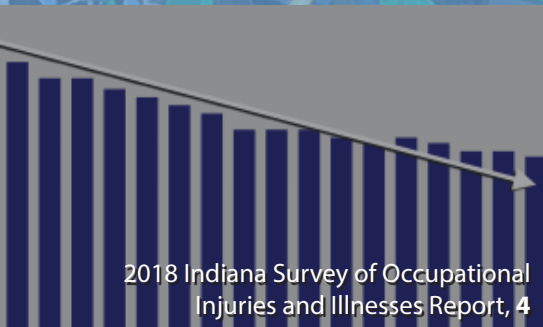


Indiana Labor Insider

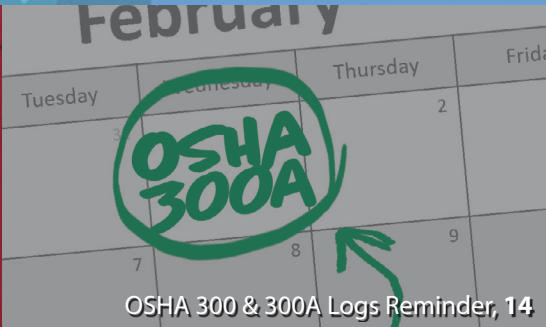
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Frequently Asked Questions: Annual Survey of Occupational Injuries

INdiana Labor Insider

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A Letter From Commissioner Rick J. Ruble

Hello and welcome to the 2019 edition of the Indiana Department of Labor's quarterly publication, *INdiana Labor Insider!* It is our hope that our stakeholders, cooperative partners, employers, managers, and Hoosiers in all working parts can find this newsletter beneficial and informative.

We are proud to announce that Indiana's nonfatal occupational injury and illness rate (according to data from the Bureau of Labor Statistics) has reached a **historic low of 3.3 injuries or illnesses per 100 workers.** (This rate reached a high of 11.3 in 1994 and has since decreased by 71 percent!) Although we are proud of Indiana's working citizens for reaching this new low rate – one injury is too many. We must continue to work hard; try new strategies; and unite to prevent workplace incidents and hazards.

Looking ahead to the start of the next decade – we are excited to begin planning for the **2020 Indiana Safety and Health Conference and Expo!** This annual

event is hosted by the Indiana Chamber of Commerce in partnership with the INSafe Consultation Division and the Central Indiana Chapter of American Society of Safety Professionals at the Indiana Convention Center in Indianapolis. This year's conference will take place February 24-26, 2020. Of course, we strongly encourage Hoosier employers to apply for a Governor's Workplace Safety Award or nominate for the Everyday Safety Hero Award, which are part of this annual event.

A proactive approach is your best bet to staying safe this winter – be sure to complete full maintenance needs on your vehicle, plan ahead on your drive, and take your time on the roads. Be watchful for road workers. Save your calls or texts for after you've parked in a safe area away from moving traffic.

All of us at the IDOL wish you and your families a wonderful holiday season and a Happy New Year!

