH>.

# MINING

The overall nonfatal occupational injury and illness rate for the Indiana **mining** industry was 2.7 per 100 workers. There was no change in the mining industry nonfatal injury and illness rate from 2014 to 2015.

Workers in the Hoosier mining industry suffered 200 work-related injuries and illnesses. Forty-five percent (90) of these injuries required the worker to miss at least one day of work to recuperate. On average, injured or ill workers missed 35 days of work in 2015. This represents a significant increase of 18 days from the 2014 average of 17. All work-related injuries requiring days away from work in the Hoosier mining industry were suffered by **men**.

The most common injury suffered by workers in this industry resulting in lost work time in 2015 was **sprains, strains, and tears** (33%). Common injury events or exposures experienced by Indiana mining industry workers in 2015 included **contact with objects and equipment** (44%) and **overexertion and bodily reaction** (33%).

While the rate includes all Hoosier mining activities—surface and underground, the Indiana Department of Labor’s Bureau of Mines and Mine Safety only has jurisdiction over the underground coal mining operations and activities in the state. The coal mining sub-industry rate was also 2.7 per 100 workers.

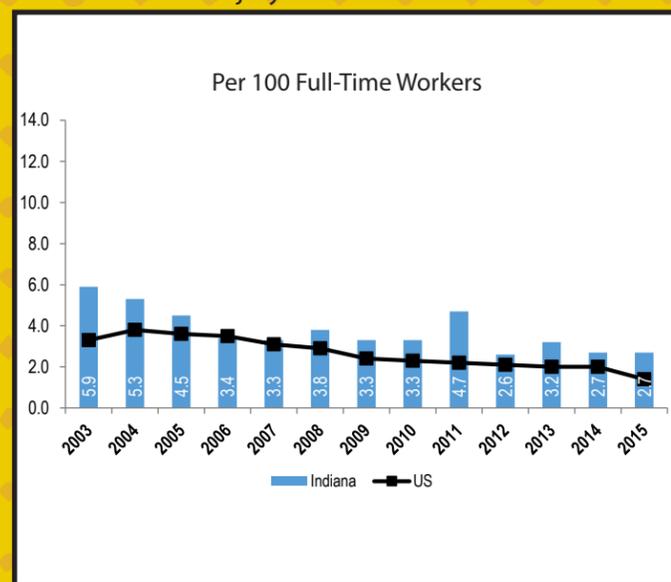
The Indiana Bureau of Mines and Mine Safety, located in Vincennes, Indiana, works very closely with mine management, labor, and the federal Mine Safety and Health Administration (MSHA). The Indiana Bureau of Mines conducts an inspection of each underground coal mine at least once per quarter. These inspections are conducted by the assistant commissioner of the Bureau of Mines or the chief mine inspector. Both are certified mine foremen. All safety and health violations identified are required to be corrected immediately. In addition to this inspection, MSHA inspectors conduct frequent enforcement inspections of the mines as well.

The mining industry did not experience any occupational fatalities in 2015.

Mining Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2003	6,700	3.3	5.9	400	-
2004	6,700	3.8	5.3	400	-
2005	6,500	3.6	4.5	300	-
2006	6,500	3.5	3.4	200	-
2007	6,600	3.1	3.3	200	-
2008	6,400	2.9	3.8	300	-
2009	6,400	2.4	3.3	200	-
2010	6,400	2.3	3.3	200	-
2011	6,400	2.2	4.7	300	-
2012	Data Unavailable	2.1	2.6	200	-
2013		2.0	3.2	200	1
2014		2.0	2.7	200	1
2015		1.4	2.7	200	-

U.S. and Indiana Mining Injury and Illness Rates



**IT** seems as though it was just yesterday that then-Commissioner of Labor, Miguel R. Rivera, hired me to serve as the head of the Indiana Bureau of Mines and Mine Safety. Since that day in 2006, I've had the pleasure of serving three additional Commissioners of Labor—Lori Torres, Sean Keefer, and Rick J. Ruble and two governors—Mitch Daniels and Michael Pence.

In the 11 years that I have served as the head of the Indiana Bureau of Mines, I have been truly blessed to have associated with many special people—first and foremost—members of the Indiana mining community. From the Hoosier coal mines and mine operators to the Indiana mine rescue teams, Indiana Coal Council and Indiana Mining Board, my life has been forever shaped by our interactions—some of them one-on-one in a mine emergency response drill and training exercises and some in a group setting while working on projects to further enhance the safety and health of Hoosier miners.

I have also been very fortunate to have some of the best coworkers one could ask for at the Indiana Department of Labor. I could not begin to list the names of all who have helped me through the years for fear of leaving someone out, but please know that I will remember each and every one of you fondly.

This job has given me far more than I could have ever given it. Alongside Indiana’s bravest men and women working in the mines, we’ve celebrated many successes – reductions in underground coal mining injury and illness rates as well as the development of new mine training facility at Vincennes University, to name a couple.

Thank you for your support these past 11 years and for defining my passion.

With a very heartfelt thank you,

*Don "Blink" McCorkle*

**Don "Blink" McCorkle**  
Retiring Assistant Commissioner, Indiana Bureau of Mines and Mine Safety

# PAST, PRESENT, AND FUTURE

## A REFLECTION OF OCCUPATIONAL SAFETY AND HEALTH IN THE UNITED STATES

**IN** November 2016, the Indiana Department of Labor released the state's nonfatal workplace injury and illness rate for the previous year. The 2015 nonfatal injury and illness rate of 3.8 per 100 workers mirrored that of a previous historic low (2013). The Indiana Department of Labor staff is proud of Hoosier employers, employees, labor unions, and other organizations for their contributions to worker safety and health excellence that made achieving this historically low rate possible.

