



***IN*Review**

Indiana Occupational Safety and Health 2015

An annual publication of the Indiana Department of Labor

Advancing the safety, health and prosperity of Hoosiers in the workplace



Signed December 29, 1970, the Occupational Safety and Health Act (OSHA Act) encouraged states to develop and implement their own workplace safety and health programs. The state of Indiana operates as a federal OSHA-approved state plan. The Indiana Department of Labor is the agency responsible for the enforcement of workplace safety and health standards.

To pursue the mission to advance the safety, health and prosperity of Hoosiers in the workplace, the Indiana Department of Labor conducts inspections and investigations as well as workplace safety and health outreach and education.

Enforcement activities are carried out by the Indiana Occupational Safety and Health Administration (IOSHA), which operates as a division of the Indiana Department of Labor. During the 2014 federal fiscal year, IOSHA's industrial compliance and construction safety sections conducted nearly 1,200 inspections statewide.

Workplace safety and health consultation, training and outreach are provided by INSafe safety and health consultants. The INSafe Division consists of well-trained staff of workplace safety and health experts, many of whom served as past IOSHA compliance safety and health officers. Learn more about the INSafe Division online at www.in.gov/dol/insafe. To initiate a request for free workplace safety and health consultation, an employer representative may complete and submit the form online at www.in.gov/dol/insafeconsultation.

The Indiana Bureau of Mines and Mine Safety is charged with the responsibility of inspecting each Indiana underground coal mine at least once per quarter. In addition to its inspection duties, the Indiana Bureau of Mines is also responsible for administering certification examinations for certain mine occupations and for training and maintaining a state mine rescue team and safety equipment.

Other workplace safety and health-related activities are carried out by the Indiana Department of Labor's Bureau of Child Labor. During calendar year 2014, the bureau's child labor investigators conducted 699 child labor inspections at establishments likely to employ minors. In addition to its inspections, the bureau also provides free training that seeks to provide business owners, managers and other staff with a better understanding of Indiana's child labor laws. To learn more about the bureau and its training, please visit www.in.gov/dol/childlabor.htm.

The Indiana Department of Labor's Quality, Metrics and Statistics (QMS) Division partners with the federal Bureau of Labor Statistics to collect and analyze worker injury, illness and fatality data. These efforts help drive workplace safety and health outreach, initiatives and emphasis.

To learn more about the Indiana Department of Labor, please visit the agency's website at www.in.gov/dol. For answers to questions about Hoosier workplace safety and health, please email insafe@dol.in.gov or call (317) 232-2688 to speak with an INSafe consultant.

IN Review

Indiana Occupational Safety and Health - 2015

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IN Review is an annual publication of the Indiana Department of Labor's INSafe Division. INSafe safety and health consultants provide free onsite OSHA consultation to Hoosier employers upon request. To learn more about the free OSHA consultation services provided by INSafe, please visit www.in.gov/dol/insafe, email insafe@dol.in.gov or phone (317) 232-2688 to speak with a consultant.

The Indiana Department of Labor expresses its sincere appreciation to Megan Wade-Taxter of the Indiana Department of Revenue for her assistance and attention to detail in editing this edition of *IN Review*.

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“Two consecutive years of historically low workplace injuries and illnesses proves that we are taking the necessary steps to make sure Hoosiers across the state are safe at work. I applaud the Indiana Department of Labor for their commitment and focus on employer and employee safety so we can continue to raise the bar on workplace well-being.”

Michael R. Pence
Governor of Indiana

Never losing sight of employee safety and health, the Indiana Department of Labor believes the best outcomes for Hoosier workers are achieved through a broad range of cooperative programs, voluntary compliance, education and outreach, all of which are supported by a robust enforcement program.

At a rate of 3.8 per 100 workers, the 2013 Indiana non-fatal workplace injury and illness rate is the lowest it has ever been. This is good news for industry, Hoosier workers and their families, labor unions, trade associations and all other stakeholders. The historic low rate for 2013 represents a one-year decline of five percent from 2012.

In addition to releasing the single lowest non-fatal occupational injury and illness rate in Indiana history, the Indiana Department of Labor has achieved many other noteworthy accomplishments in 2013 and 2014.

Participation in the Indiana Department of Labor’s cooperative programs, Voluntary Protection Program (VPP) and Indiana Safety and Health Achievement Recognition Program (INSHARP), continues to grow. Together, the VPP and INSHARP cooperative programs cover more than 110 worksites and 28,000 Hoosier workers. The Indiana Department of Labor has the third most successful VPP per capita in the nation. In 2014, VPP also launched its mobile certification for construction companies and worksites. On average, VPP-and INSHARP-certified worksites have worker injury and illness rates more than 65 percent below their industry average.