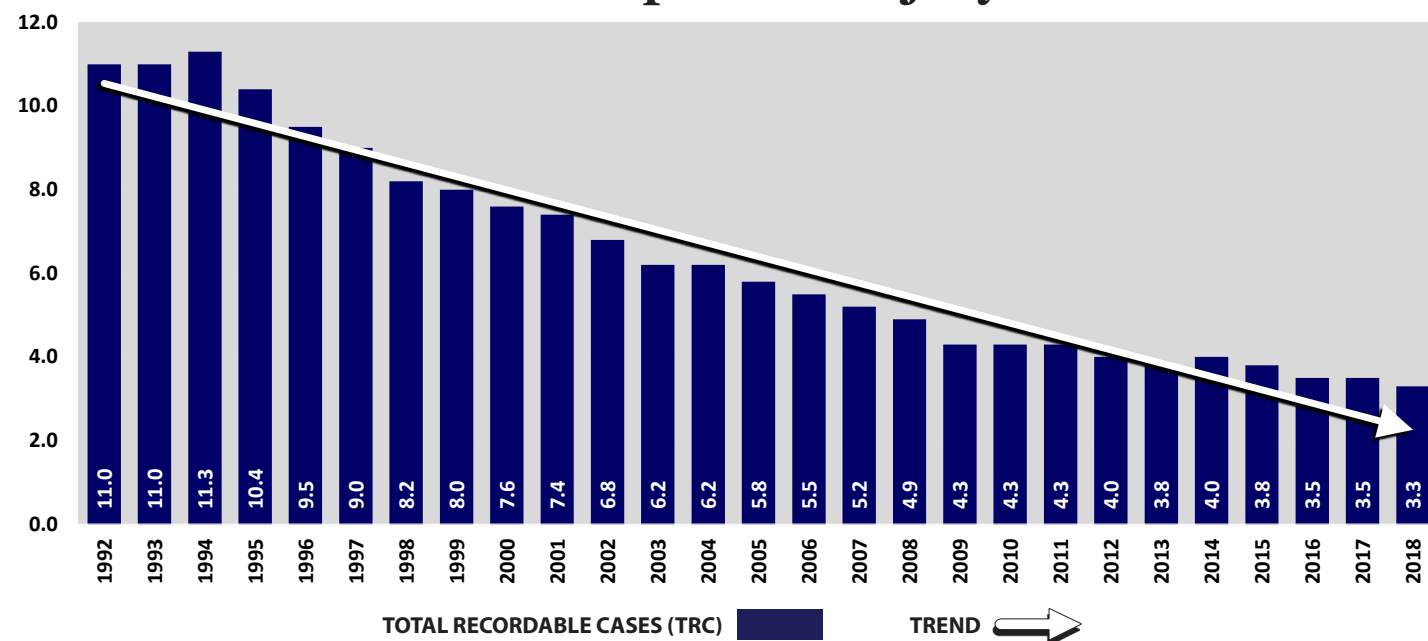
To your health and wealth,



Indiana's Nonfatal Occupational Injuries & Illnesses

Analysis of the Survey of Occupational Injuries and Illnesses (SOII) Results

Indiana's Nonfatal Occupational Injury and Illness Rate

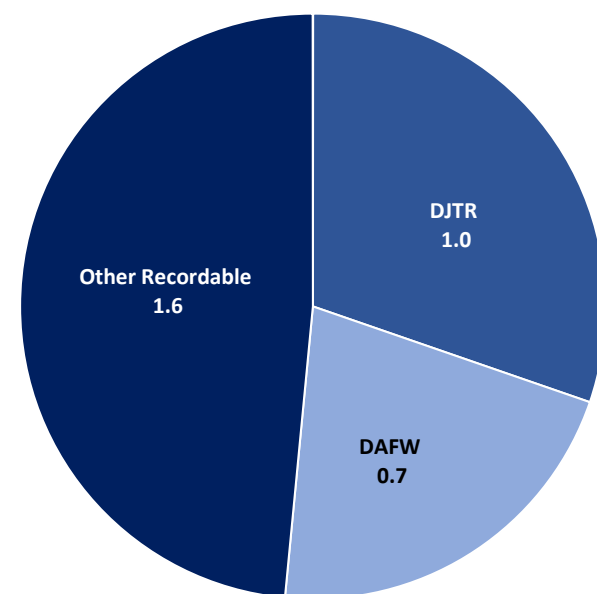


At 3.3 injuries or illnesses per 100 full-time workers, the 2018 nonfatal injury and illness rate for Indiana is at its lowest rate of nonfatal injuries and illnesses in the state's history. At the inception of the SOII program in 1992, the overall nonfatal injury and illness rate was 11.0 injuries per 100 full-time workers. This rate reached a high of 11.3 in 1994 and has since decreased by 71.0%.

The BLS estimates that around 81,100 Hoosier workers experienced a nonfatal OSHA-recordable injury or illness in 2018. This is a 2.87% decrease from the 2017 estimate of 83,500 injuries or illnesses.

Just over half (51.4%) of all recordable injuries and illnesses in 2018 resulted in one or more days away from work (DAFW) or days with job transfer or restriction (DJTR). This was a slight increase from the 2017 rate of 50.2%. Companies with 1,000 or more employees and companies with 250 to 999 employees shared the highest nonfatal injury and illness rate at 3.9. Companies with 50 to 249 had the next highest nonfatal injury and illness rate of 3.7. Companies with 11 to 49 employees had a rate of 2.9. Finally, companies with 1 to 10 employees had the lowest rate of nonfatal injury or illness rate at 0.9.