When the United States Department of Labor's Bureau of Labor Statistics introduced the Survey of Occupational Injuries and Illnesses in 1992, the Indiana nonfatal workplace injury and illness rate was 11.0 per 100 full-time workers. Together, we've come a long way in identifying and correcting hazards to reduce and eliminate employee injuries and illnesses. The most recent rate of 3.8 reflects a 65 percent decrease during the last couple decades.

This landmark accomplishment, however, begs certain questions – What was the state of safety in our country in the past? What contributed to the successful reduction we've seen? Where are we headed as far as workplace safety and health are concerned? What's left to be done to completely eliminate injuries, illnesses, and fatalities in Hoosier workplaces?

As a society, our workplace culture has reached a more technological and sophisticated level of occupational safety than in decades past. These advancements benefit worker safety and health. However, the American workforce hasn't always worked in the best of conditions.

At the turn of the century, during the early 1900's, workplaces were extremely hazardous. Due to a great boom in infrastructure, production was king. The country was expanding rapidly. Production from steel mills, coal mines, and railroads were moving forward at breakneck speeds. America was a young, rapidly growing country, and the need for cheap labor was paramount. But that meant worksites in this production boom were unusually dangerous, and even worse, included an increase in child labor issues.

It's no secret that the American workforce suffered many injuries and deaths during this period, but what a lot of people may not realize is that these losses were simply considered "the price of doing business." Owners of factories insured their buildings and equipment, however no resources were provided to compensate employees and their families. Accidents were cheap. A worker's wellbeing had little value in the eyes of an employer. If a worker was injured or killed, the reason was determined to be one of two predominate causes—either the worker was at fault or it was "God's will."



**CONTRIBUTOR**  
**Timothy E. Maley**  
Deputy Commissioner of Labor

Despite these conditions, injury and illness rates have decreased over the years. But why? The Occupational Safety and Health Administration (OSHA) didn't exist until 1971. The advent of workers compensation laws, and later the formation of OSHA, were factors that contributed greatly to the reduction of workplace injuries and fatalities.

The first workers compensation law was passed in the state of New York in 1910. By 1921, 44 other states had passed workers compensation laws. Instead of requiring injured workers to sue for damages in court and prove the employer was negligent, the new law compensated all injuries at a fixed rate without question. By creating a need for businesses and employers to protect their employees and save costs, workers compensation laws started to change the face of safety.

From 1910 to 1939, the steel industry reduced injury and illness rates by 74 percent and fatality rates by 68 percent. Manufacturing injury and illness rates were reduced by approximately 38 percent between 1926 and 1939. Employers now had something to lose and placed more value on their employees' safety. Accidents were more expensive. Larger employers began to institutionalize safety. This had a ripple effect and contributed to a decrease in accident rates.

Although safety has improved overall, the pattern of improvement was uneven through the decades. During World War II and the Vietnam conflict, the American economy was booming and injury and fatality rates rose dramatically. In 1968, the peak of the Vietnam conflict, an approximate 14,000 United States soldiers were killed. In that same year, 14,000 workers in the United States were killed on the job.

Powerful labor unions and political pressure led Congress to establish the Occupational Safety and Health Act (OSH Act) signed by then-President Richard M. Nixon in 1970. This led to the establishment of the Occupational Safety and Health Administration (OSHA). The United States government also recognized the opportunity for states to manage OSHA functions based on their own needs, and began granting state plan approval. The state of Indiana received final approval from federal OSHA as a state plan in 1986.

OSHA has driven improvements in workplace safety and health, supported by the influence of workers compensation laws and the institutionalization of safety within American businesses. In 2014, approximately 4,800 workers were killed in the United States on the job. Although this number represents an incredible improvement from the war-like number of lives lost in United States workplaces in 1968, even one fatality is one too many. There is more, still, to be done.

The safety industry must be progressive and creative in lowering these rates further. Companies must strive to engineer out every hazard possible in the workplace. By engineering out hazards, companies separate the employee from the hazard or eliminate it all together. Often times it doesn't take a lot of money to eliminate a job or task-related hazard. Utilizing the creativity of employees sometimes brings about inexpensive and very effective solutions. Working with safety suppliers can sometimes bring about an effective solution to a safety problem.

Another critical element to safety improvement in the future is the development, implementation, and management of a robust safety and health management system. Great systems include key roles for management leadership as well as total employee involvement in addition to the more technical safety elements. Total employee involvement is the mark of companies with outstanding and effective safety and health management systems. Winning the hearts and minds of all employees within an organization is an absolute must! All employees must have a passion for safety, looking out not just for themselves but for coworkers, friends, and family. Finally, management must set the example in effective safety leadership. This truly is the future of safety. It is built on the lessons and tragedies of the past and the passion for safety in the future ensuring that each person returns home unharmed.

**"THE WORK IS FAR FROM OVER IN THE QUEST FOR ZERO INJURIES. THE LOW HANGING FRUIT HAS ALL BUT BEEN PICKED."**

# A CLEAN SHOP IS A SAFE SHOP!

## KEEPING WORKPLACES FREE OF DUST AND DEBRIS

### CLEANLINESS

is one of the easiest hazard prevention techniques a workplace can adopt into its safety and health program. “Dirty” and “clean” are sometimes vague and subjective to each workspace. However, “shop cleanliness” is more about the associated risk level. A “clean shop” is in order and is free of safety or health hazards. Intuitively, a “dirty shop” has high risk for incidents, injuries, and even fatalities, which is why **housekeeping** within your workspace should be a priority each and every day.