With more than 900 attendees, the

Indiana Department of Labor, the Central Indiana Chapter of the American Society of Safety Engineers and the Indiana Chamber of Commerce helped coordinate and host the largest workplace safety and health conference in the state in 2014. The agency looks forward to many more years of record-breaking attendance during this annual event.

The Indiana Department of Labor partnered with the Indiana Department of Transportation, Indiana Bureau of Motor Vehicles, Indiana State Police and Indiana Criminal Justice Institute to develop a distracted driving campaign. The campaign also initiated a social media contest that challenged Indiana high school and college students to develop anti-distracted driving messages for an opportunity to win a scholarship. More than 10,000 media impressions were recorded over the campaign period. Seventeen students were awarded \$5,000 each for their efforts.

As you can see, 2014 has been a successful year. However, while we have enjoyed many accomplishments, challenges lie ahead. One worker injured, made ill or killed while working is unacceptable. Our goal in providing this report to you, our Hoosier stakeholder, is that the information and data are used to develop and implement solutions to help keep Hoosier workers safe and healthy.

To your health and wealth,

Commissioner of Labor



Rick J. Ruble
Commissioner of Labor

Indiana's non-fatal occupational injury and illness rate plummeted to a historic low in 2013. The historic low rate of 3.8 per 100 workers also represented a one-year decline in workplace injuries and illnesses by five percent from the 2012 rate of 4.0.

The information and data used to compile this edition of *IN Review* was provided by the federal Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI) and the Survey of Occupational Injuries and Illnesses (SOII). Case and other data was collected from the Indiana Occupational Safety and Health Administration (IOSHA).

In 2013, the non-fatal occupational injury and illness rate was 3.8 per 100 workers. Improvements were experienced in nearly every major Hoosier industry.

Indiana industries reporting the highest injury and illness rate in 2013 included:

Healthcare and Social Assistance	5.3
Manufacturing	4.8
Arts, Entertainment and Recreation	4.4

In 2013, Indiana workplaces experienced the fewest number of non-fatal occupational injuries and illnesses on record. There were 85,800 workplace injuries and illnesses reported.

Indiana industries with the highest non-fatal injuries and illnesses (in raw numbers) in 2013 included:

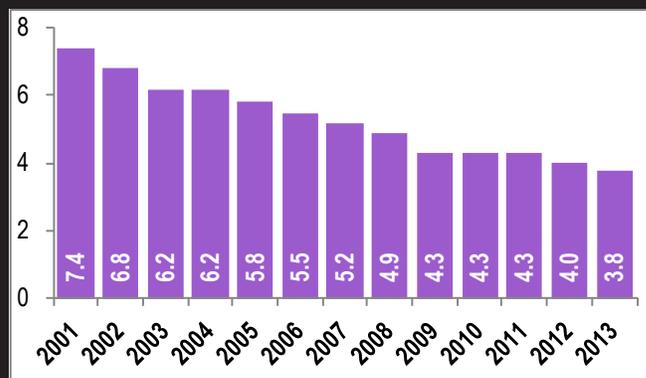
Manufacturing	23,000
Healthcare and Social Assistance	15,100
State and Local Government	13,900

In 2013, Indiana workplaces reported 125 occupational fatalities, the third lowest on record.

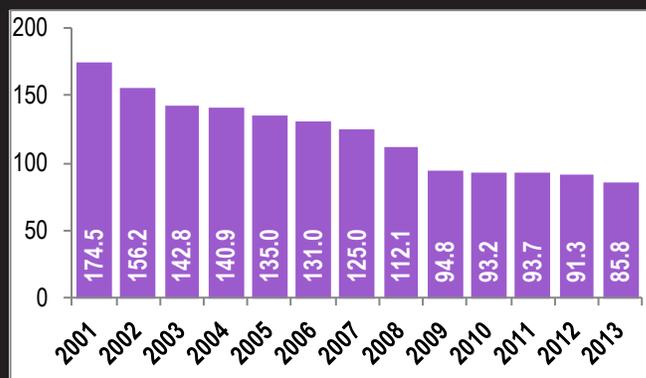
Indiana industries with the highest number of workplace fatalities in 2013 included:

Transportation and Warehousing	25
Agriculture, Forestry and Fishing	17
Construction	15