2018 Overall Injury and Illness Rate



Source: Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses 2018 (per 100 full-time workers)

2016-2018 Injury and Illness Rates By Industry

INDUSTRY	2016	2017	2018
Agriculture, forestry, fishing, and hunting	4.3	5.3	3.6
Mining, quarrying, and oil and gas extraction	2.6	2.7	2.4
Construction	2.8	2.6	2.6
Manufacturing	4.1	4.2	4.1
Wholesale trade	3.1	2.3	3.0
Retail trade	3.8	3.4	3.0
Transportation and warehousing	4.7	4.2	4.4
Utilities	1.4	2.1	2.1
Information	1.4	1.5	1.1
Finance and insurance	0.4	0.4	0.7
Real estate and rental and leasing	3.6	2.0	2.2
Professional, scientific, and technical services	1.1	1.3	1.1
Management of companies and enterprises	0.8	1.1	0.9
Administrative and support and waste management and remediation services	1.3	2.7	2.0
Educational services	2.3	1.8	2.8
Health care and social assistance	4.9	4.8	4.7
Arts, entertainment, and recreation	4.9	5.0	5.7
Accommodation and food services	3.4	3.3	2.5
Other services (except public administration)	2.5	2.4	2.3
State government	2.4	2.3	2.3
Local government	5.2	5.2	4.6

Data is courtesy of the BLS Survey of Occupational Injuries and Illnesses for 2011 - 2017. These data show the estimated number of injuries per 100 full-time workers. Industry and sub-industry definitions are available online at www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012.

Numerous factors can affect the nonfatal injury and illness rate of a particular industry. Employers, employees, regulatory agencies, outreach programs, trade organizations and labor unions can positively impact occupational safety and health through safety awareness programs, enforcement of occupational safety and health standards, training and education. Economic factors such as the number of employees in a particular industry can also affect the rates, as can the sample size and the companies surveyed.

From the 2018 SOII data, 12 industries experienced decreases in their nonfatal injury and illness rates from 2017 to 2018. These included **agriculture, forestry, fishing and hunting; mining, quarrying and oil and gas extraction; manufacturing; retail trade; information; professional, scientific and technical services; management of companies and enterprises; administrative and support and waste management and remediation services; health care and social assistance; accommodation and food services; other services (except public administration); and local government**. In contrast, 6 industries experienced an increase in injury and illness rates from 2017 to 2018. These included **wholesale trade; transportation and warehousing; finance and insurance; real estate and rental and leasing; educational services; and arts, entertainment, and recreation**. The rates for **construction, utilities, and state government** remained unchanged from the 2017 rates.

In 2018, **agriculture, forestry, fishing and hunting** experienced a 32.1% decrease from a rate of 5.3 in 2017 to 3.6 in 2018. This is the highest percentage of decrease in any industry in 2018. The rate for **agriculture** has been volatile, with dramatic fluctuations in the nonfatal injury and illness rates from year to year. Some of this can be attributed to the occupational safety and health regulations pertaining to farms. For example, OSHA has no jurisdiction over farms with ten or fewer employees. These smaller farms are also exempt from participating in the SOII. Therefore, the SOII estimates are often based on the cases occurring at larger farms.