### Organization is Key

Generally speaking, it is worth the effort to be organized and assign a place for things to go. Consider a few common examples that I experience personally, such as folder systems on a desktop computer, filing paperwork, or boxes for my four-year-old’s toys. In my perspective, organization is a life skill rather than a personality trait. Simply assigning items to stay organized or uncluttered reduces slipping or tripping risks.

### The Dirty Work

There’s no disputing that there are places of employment that have an inherently “dirtier” working environments, and even if that’s the case, it doesn’t excuse a facility to allow the working environment to be hazardous. There are specific industries with potentially severe or deadly outcomes if accidents occur, such as dust explosions from sawmills or grain processing facilities. The American National Standards Institute (ANSI) holds the consensus standards that address this specific example, which are **ANSI Z33.1** (For the Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal, or Conveying) and **ANSI Z12.2** (Code for the Prevention of Dust Explosion in Woodworking and Wood Flour Manufacturing Plants). Installing local dust collection may help minimize worktime for cleaning, such as a dust separator attached to a shop vacuum.



CONTRIBUTOR  
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INSafe Safety Consultant

### End of the Shift

Another important life skill to practice is “end of the shift” clean-up, which means clearing the workspace of debris, tools, equipment, or manufactured goods. Leaving these things on the floor or in the way could potentially increase the risk for accidents. I’ve heard people excuse leaving clutter and filth behind by saying, “I’m just careful” or “I’m not stupid,” but that doesn’t remove the risk, which is still lying right where you or your coworkers are going to walk. It’s easy to say you’ll be careful, but how long will you “be careful” while still trying to concentrate on your task at hand? “End of the shift” is important – but remember that frequent cleaning on an established schedule may be necessary.

### OSHA’s Expectations

Employers, managers, on-site safety and health officers, and workers can reference **Occupational Safety and Health Administration (OSHA) 29 CFR 1910.22** – General Requirements for walking-working surfaces for dirty workplace areas. Again, the specific types of hazards and expectations will be subject to many variables, include type of workspace and type of work conducted, but it is vital that workplaces identify the appropriate housekeeping procedures conducive within its safety programs. One certainty for all workplaces is that the emergency exit should not be blocked or cluttered by tools or debris from the work.

### Rule of Thumb

There is no perfect method to keeping a clean shop, it will depend on the effort from management and employees to develop and implement a consistent housekeeping policy. As an OSHA-trained safety consultant, the best advice I can offer is the same thing I was taught by my parents and I now ask of my children: **“Clean your room before you go to bed.”**



### Compliance Assistance

For employers, managers, safety and health directors, or other working Hoosiers, **INSafe**—a division of the Indiana Department of Labor—offers consultation services to Indiana’s workplaces at no cost to employers. To schedule a free, on-site consultation, visit [www.in.gov/dol/2896.htm](http://www.in.gov/dol/2896.htm). For questions and other assistance, please feel free to call our staff at **(317) 232-2688** or email [insafe@dol.in.gov](mailto:insafe@dol.in.gov).



## IT HAPPENED HERE Perry County

**March 4, 2016** | A 52-year-old employee was sweeping sawdust that had accumulated between two CNC routing machines in a workshop. The employee tripped and struck his head on the corner of one of the routing machine tables. The employee died as a result of his injuries.

### LESSONS LEARNED

To prevent similar incidents from occurring in the future, employers and employees should:

- Conduct a comprehensive worksite assessment at the beginning of each job or task. Identify potential safety and health hazards and implement safeguards to protect employees from these hazards.
- Ensure good housekeeping practices are developed, implemented, and followed by all employees.
- Be sure to provide training on your workplace’s housekeeping policies and procedures.
- Maintain work areas and aisle ways free from materials, tools, equipment, and debris to reduce and eliminate slip, trip, and fall hazards.
- Install local dust collection systems to help reduce collective materials and waste from a workspace, such as a dust separator and shop grade vacuum.

# WORKING IN A CONFINED SPACE

## What is a Confined Space?

From tanks, silos, and pipelines to manholes, ovens, and lift stations, confined spaces are spaces that are not designed for continuous worker occupancy. Confined spaces also have limited or restricted means of entry and exit and may have unfavorable natural ventilation. These spaces may be found in many industries and across many jobs including construction; utilities (e.g. water, gas, sewer, electric, phone, and cable); and maintenance occupations. Police officers, firefighters, and other rescue personnel also may encounter confined spaces.

Occupational Safety and Health Administration (OSHA) uses the term permit-required confined spaces to describe other spaces that workers may need to enter that may present other hazards. Permit-required confined spaces have one or more of the following characteristics: hazardous atmosphere; contains material(s) that may result in an engulfment; has walls that converge inwards or floors that slope downward and taper into a smaller area as this may trap an employee who has entered the space; or contains machinery or equipment that may pose a hazard. Spaces may also be classified as permit-required confined spaces if there is an atmospheric hazard or condition such as oxygen deficiency, oxygen displacement, flammable atmospheres, toxic gases, or solvents.

Confined spaces and permit-required confined spaces can be very dangerous if the appropriate precautionary safety and health measures are not taken. Employers must first evaluate the work area—facility, property, and all jobsites to determine whether or not a confined space or permit-required confined space is present. If these spaces are present, employers must take the appropriate precautions to protect workers which includes labeling these spaces as “Confined Space” or “Permit-Required Confined Space.”