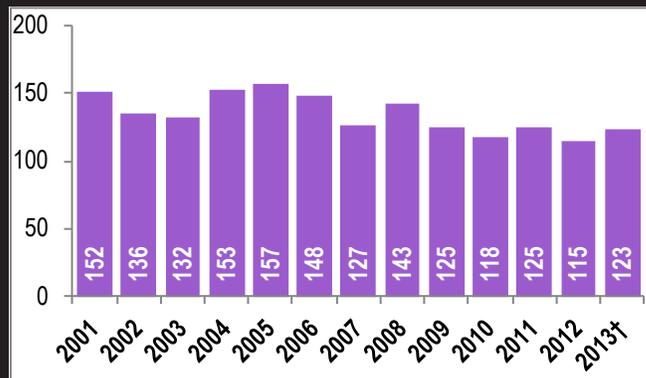
Indiana's Non-fatal Occupational Injury and Illness Rate



Indiana's Non-fatal Occupational Injuries and Illnesses

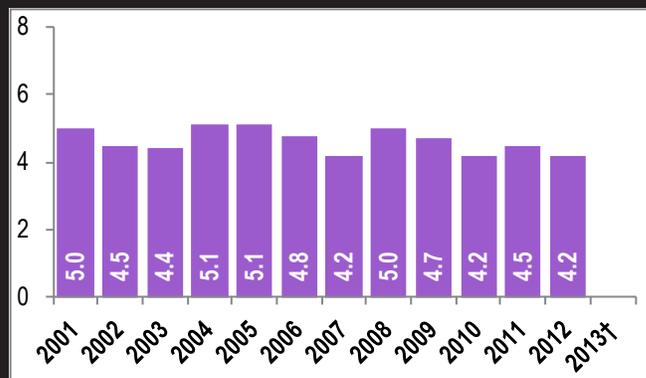


Indiana's Fatal Occupational Injuries



†Number is preliminary

Indiana's Fatal Occupational Injury Rate



†Rate currently unavailable

Contributed by Timothy E. Maley
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What's so "Special" about special government employees? The short and simple answer to that question is a lot. There are so many things that make these special government employees special.

Special government employees (SGEs) are industry professionals who work alongside the Indiana Occupational Safety and Health Administration (IOSHA) staff to help evaluate and mentor companies interested in achieving certification in the Voluntary Protection Program (VPP).

The VPP is an exemplary program in which companies with excellent safety and health management systems work to meet a set of criteria set by the Occupational Safety and Health Administration (OSHA). The criterion focuses on practices that exceed compliance with OSHA regulations.

Currently, there are more than 70 VPP-certified worksites in Indiana. More than 23,000 Hoosier workers work for Indiana VPP companies. Together, Indiana's VPP sites have a combined total case incident rate (TCIR) almost 64 percent below their respective industry averages. These same sites have a composite days away, restricted and transfer (DART) rate nearly 70 percent below their respective industry averages.

Indiana VPP sites are very diverse in their product and service offerings and include food manufacturers, commercial launderers, wood office furniture manufacturers and companies that service the agriculture industry. A list of the current Indiana VPP sites is available online by visiting the Indiana Department of Labor website at www.in.gov/dol/2474.htm.

Special Government Employee Requirements

First, the individual must be employed at a VPP-certified worksite. Individuals must also obtain approval from the company in which he or she works as participation is funded by the respective company. Once the individual's company has approved

this participation, the interested party must complete and submit an application to federal OSHA. After the application has been approved by OSHA, the individual must then attend a three-day SGE training course. Upon successful completion of the training course, the individual is sworn in as an SGE.

The SGE program is truly an excellent example of how government and industry can successfully work together to reduce workplace injuries, illnesses and fatalities while promoting exemplary safety programs. Under the Indiana model there are presently 83 SGEs who work with IOSHA's VPP staff. VPP is a growing program for Indiana, and the Indiana SGEs are a big key to that growth. Companies that achieve VPP certification status are invited to consider sponsoring their own SGE.

Under the Indiana VPP model, the deputy commissioner of IOSHA and VPP staff work closely with this group of SGEs. IOSHA holds annual "best practices" meetings with its participating SGEs. These meetings are held in three regions of the state—north, central and south. SGEs that participate in these sessions share safety practices from their respective companies. Acquiring best safety practices from member companies is one of the greatest benefits that SGEs receive. They observe fresh ideas and practices that they can take back and benefit their own companies. IOSHA VPP staff also help coordinate annual training meetings to further help SGEs understand the VPP certification process and promote consistency in evaluations. Being an SGE in Indiana requires a lot of engagement with IOSHA and a broad level of safety experience that's hard to obtain elsewhere.