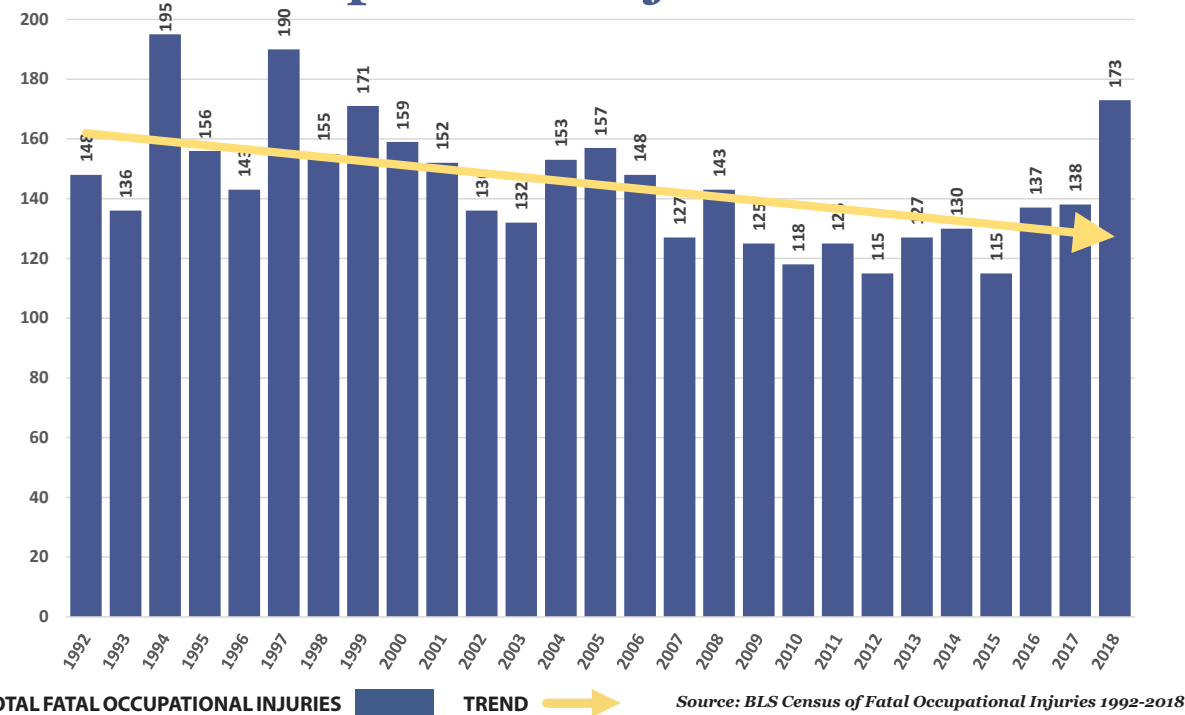
The classification of **local government** includes work activities performed by a city, town, township, county or other similar governing body. These duties often include administrative staff, political appointees, schools, hospitals, police, fire, emergency management, bus drivers, sanitation workers, and street maintenance. Local government rates do not include federal or state government data. After maintaining a rate of 5.2 in 2016 and 2017, nonfatal injury and illness rate for local government decreased by 11.5% to 4.6 in 2018. Of the injuries and illnesses in local government, 0.8 cases per 100 full-time workers resulted in days away from work, and 1.1 involved job transfer and restriction.

Read the full report at www.in.gov/dol/2341.htm



Indiana's Census of Fatal Occupational Injuries and Illnesses 2018

Fatal Occupational Injuries in Indiana



In 1992, the federal Bureau of Labor Statistics (BLS) began collecting data on fatal occupational injuries in Indiana through the Census of Fatal Occupational Injuries (CFOI). Each year, the Indiana Department of Labor's Quality, Metrics, and Statistics (QMS) Division reviews thousands of records including death certificates, news articles, police reports and National Transportation Safety Board (NTSB) findings to identify, document, and verify deaths resulting from work-related injuries. The CFOI classifies fatal occupational injuries by industry, event, exposure, demographic, primary cause, and body part injured. These classifications provide a more detailed view of how fatal injuries occurred.

The 2018 Census of Fatal Occupational Injuries report shows 173 workers lost their lives in a workplace accident in the Hoosier state. This represents an increase of 25.36% in the number of fatal injuries from the 2017 total of 138. This report will delve deeper into the case and demographic information regarding fatal workplace injuries in Indiana. The data provided by the BLS are protected by stringent confidentiality rules. These rules

forbid releasing information that could divulge the identity of the decedent or the company for which the decedent worked. Confidential data may include any non-public information that was not previously released by a media outlet. Therefore, some of the table data regarding the industry or nature of the fatality may not add up to the reflected totals. No specific location information such as city, town or county is available due to case confidentiality. For more information regarding state and national fatal occupational injuries, visit www.bls.gov/iif/oshstate.htm.

This report includes data for fatal workplace injuries, including those that may be outside the jurisdiction of the Indiana Occupational Safety and Health Administration (IOSHA) and the Indiana Worker's Compensation Board. For example, fatalities occurring on the roadway and on farms with fewer than ten employees are almost always outside IOSHA's jurisdiction. However, these fatalities are still part of the CFOI records. Consequently, data from the CFOI and reports released by other state or federal agencies may differ. This report does not include fatalities of natural causes.