## Training is Essential

Once spaces have been identified as confined or permit-required confined spaces, employers must provide the required training. Training must be provided:

- In both a language and vocabulary the worker can understand;
- Before the worker’s initial assignment of duties under the confined space/permit-required confined space standard;
- Whenever there is a change in the confined space/permit-required confined space that presents a new hazard;
- Whenever the worker’s actions demonstrate inadequacies in the worker’s knowledge or use of the appropriate entry procedures.

## Standby and Emergency Rescue

Permit-required confined spaces can present conditions that pose an imminent threat to a worker. The employer is required to develop and implement a confined space rescue plan.

Standby personnel should be assigned to remain outside of the confined space and be in constant contact (visual or verbal) with any worker inside. The standby

personnel should not have any other duties but to serve as the standby and know who should be alerted in the event of an emergency. Standby personnel should not enter the confined space until help arrives, and then personnel should only enter with the proper personal protective equipment, lifelines, and respirators, if necessary. Standby personnel have suffered workplace fatalities when attempting to rescue other workers.

In some cases, employers elect to contract or use services of an off-site rescue service. While calling upon emergency responders or an off-site rescue service to provide these services may be a viable option, this requires extensive pre-planning. Pre-planning is key as not all emergency responders are trained and have the necessary equipment to conduct confined space rescue. When employers identify an off-site rescue service, it is critical that these rescue services protect their employees as well. Emergency services must be familiar with the exact site location, types of permit-required confined spaces, and the rescue equipment necessary. Working with off-site rescue services requires extensive coordination and communication between the employer and rescue service providers. Employers should contact the off-site rescue service prior to entering a permit-required confined space to ensure rescue services are available should it be necessary. Service providers must also agree to notify the employer in the event rescue services become unavailable.

## Online Resources

The confined space standard for general industry is addressed in the 29 CFR 1910 standards. In 2015, federal OSHA introduced a final rule for confined spaces in the construction industry. More information about this standard, including a compliance guide, is available by visiting [www.osha.gov/confinedspaces/index.html](http://www.osha.gov/confinedspaces/index.html).

## Compliance Assistance

For questions concerning OSHA’s confined space standard, please contact INSafe to speak with a safety or health consultant. You may call (317) 232-2688 or email [insafe@dol.in.gov](mailto:insafe@dol.in.gov). Additionally, free and confidential workplace safety and health consultation services are available to Hoosier employers and employees. Learn more about INSafe online at [www.in.gov/dol/insafe](http://www.in.gov/dol/insafe). To initiate a request for services, please complete and submit the form available at [www.in.gov/dol/insafeconsultation](http://www.in.gov/dol/insafeconsultation).



CONTRIBUTOR  
**LeAnn Havener**  
INSafe Administrative Coordinator



## IT HAPPENED HERE Lake County

February 19, 2016 | A 28-year-old worker entered a scrubber to perform preventative maintenance. The scrubber had been identified as a permit-required confined space as it was oxygen deficient due to a nitrogen blanket. When the worker could not be located, employees initiated a search. The worker was located inside a metal tube. The worker was pronounced deceased at the scene by the local coroner.

## LESSONS LEARNED

To prevent similar incidents from occurring in the future:

- A qualified person(s) must conduct a comprehensive review of the facility and worksite to identify any confined spaces or permit-required confined spaces.
- Ensure all confined spaces or permit-required confined spaces have been appropriately labeled at all entry points.
- Ensure employees have received the appropriate training before performing work in a confined space.
- Ensure all potential hazards (e.g. energy, atmospheric, etc.) have been appropriately addressed.
- Ensure employees have the appropriate personal protective equipment (PPE) to enter confined spaces. Examples of appropriate PPE may include respirators, lifelines, and eye and hearing protection.

# SECOND CHANCE

A retelling of a dangerous trench-related incident that threatened a Hoosier worker, recounted by the investigating Indiana OSHA inspectors.

**IN** construction, a trench is commonly known as a narrow cut in the earth with the depth exceeding the width. The use of cave-in protection is absolutely vital due to the potential for a trench to collapse. Generally speaking, without cave-in protection, it is not a matter of if, but when this happens. No job is worth risking your life or the lives of your coworkers.

Recently, an employee at an Indianapolis residential jobsite was replacing a sewer lateral. The old sanitary sewer lateral had already been completely dug out.

The trench was approximately eight to ten feet deep—a little deeper than the contractor had originally expected because of the existing sanitary sewer lateral. Occupational Safety and Health Administration (OSHA) standards require cave-in protection for any trench five or more feet deep if employees are going to get in it. The available cave-in protection was not long enough for this area.

The employee decided to go ahead and complete the work without using cave-in protection. A coworker witnessed a two-foot sand wall in the bottom of the trench begin to cave-in. The coworker yelled for the employee in the trench to get out, but it was too late.

The caved-in sand had trapped the employee's foot. After losing the bottom support of the sand, the wall of the trench caved-in on the employee, knocking him over. The wall of dirt covered the employee to the top of his hard hat. The coworker, springing to action, jumped into the trench and began digging the trapped employee out, and was able to uncover the employee's head. As the two were in the trench, a bystander stopped and called 911. After calling for emergency responders, the bystander jumped into the trench to help the coworker dig the trapped employee out of the trench, and the two were able to free the employee to his waist.

Once on scene, fire department personnel instructed the coworker and the bystander to get out of the trench. Fire department personnel began installing wood shields to begin safe removal, but the trapped employee yelled for them to stop, as the walls were starting to cave-in further. Unfortunately, because of the trench's instability, it wasn't safe for additional workers or emergency personnel to enter. The only option was for the employee to dig himself free. The trapped employee requested a shovel, which the fire department tossed to him. After working to unbury himself from the unstable trench, the employee successfully dug himself free.