The IOSHA VPP staff establishes the evaluation schedule in advance for the upcoming year's certification and recertification assessments. SGEs are requested to participate depending upon their particular skills and availability. Depending on the size of the company and the complexity of the assessment, evaluation teams are developed and may include three to five SGEs. The teams are led by an IOSHA VPP staff member. SGEs are assigned certain areas of the safety and health management system for evaluation.



Timothy E. Maley
Deputy Commissioner of Labor

A typical VPP evaluation requires three to four days to complete. At the end of the week, the team works together to assemble the VPP evaluation report, and to make a recommendation for certification to the Indiana Department of Labor leadership. The typical SGE performs one to two assessments each year; however, some individuals volunteer more frequently.

A Winning Proposition

Indiana's SGE program is one of the best in the nation. It is a win-win-win. The program benefits many—IOSHA, SGEs and the company that is being evaluated for VPP certification or recertification.

The SGE program allows IOSHA the ability to leverage the best and brightest safety professionals in the state to grow the program, mentor others and positively influence exemplary workplace safety and health programs. Additionally, IOSHA's resources may be leveraged as most appropriate because when compliance officers are not assigned to participate in VPP evaluations, they can focus on enforcement inspections—which benefits every Hoosier worker.

SGEs also benefit from participation in VPP evaluations. SGEs and the companies these individuals work for gain access to the best safety and health practices used by VPP applicants. This is key as these

individuals have the opportunity to learn first-hand by observing best practices in employee safety and health. The SGE has the ability to take that information back to the company he or she works for and integrate similar practices.

The SGE program is a great model of government and industry working together successfully for a valuable cause—Hoosier workplace safety and health excellence. As Indiana VPP continues to grow, the support of SGEs will continue to be a critical component of the program.

Resources for SGE Program

As anyone can see, SGEs truly are special! For more information on the requirements to participate as an SGE, please visit www.osha.gov/dcsp/vpp/sge.html. An online calendar of SGE event training opportunities is also posted on this website.

Learn More About Indiana VPP

For more information about Indiana VPP, please visit www.in.gov/dol/vpp.htm. Interested employers are encouraged to contact the VPP Leader in their respective area—north, central or south.



Deputy Commissioner of Labor Timothy E. Maley, Indiana VPP Leader Beth Gonzalez and federal OSHA Area Director for Indianapolis Vanessa Martin participated in the Special Government Employee training during the Voluntary Protection Program Participants' Association (VPPPA) Region V Conference in May 2014. The 2014 training event took place at Eli Lilly and Company.

Contributed by Michelle L. Ellison
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Much like warning labels on purchased goods, standards set by the Occupational Safety and Health Administration (OSHA) are often a reflection and correction of unsafe conditions that have led to worker injury in the past. OSHA standards are important as they provide employers and employees the minimum safety guidelines they are required to follow.

While OSHA standards are the benchmark, simply meeting the minimum regulations is often not enough to ensure your workplace is a safe and healthy place for your employees. Indiana Occupational Safety and Health Administration (IOSHA) compliance safety and health officers have investigated serious incidents and fatalities where no citations were issued because the company was in compliance with the applicable OSHA standards. However, the lack of a citation or fine after an investigation will not revive a deceased worker or otherwise negate the seriousness of a workplace incident or employee injury.

Providing a safe and healthy workplace requires more. There are two key components of a well-developed workplace safety and health system that are not addressed by any OSHA standards: management commitment and employee involvement. These elements are essential in any workplace safety and health system. Top-performing workplace safety and health programs start with developing and fostering communication between management and employees. These workplaces always strive to improve. They share information about best safety and health practices, integrate new or innovative solutions to an otherwise unsafe task and benchmark with other employers in their respective industries.

Management commitment and employee involvement are the crux of an effective workplace safety and health management system. These two elements are complementary and work hand-in-

hand because one element is not as effective without the other.

Top-level management demonstrates leadership by providing the resources, motivation and accountability necessary to ensure the safety and health of all employees. Systems, procedures and policies are established to continuously promote workplace safety and health while also attending to production concerns. For the system to be successful, managers must understand the value in creating and championing a strong safety culture within their organization.