Fatal Injuries by Industry

Industry	2013	2014	2015	2016	2017	2018
Agriculture, forestry, fishing and hunting	18	28	23	33	28	30
Mining	1	1	-	-	-	2
Construction	15	18	11	14	14	31
Manufacturing	12	10	12	10	9	15
Utilities	1	1	-	1	1	-
Wholesale trade	9	9	3	7	4	6
Retail trade	9	8	4	11	10	14
Transportation and warehousing	27	13	27	21	26	27
Information	1	-	3	1	2	-
Finance and insurance	-	-	-	1	-	-
Real estate and rental and leasing	-	-	-	3	-	2
Professional and technical services	-	-	1	2	1	7
Administrative and waste services	6	12	8	9	11	12
Accommodation and food services	-	5	7	6	8	8
Health care and social assistance	3	3	4	2	4	3
Arts, entertainment, and recreation	1	3	1	3	1	3
Educational services	-	-	-	1	2	-
Other services, except public administration	12	11	7	5	9	3
Federal government	-	-	2	1	1	1
State government	1	1	-	2	-	-
Local government	6	6	2	4	6	4
Total	127	130	115	137	138	173

Source: BLS Census of Fatal Occupational Injuries 2012-2018
Industry and sub-industry definitions are found online at www.census.gov/cpi-bin/sssd/naics/naicsrch?chart=2012.

The CFOI uses the North American Industry Classification System (NAICS) to identify the industries and sub-industries where workplace fatalities occur. Industry information is often reported as a broad category to ensure that no decedents or their employers can be identified.

The **construction** industry experienced the highest number of workplace fatalities for 2018 (31); a 121% increase from the 2017 total of 14. The three highest causes for fatal incidents in this industry were falls, slips and trips (11), followed by transportation incidents (9), and contact with objects and equipment (6). Men (30) who were white (non-Hispanic) (29) experienced the highest number of fatal workplace injuries in this industry. Most cases (16) involved the worker performing constructing, repairing, or cleaning work.

Indiana's **agriculture, forestry, fishing, and hunting** industry experienced the second highest (30) number of workplace fatalities with 30 in 2018; an increase of 7.14% from the 2017 total of 28. Contact with objects and equipment incidents accounted for 10 of the 30 fatalities in this industry (33.33%), sixteen (16) of the 30 total fatalities in **agriculture, forestry, fishing, and hunting** were attributed to workers in the **crop production** sub-industry. Eleven (11) fatalities occurred in **animal production and aquaculture** and one (1) occurred in **forestry and logging**.

With 27 fatalities, Indiana's **transportation and warehousing** industry experienced the third highest number of fatal injuries in 2018. This was an increase of 3.85% from 26 fatalities in 2017. For the second year in a row, the **truck transportation** sub-industry experienced 20 of these fatal injuries, with 14 of those 20 occurring in general freight trucking, long distance.

In 2018, the Indiana **mining** industry experienced two fatal workplace injuries, both males. The last recorded workplace fatality in the Hoosier mining industry was in 2014.

Three industries experienced a decrease in fatal workplace injuries from 2017 to 2018: **healthcare and social service**; **other services, except public administration**; and **local government**.

Event or exposure describes the manner in which a worker was fatally injured. Although the events may sound similar to industry classifications, the two are not interchangeable and these events may occur in any industry.

Since the inception of the CFOI in 1992, **transportation-related** incidents have resulted in the highest number of Hoosier workplace fatalities.

Read the full report at www.in.gov/dol/2342.htm

IS YOUR FIRST AID KIT UNSAFE?

CONTRIBUTOR
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INSHARP Coordinator

It is a requirement of OSHA that employees have a safe and healthy workplace that is reasonably free of occupational hazards. Employers are required to provide medical and first aid personnel and supplies commensurate with the hazards of the workplace. The details of a workplace medical and first aid program are dependent on the circumstances of each workplace and employer.