Once the employee was loose from sand and dirt, he was able to walk to a ladder that had been placed by the local fire department and exit the trench. The employee climbed out safely and laid on the ambulance gurney to be taken to a local hospital. After several hours in the hospital and receiving much needed IV fluids, the employee was released.

While this story ended positively, unfortunately, most trench collapses result in tragedy.

We share this story in hopes that readers understand the importance of training as employees and that competent persons must follow safe trenching and excavation practices at all times, regardless of any kind of "inconvenience" or "extra time" it may require. Do it the right way – the safe way. In the end, the Indiana Department of Labor staff all want the same thing – all employees to go home in the same condition in which they reported to work.

The Indiana Department of Labor INSafe division is a great resource for construction and industrial companies. **INSafe** is a free consultation program that can assist with questions and concerns about job site practices and regulations. An opportunity to work cooperatively with Indiana's workplace safety programs is merely a phone call away. INSafe is available to answer questions over the phone at (317) 232-2688 with no requirement to submit company or personal information. INSafe is also available to conduct on-site consultations of the full worksite or at a limited scope and to assist with projects that may require trenching. Visit [www.in.gov/dol/insafeconsultation.htm](http://www.in.gov/dol/insafeconsultation.htm). We recommend taking the initiative to proactively protect employees and coworkers by utilizing this free service offered by our fellow safety and health experts.

## IT HAPPENED HERE Marion County

**May 19, 2016** | An employee did not utilize cave-in protection in an unexpectedly deep trench at a residential jobsite. With no cave-in protection, the trench caved. The employee was trapped and had to unbury himself. He was hospitalized following the incident.

### LESSONS LEARNED

To prevent similar incidents from occurring in the future:

- A qualified person must conduct a review to identify hazardous conditions that will require specific protection and equipment.
- Employees working in trenches must receive appropriate safety and health training/retraining.
- Employees entering trenches five or more feet deep must utilize cave-in protection per OSHA standards.
- Keep heavy equipment away from trench edges.
- Identify and remove/limit other sources that may affect trench stability.
- Know where underground utilities are located prior to starting excavation, and practice consistent and frequent communication with all team members pertaining to hazardous conditions or limitations due to utilities.
- Test for atmospheric hazards, such as low oxygen, hazardous fumes, and other toxic gases when depths are greater than four feet deep.
- Ensure that all personnel are wearing high visibility or other suitable clothing when near vehicular traffic.



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# WORKPLACE VIOLENCE

## AN ONGOING PROBLEM

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. Unfortunately, incidents involving workplace violence can occur without warning as seemingly “normal” employees use extreme levels of violence to vent their anger while at work. These incidents can result from stress which, if left unchecked, can escalate to a level where an employee could “snap” and act out in a violent manner that can have major implications for the acting employee, the employee’s targeted coworker, the employer, and sometimes the families of involved employees. Additionally, violent customers, clients, or members of the public can present a threat to employees in many circumstances, such as robberies or assault. These are examples of incidents that must be addressed with preparation and incident prevention to the best of the employer’s ability.

The 2008 edition of *IN Review* also featured an article about the topic of workplace violence. The piece covered a variety of factors and talking points, including statistics for the state of Indiana for years 1997 through 2006 and steps taken by employers to reduce the risk of violence in the workplace to their employees. Unfortunately, this is an issue that continues to plague workplaces across not just Indiana, but all of the United States, and has a great impact on society in general.

According to the federal Occupational Safety and Health Administration (OSHA), nearly two million workers report having been victims of workplace violence every year. Unfortunately, some instances of violence are not reported. These events are not exclusive to one industry or a certain group of workers and have occurred in nearly all industries including retail, healthcare, construction, manufacturing, and many others. While there are no specific OSHA standards that address workplace violence, the General Duty Clause of the Occupational Safety and Health Act (OSH Act) requires employers to provide their employees with a place of employment that “is free from recognizable hazards that are causing or likely to cause death or serious harm to employees.”



**CONTRIBUTOR**  
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Quality, Metrics, and Statistics  
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## 10 YEARS AGO

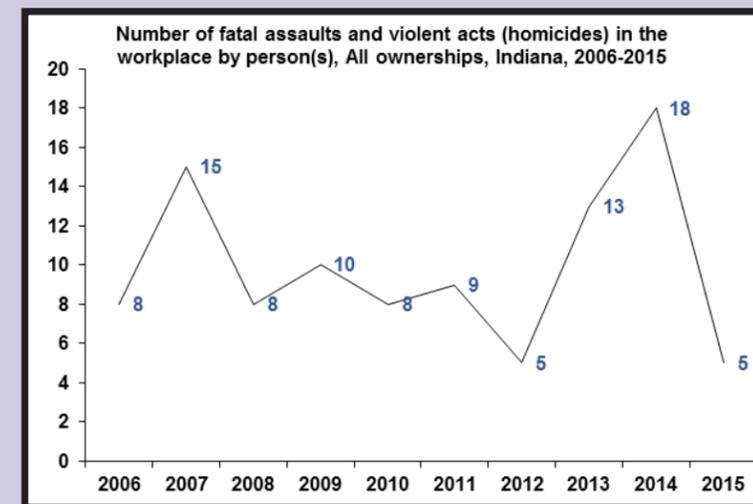
In 2006, the number of fatal incidents in Indiana involving workplace violence had steadily decreased from the previous decade, a high of 31 in 1997, to a low of 8 cases.