First aid supplies are required to be readily available under paragraph § 1910.151(b). Employers who have unique or changing first-aid needs in their workplace may need to include additional supplies for adequately provide the necessary supplies. The employer can use the OSHA 300 log, OSHA 301 log, or other reports to identify the unique problems. Consultation from the local fire/rescue department, appropriate medical professional, or local emergency room may be helpful to employers in these circumstances. By assessing the specific needs of their workplace, employers can ensure that reasonably anticipated supplies are available. The following list is provided as a guide. The workplace should be assessed to ensure that first aid supplies are adequate depending on the nature of a location's operations and the number of employees, training level of responders, medical provider's evaluation.

OSHA Guidelines for First Aid Kits

1-3/4"x2" Small fingertip fabric bandage	4"x4" Gauze dressing pads, (1) 2-pack
2"x2" Gauze dressing pads, (2) 2-pks	2"x4.1 yd Conforming gauze roll bandage
2"x4" Elbow & knee plastic bandage	3"x4.1 yd. Conforming gauze roll bandage
3"x3" Gauze dressing pads, (2) 2-pks	Triangular sling/bandage
3/4"x3" Adhesive plastic bandages	6"x9" Instant cold compress
Exam quality gloves, 1 pair	Triple antibiotic ointment packs
Sterile eye pad	Burn relief pack, 3.5 gm
Alcohol cleansing pads	Antiseptic cleansing wipes (sting free)
1"x5 yd. first aid tape roll	4-1/2" Scissors, nickel plated
4" Tweezers, plastic	Bloodborne Pathogens Spill Kit

Tourniquets

Severe complications can occur if a person is using a tourniquet but does not have adequate training to administer use appropriately. The purpose of applying a tourniquet is to provide enough external pressure around the circumference of a limb to temporarily stop blood flow to the injured body part. In doing so, we create a condition called ischemia. Ischemia plays a role in many of the dangers associated with tourniquet use. After depriving the tissues of oxygen, the reperfusion, or return of blood flow, can also pose risks. Additional complications can be caused by the pressure of the tourniquet to the nerves, skin, and tissue underneath it. The risk for permanent damage increases the longer the tourniquet is left on.

Over-the-Counter Medications

Many may assume that over-the-counter (OTC) medications are safe and free of serious side effects. When taken as directed, most OTC medications are safe. However, this is not true for every worker, especially when combined with other medications. For example, Acetaminophen is used to treat discomfort but can be present in other products such as cold and flu medications. Because it is found in so many preparations, it is very easy to take too much of this drug. This can lead to numerous side effects, including liver damage.

Ammonia Inhalants

The use of ammonia inhalants is not consistent with contemporary medical practice. The ammonia contained in the inhalants is in the form of ammonium nitrate - a powerful cardiac stimulant. According to the National Institute of Health, the inhalation of ammonia gas "irritates the membranes of the nose and lungs, and thereby triggers an inhalation reflex that alters the pattern of breathing, resulting in increased breathing rate." Breathing is closely tied to your heart rate. If an unconscious person has suffered cardiac insult, and you use an ammonia ampule under their nose, you are very likely going to expand their cardiac damage by over-stimulation which can result in death.

Automated External Defibrillators

With recent advances in technology, automated external defibrillators (AEDs) are now widely available, safe, effective, portable, and easy to use. These provide critical treatment for sudden cardiac arrest (SCA). Each workplace should assess its own requirements for an AED program, and consider the issues associated in setting up a worksite AED program: physician oversight; compliance with local, state and federal regulations; coordination with local EMS; a quality assurance program; and a periodic review, among others. CPR is also of value because it supports the circulation and ventilation of the victim until an electric shock delivered by an AED can restore the fibrillating heart to normal.

INFLUENZA

What You Need to Know



CONTRIBUTOR
Bradley Freeman
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According to the National Institute for Occupational Safety and Health (NIOSH), influenza (flu) causes American employees to miss approximately 17 million workdays a year. The annual direct costs of influenza in the United States, such as doctors' office visits and medication, are an estimated 4.6 billion, with an estimated 7 billion a year in sick days and lost productivity. An annual vaccine, along with proactive safe and healthy work practices can drastically reduce the risks for exposure and spread of influenza.

The Centers for Disease Control (CDC) defines Influenza as an acute, contagious respiratory disease caused by the Influenza virus. Known as the flu, it infects the nose, throat, and sometimes lungs. The flu can range from mild to severe, and in some cases can result in death.

Symptoms

Symptoms of the flu include fever, chills, cough, sore throat, runny nose, congestion, muscle or body aches, headaches, fatigue, and more. Vomiting and diarrhea are also symptoms more common in children. Unfortunately, many of these symptoms are common among less-serious illnesses, and many times flu goes without treatment as needed. Flu symptoms can begin 1-4 days after exposure.

Exposure

Influenza is spread from person-to-person via coughing, sneezing, and talking. It is believed that the flu viruses spread mainly by droplets. People infected with the virus can spread it up to approximately six feet away. Though it's not as likely, the flu can be contracted by inanimate objects with the virus on it. A carrier may be able to spread the virus before symptoms appear.

High Risk

Healthcare workers are considered to be extremely high risk of contracting the influenza virus. The CDC has classified healthcare workers as a high priority group for receiving the vaccination; unfortunately, the rate of healthcare workers receiving vaccinations for the flu is much lower than it should be. The vaccination significantly improves worker safety and health, as well as productivity. According to the CDC, unvaccinated healthcare workers create a risk of passing the flu to vulnerable patients, thus allowing the virus to spread further. There are certain populations considered to be at a greater risk of contracting the flu, and it is very important for these populations to receive the vaccine. This includes people with chronic health conditions, children, and the elderly. It's been shown to decrease rates of cardiac events

among people with heart disease, decrease hospitalization in people with chronic obstructive pulmonary disease (COPD), and decrease hospitalization for people with diabetes. The vaccine also decreases the risk of flu-associated, acute respiratory infection in pregnant women. Additionally, a flu vaccination during pregnancy helps protect the baby for several months after birth, while they are still too young to actually get the vaccine themselves. Of course, receiving the vaccine can significantly decrease the risk of a child dying from an influenza type illness.

Preventing Spread

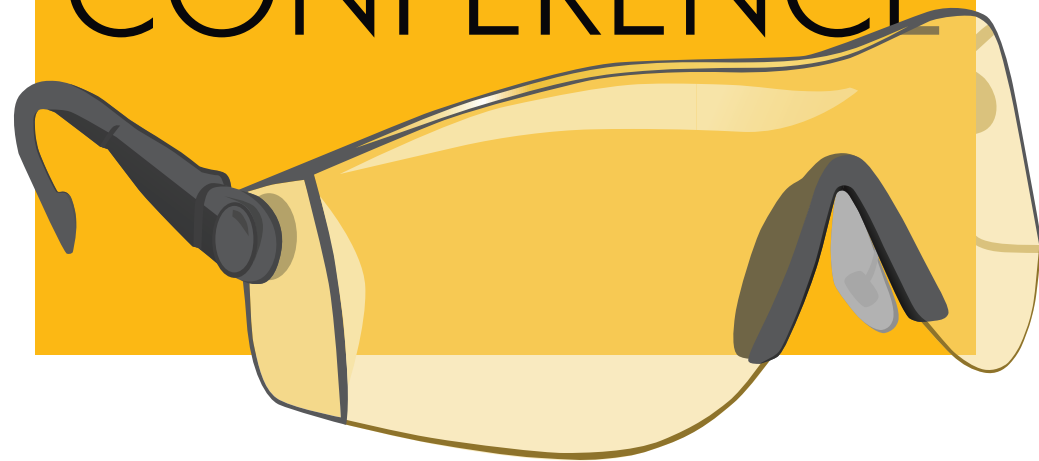
Though the influenza virus is present year-round, it is most common during the winter and fall seasons, increasing in October and peaking between December and February. Each year, the vaccine is revised to protect against the viruses that research has indicated will be most common for that season.

The following are prevention strategies and some essentials in utilizing said strategy (full safety and health strategies should be developed based on your workforce and facility's needs):

Annual influenza vaccinations	Influenza viruses change from year to year, so influenza vaccines must be updated annually to include the viruses that will most likely circulate in the upcoming season. The CDC provides resources to help locate vaccine providers.
Strict hand hygiene habits	All employees should regularly wash hands with soap and water. If soap and water are not available, they can use an alcohol-based hand rub to help kill germs.
Proper cough etiquette	Always cover the nose and mouth with a tissue when coughing or sneezing. Throw the tissue in the trash immediately after. If you don't have a tissue available, angle your sneeze or cough into your sleeve or elbow crease, NEVER into your hands.