Numbers representing nonfatal cases within the same 10-year period illustrate a different story, however. These numbers peaked at 344 in 1998, which steadily decreased to 218 in 2002. Following this steady decline, we witnessed a considerable decrease to 110 cases in 2003, up to 180 in 2004, then a 50 percent cut down to 90 in 2005. In 2006, those nonfatal incident numbers rose sharply to 230.

## FATAL INJURIES

Looking at a more recent period of 2006 through 2015, the data (right) illustrates fatalities in the state of Indiana as a result of workplace violence.

The number of fatal assaults and violent acts steadily declined from a previous high of 31 in 1997 to a low of eight fatalities in 2006. These incidents remained at an average of 8 to 10 fatalities per year from about 2006 to 2011. Since then, workplace violence fatality numbers have fluctuated wildly from a low of 5 in 2012 to 13 incidents in 2013 to 18 in 2014.

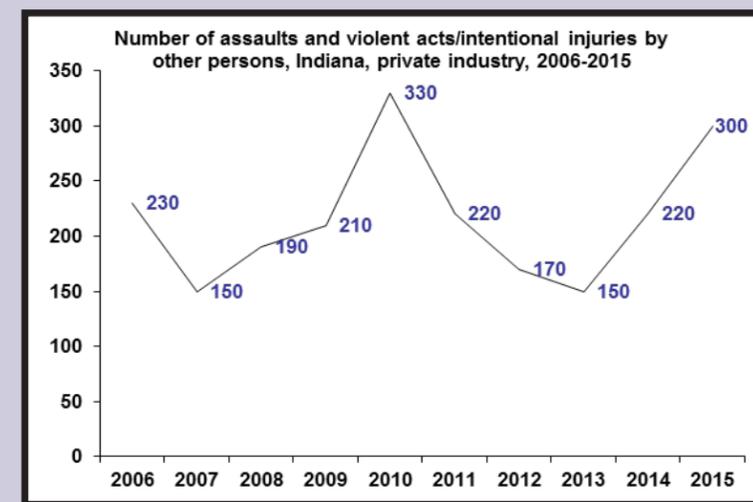


Source: Bureau of Labor Statistics, Census of Fatal Occupational Injuries

## NONFATAL INJURIES

Still considering the recent period of 2006 to 2015, the illustrated data shows the number of nonfatal injuries resulting from assaults and violent acts.

The number of nonfatal workplace assaults and violent acts increased by 156% from the low figure of 90 in 2005 to 230 in 2006. For the following decade, the number of nonfatal injuries fluctuated between a low of 150 in 2011 and a spike of 330 in 2010. A similar spike of 300 nonfatal workplace assaults was observed again in 2015, bringing the ten-year average to 217.



Source: Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses

## PREVENTION STRATEGIES FOR EMPLOYERS

There are a number of environmental, administrative, and behavioral strategies that employers can put in place to reduce the risk of workplace violence. No single strategy is appropriate for all workplaces. However, all workers and employers should assess the risk of violence in their workplaces and take appropriate action to reduce those risks.

### Examples of these strategies include (but are not limited to):

- Workplace violence prevention training
- Good visibility within and outside of the workplace
- Cash handling policies and training (For establishments that exchange money for goods and/or services — e.g. stores, banks, etc.)
- Physical separation between employees and customers or clients
- Appropriate and extra lighting
- Security devices
- Security escort

To learn more about preventing workplace violence and to download a variety of resources regarding the listed prevention strategies, visit the Indiana Department of Labor’s **Worker Safety Initiative Workplace Violence** webpage at [www.in.gov/dol/2797.htm](http://www.in.gov/dol/2797.htm).



## OSHA'S NEW

# CONSTRUCTION CRYSTALLINE SILICA RULE

**ON** March 25, 2016, the Occupational Safety and Health Administration (OSHA) published a final rule containing standards for Occupational Exposure to Respirable Crystalline Silica, which became effective **June 23, 2016**. Employers have **until June 23, 2017** to meet the obligations and related requirements of the new standard.

**Quartz** is the most common form of crystalline silica and the second most common surface material on Earth. It is a component of sand, brick, concrete, slate, mortar, granite, and other rock. Respirable crystalline silica is the dust portion which enters the body through inhalation and is particularly hazardous to workers. Inhaling very small crystalline silica particles can cause multiple diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), kidney diseases, and silicosis, an incurable lung disease that can lead to disability and death.

Approximately two million construction workers who work with silica-containing materials (such as concrete, brick, and stone) are exposed to respirable crystalline silica during common construction tasks such as using masonry saws, handheld grinders, drills, jackhammers, other powered chipping tools; operating vehicle-mounted drilling and milling rigs and crushing machines; and using heavy equipment for other tasks and demolition activities.

Workplace hazards with regards to respirable crystalline silica date back to the mid-1930s, after a wave of worker deaths were connected to the Hawks Nest Tunnel Project. Previous standards for workplace exposures to respirable crystalline silica were adopted in 1971 in conjunction with the establishment of OSHA. The previous permissible exposure limit (PEL) for construction was based on obsolete particle counts using a formula which was difficult to understand. Strong evidence showed the old exposure limits did not adequately protect worker's health from silica-related diseases. At that point, the old standard and PEL were more than 40 years old, outdated, and based on research from the 1960s and earlier, which did not reflect recent scientific evidence showing low-level exposures to silica dust causes serious health effects.

A review of OSHA enforcement data revealed considerable noncompliance with the required PEL. Data indicated that several silica samples from the construction industry were at least three times the regulated PEL. It was determined that employees exposed to respirable crystalline silica at previous permissible exposure limits faced a significant risk to their health and that promulgating new standards would substantially reduce that risk. The new requirements were necessary to provide protection from silica-related health hazards, and the new rule significantly reduces the amount of silica dust that workers can be exposed to on the job. OSHA estimates that the new rule will prevent more than 900 new cases of silicosis and more than 600 deaths each year from silica-related lung diseases once it is in full effect.