Additionally, designated personal protective equipment (PPE), flexible leave policies, and alternate work schedules as necessary are options that may help employers and managers get ahead of the exposure of this disease and prevent spread. Beyond these methods of prevention, it's important for workers to simply stay home when they are sick - regardless of whether or not they've seen a doctor about symptoms. Influenza hides behind symptoms of minor illnesses such as cold or sinus infections, but can very quickly turn severe.

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The annual Governor's Workplace Safety Awards will be presented during the 2019 Indiana Safety and Health Conference and Expo at the Indiana Convention Center! All award categories are open for applications, including the distinct Everyday Safety Hero Award!

The annual Governor's Workplace Safety Awards and the Everyday Safety Hero Award are opportunities to provide recognition for companies and professional individuals across the state of Indiana. These awards are based on best practices for eliminating workplace injuries and illnesses and salute those who have made safety and health a top priority. All award applications and nomination forms may be submitted through January 11, 2019.

February

OSHA
300A

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YEAR'S OSHA LOGS FROM
FEBRUARY 1ST TO APRIL 30TH!

Got recordkeeping questions? Contact INSafe today!
(317) 232-2688 | insafe@dol.in.gov | www.in.gov/dol/insafe.htm

Frequently Asked Questions Annual Surveys of Occupational Injuries

Q: What is the Survey of Occupational Injuries and Illnesses?

A: The Survey of Occupational Injuries and Illnesses (SOII) from the U.S. Department of Labor, Bureau of Labor Statistics (BLS) is designed to provide an estimate of the number of work-related injuries and illnesses and a measure of the rate at which they occur. For more serious cases, those that involve one or more days away from work for the injured or ill employee, the respondent employer is asked to provide a description of the injury or illness (case characteristic) as well as a profile of the affected worker (demographic profile). The data is published on both a state and a national level. Data is used by policy makers in the business community.

Q: Why was my company chosen to complete the SOII?

A: Companies are chosen on a random sampling basis by the Bureau of Labor Statistics to complete the survey. Many larger companies may be chosen every year or more frequently to complete the survey. Smaller companies may only be chosen every few years to complete the survey.

Q: Why must I complete the OSHA Work-Related Injury and Illness Data Collection Form if I already completed the BLS Survey of Occupational Injuries and Illnesses?

A: The OSHA Work-Related Injury and Illness Data Collection Form is a separate survey that is conducted by OSHA. If your company is chosen to participate in the OSHA Work-Related

Injury and Illness Data Collection Form, you are required by law (Public Law 91-596) to complete the survey.

Q: When counting the number of days away from work or the number of days of job transfer or restriction, do I include weekends even if the employee does not normally work weekends?

A: Yes, you must count all days including weekends from the starting day off until the day the employee returns to work. For example, if an employee was off work for a full 2 weeks, the number of days away would be 14 days.

Q: Do I need to record an injury that is considered first aid only on my OSHA Log?

A: No, the only injuries that need to be recorded on the log are injuries where death occurred, the employee had days away from work or days of job transfer or restriction or the employee received medical treatment more than first aid (i.e. stitches, prescriptions, etc.) for their injury and promptly returned to work with no lost time.

Q: How do I get help if I have additional questions about the survey?

A: You can contact the Indiana Department of Labor's Quality, Metrics, and Statistics division by emailing stats@dol.in.gov or by calling (317) 232-2668.

2020 Safety Training & Seminars

Course	Date(s)	Location	More Information
OSHA Recordkeeping Webinar	January 28, 2020	-	CLICK HERE
OSHA General Industry 10-HR	May 18-19, 2020	Indianapolis	CLICK HERE
OSHA General Industry 30-HR	May 18-19, 2020	Indianapolis	CLICK HERE
OSHA General Industry 10-HR	September 14-15, 2020	Indianapolis	CLICK HERE

Additional training and seminar opportunities are listed on the Indiana Department of Labor's website, www.in.gov/dol/2383.htm. If you would like to list your company or organization's training and invite other Hoosier workers, please contact us at insafe@dol.in.gov.



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Learn more about INSafe online at www.in.gov/dol/insafe.htm or email INSafe with questions, suggestions or comments at insafe@dol.in.gov.

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