**CONTRIBUTOR**  
**Bryan Thais**  
INSafe Safety Consultant

The new construction crystalline silica rule establishes a permissible exposure limit of 50 micrograms of respirable crystalline silica per cubic meter (50  $\mu\text{g}/\text{m}^3$ ) of air as an eight-hour time weighted average. The new standard requires employers to limit worker exposures to respirable crystalline silica, allows them flexibility in choosing how to reduce levels of exposure, and defines procedure to establish and maintain protection for workers.

Employers must use engineering controls, such as wetting down work operations, or use local exhaust ventilation, to keep silica-containing dust out of the air. Work practices such as wetting down dust prior to sweeping or using water flow at the appropriate rate are primary ways to keep exposures at or below PEL. Respirators are allowed when engineering and work practice controls cannot maintain exposures.

Employers who do not use control methods named previously have to ensure employees are not exposed to respirable silica above the PEL by using alternative exposure control methods. They must measure workers' exposure to silica and conduct exposure assessments using the performance options or scheduled monitoring options listed in the standard. Based upon monitoring and exposures they can independently decide which dust control methods will work best. However, the use of engineering controls is required to reduce and maintain exposures at or below the PEL. When engineering controls are not sufficient to reduce exposures, they also have to provide respiratory protection.

Regardless of whether employers use specified control methods or alternative control methods, all construction employers covered by the standard are required to establish and implement a written exposure control plan, which identifies tasks that involve silica dust exposure and methods used to protect workers; designate a competent person to implement the written exposure control plan; restrict housekeeping practices that expose workers to silica where feasible alternatives are available; offer medical exams every three years for workers who are required by the standard to wear a respirator for 30 or more days per year; train workers on work operations that result in silica exposure and ways to limit exposure; and keep records of workers' silica exposure and medical exams.

**To learn more about the OSHA's Construction Crystalline Silica Rule, visit [www.osha.gov/silica/index.html](http://www.osha.gov/silica/index.html), and for controlling silica exposures in construction, visit [www.osha.gov/Publications/OSHA3902.pdf](http://www.osha.gov/Publications/OSHA3902.pdf).**

**"OSHA ESTIMATES THAT THE NEW RULE WILL PREVENT MORE THAN 900 NEW CASES OF SILICOSIS AND MORE THAN 600 DEATHS EACH YEAR FROM SILICA-RELATED LUNG DISEASES."**

# PRACTICING HEALTHY DESK POSTURE

**FOR** roughly 80 percent of today's workforce, the average eight-hour workday consists of daily duties at a desk. Despite the low physical labor expectation of this type of day-to-day work, health problems can arise from prolonged periods of poor posture, stillness, and sedentary work.

A healthy physical position behind a desk is one in which your body is neutrally positioned through natural alignment of your joints. Natural alignment reduces stress on muscles, tendons, and skeletal systems, which ultimately reduces a risk of developing a musculoskeletal disorder (MSD), such as carpal tunnel syndrome.

## THE FOLLOWING ARE REFERENCE POSTURES FOR NEUTRAL POSITIONING

### UPRIGHT SITTING

Your torso and neck are vertical and in-line, with your thighs horizontal, and lower legs vertical.



### STANDING

Your legs, torso, neck, and head are in-line and vertical. You may also elevate one foot on a rest while standing.



### DECLINED SITTING

Your thighs are inclined with the buttocks higher than the knee, and the angle between your thighs and torso is greater than 90 degrees. Your torso and legs are vertical.



### RECLINED SITTING

Your torso and neck are straight and reclined between 105 and 120 degrees from your thighs.



### For natural alignment of the body, the following are needed:

- Hands, wrists, and forearms are straight, in-line, and parallel to the floor
- Head is level or bent slightly forward, forward facing, and balanced
- Shoulders are relaxed
- Elbows stay close to the body, bent between 90 and 120 degrees
- Back and feet are fully supported with appropriate lumbar support
- Thighs and hips are supported by well-padded seat and parallel to the floor
- Knees and hips are about same height from the floor with feet slightly forward

### It's recommended that you change your position periodically throughout the day.

#### Simple ways to do this include:

- Small adjustments to your chair or backrest
- Stretching your fingers, hands, arms, and torso
- Standing and walking for a few minutes periodically
- Changing sedentary tasks into mobile tasks by varying the way you carry them out (i.e. instead of calling or emailing a question to a coworker, walk to his or her desk or office)

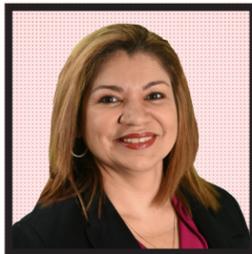
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SIGN UP FOR  
STAND-DOWN

For more information on healthy physical positions for the workplace, please visit [www.osha.gov/SLTC/etools/computerworkstations/positions.html](http://www.osha.gov/SLTC/etools/computerworkstations/positions.html).

## INDIANA'S VOLUNTARY PROTECTION PROGRAM **BEST PRACTICE MEETINGS**

**IF** you find yourself interested in exchanging knowledge, learning, discussing a variety of topics, and connecting and developing contacts with your business professional peers, the Indiana Voluntary Protection Program (VPP) region meetings are the place to do all of these and more.



**CONTRIBUTOR**  
**Naomi Barreto**  
EHS & Security Leader  
GE Aviation (Lafayette)

Over the past year, I attended the VPP Best Practice meetings in the central Indiana region. At these meetings, we discussed multiple, valuable occupational safety and health topics, including contractor safety, cultural audits, the Globally Harmonized System, "Hands Free / No Touch Tools," industrial hygiene, and many others. Presenters included representatives from different companies and organizations from across the state of Indiana, including environmental, health, and safety leaders from Raytheon, Eli Lilly, NUCOR, Cintas Corporation, and many more. The presentations were very detailed, specific, and informational, and yet transferable and something that we could take away to customize and utilize in our own organizations.

**"A GOOD NETWORK HELPS NOT JUST EMPLOYEES, BUT THEIR LEADERS TO BE MORE TRANSPARENT AND PROFESSIONAL."**

The VPP Best Practice meetings are conducted at different businesses throughout the region and provide opportunities to see and experience different approaches to occupational safety and health. We saw new ways to use personal protective equipment in machinery not used at our worksites, different safety markings and signage, and other processes, equipment, and training that I feel will build my professional spectrum.

Indiana VPP Beth Gonzalez Leader is a fantastic point of contact and manager for the program. Beth is a bountiful resource for Occupational Safety and Health Administration (OSHA) regulations, new initiatives and campaigns, safety and health program practices, and much more. I first began working with Beth as a Special Government Employee (SGE) about a year ago. I appreciate her hands-on approach with the Hoosier businesses for which she is responsible. Beth actively communicates through emails and phone calls, uses a personal approach with each site, and exemplifies a great deal of commitment to the program.

I am very interested and active in human resources initiatives, and the networking at these meetings provided an excellent opportunity to learn about what's happening in the market; discuss other companies looking for environmental, health, and safety (EHS) leaders; and other subjects. I firmly believe that the meetings can enhance your career and help create a healthy professional network. To quote Alan Collins in his book, *Unwritten HR Rules*, "Pulling a good network together takes effort, sincerity, and time." A good network helps not just employees, but their leaders to be more transparent and professional.

As an EHS leader and SGE, I enjoy coaching and helping other sites to grow and attain and sustain VPP certification. The forum offers a chance to learn, share, and help others alongside leadership at VPP Best Practice meetings. I encourage you to join in Indiana's VPP Best Practice meetings and take advantage of the opportunities to learn, share, and network.



3M Company  
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AKTube, LLC  
AKZO Nobel Coatings, Inc.  
Allegion VonDuprin  
AstraZeneca  
BAE Systems Controls  
Best Home Furnishings  
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BMWC Constructors  
BMWC Constructors, Inc.  
Brandenburg Industrial Services Company  
CF Industries Sales, LLC (Frankfort)  
CF Industries Sales, LLC (Huntington)  
CF Industries Sales, LLC (Mt. Vernon)  
Cintas Corporation Location 18  
Cintas Corporation Location 319  
Cintas Corporation Location 336  
Cintas Corporation Location 338  
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Indiana Environmental Partners a Kiewit/ Sargent & Lundy Joint Venture  
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NIBCO Inc.  
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First Chance Center Tot to Tot/Food Program  
Fishers Pediatric Dentistry  
Formwood Industries, Inc.  
Gartland Foundry  
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Marmon Retail Home Improvement (formerly CerroWire)  
Mitchell Plastics (Formerly D.A., Inc.)  
Mitsubishi Heavy Industries Climate Control  
OFS Brands Plant #4  
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Rise, Inc.  
River Metals Recycling, LLC  
RKO Enterprises  
Stanley Black & Decker



Southern Indiana Resource Solutions  
Stedman Machine Company  
Summit Brands  
Tell City Concrete Supply  
The Arc of LaGrange County  
USALCO Michigan City Plant, LLC

# OSHA'S 2016 TOP 10 STANDARDS CITED

Citations and penalty calculations were current at the time the data report was generated.  
For more information about OSHA standards, please visit [www.osha.gov](http://www.osha.gov).

#1  
1926.20 General Safety and Health Provisions  
**ACCIDENT PREVENTION**  
Citations: 316 | Initial Penalties Issued: \$222,125

#2  
1926.501 Safety and Health Regulations for Construction  
**DUTY TO HAVE FALL PROTECTION**  
Citations: 143 | Initial Penalties Issued: \$204,850

#3  
1926.451 Safety and Health Regulations for Construction  
**SCAFFOLD GENERAL REQUIREMENTS**  
Citations: 111 | Initial Penalties Issued: \$124,025

#4  
1926.503 Safety and Health Regulations for Construction  
**TRAINING REQUIREMENTS: FALL PROTECTION**  
Citations: 103 | Initial Penalties Issued: \$37,325

#5  
1910.1200 Toxic and Hazardous Substances  
**HAZARD COMMUNICATION**  
Citations: 93 | Initial Penalties Issued: \$69,000

#6  
1910.212 Machinery and Machine Guarding  
**GENERAL REQUIREMENTS FOR ALL MACHINES**  
Citations: 67 | Initial Penalties Issued: \$239,575

#7  
1910.147 General Environmental Controls  
**CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)**  
Citations: 64 | Initial Penalties Issued: \$176,850

#8  
1926.21 Safety and Health Regulations for Construction  
**SAFETY TRAINING AND EDUCATION**  
Citations: 50 | Initial Penalties Issued: \$43,175

#9  
OSHA 22.8  
**GENERAL DUTY CLAUSE**  
Citations: 50 | Initial Penalties Issued: \$147,350

#10  
1926.454 Safety and Health Regulations for Construction  
**SCAFFOLD TRAINING REQUIREMENTS**  
Citations: 46 | Initial Penalties Issued: \$16,025

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