Management must also “walk the walk” Management serves as role models for safety and health. To be effective, the entire chain—including top-level leadership—must be held accountable to work safely. Management must follow the same safety and health rules, wear the appropriate personal protective equipment (PPE) and participate in workplace safety and health training and activities. If management disregards its own safety and health rules, employees will also become lax in adhering to policies.

The second pillar is fostering employee involvement in their own well-being. When employees become involved in a variety of safety-related activities, they have a better understanding of the potential workplace hazards and will avoid engaging in unsafe behaviors or taking hazardous risks. Employee participation can take on many forms including identifying and correcting safety and health hazards, reporting close-call incidents, delivering company safety and health training and selecting appropriate PPE.

Engaging and empowering employees helps strengthen the overall safety culture of the company. Without the involvement and cooperation of employees, accidents are very difficult to prevent. PPE does little good if it is not worn, and hazards are rarely corrected if no one reports them.

Providing a safe and healthy workplace is not only the right thing to do, but it also makes good business sense. Experts estimate that companies spend \$170 billion each year on the direct and indirect costs associated with workplace injuries and illnesses. These



Michelle L. Ellison
Assistant Commissioner



Employees of Oakford, Indiana-based Hewitt Molding celebrated certification in the Indiana Safety and Health Achievement Recognition Program (INSHARP) on September 5, 2014. Hewitt Molding is the first site in Howard County to achieve INSHARP certification. The Howard County Board of Commissioners issued a proclamation that declared September 5, 2014, as “Hewitt Molding Day” in Howard County. *(Photo provided by Greg Willis, document control manager for Hewitt Molding.)*

expenditures come straight out of a company’s profits and can impact sustainability.

Generally speaking, workplaces that establish an effective safety and health management system can reduce their workplace injury and illness costs by 20 to 40 percent. In addition, safe and healthy workplaces are generally more productive, have a better grasp on product quality, show evidence of higher employee morale and retention and have lower Worker’s Compensation insurance premiums. In the business arena today, these savings can mean the difference between operating in the black and running in the red.

Achieving workplace safety and health excellence can seem challenging. It’s not something that can be accomplished overnight. However, ensuring workers go home whole and healthy each day is certainly worth the effort. A safe workplace will pay for itself many times over.

It is never too late to start. Rise up to the challenge today and get involved. If you are an employer, talk with your employees and ask them how you can positively influence the direction of the workplace safety and health program. Reinforce good practices and behaviors already existing in your workplace. If you’re an employee, speak with a member of management and ask how you can become involved with the company’s workplace safety and health program.

Employers that have developed and implemented workplace safety and health systems based on the five

critical components, may be eligible for participation in one of the Indiana Department of Labor’s exemplary programs. The Indiana Safety and Health Achievement Recognition Program (INSHARP) and Voluntary Protection Program (VPP) are both federally recognized programs. Companies that are successful in achieving certification status in either program represent model worksites for workplace safety and health excellence.

INSHARP provides recognition, rewards and ongoing support to small Hoosier employers that operate exemplary safety and health management systems. Collectively, INSHARP sites have an incident rate 70 percent below the national average. Additional information about INSHARP may be found online at www.in.gov/dol/2382.htm.

With more than 70 active sites in the state, Indiana’s VPP is another exemplary program avenue for employers and employees to explore. More information about VPP is available online at www.in.gov/dol/vpp.htm.

Workplace safety and health compliance assistance is available by contacting the Indiana Department of Labor’s workplace safety and health consultation division, INSafe. Employers interested in a free and confidential workplace safety and health consultation may initiate a request by completing and submitting the form online at www.in.gov/dol/insafeconsultation. To learn more about INSafe, visit www.in.gov/dol/insafe, email insafe@dol.in.gov or call (317) 232-2688.

From October 1, 2013, to September 30, 2014, the Indiana Occupational Safety and Health Administration (IOSHA) conducted nearly 1,200 compliance inspections. Inspections included both programmed and unprogrammed visits of Hoosier workplaces to ensure compliance with federal Occupational Safety and Health Administration (OSHA) regulations.

Programmed inspections are random and are generally a result of high worker injury and illness rates and federal and state emphasis programs that focus attention on specific activities, hazards and occupations. Unprogrammed inspections can be initiated by a complaint; a referral from another agency, legal entity or media

outlet; or a fatal occupational injury or catastrophic incident.

Workplaces inspected in federal fiscal year 2014 included factories and foundries, nursing and residential care facilities as well as construction jobsites. The top ten most frequently cited occupational safety and health hazards and the current penalty are available below. The violations that are part of 29 CFR 1926 standards reference construction safety and 29 CFR 1910 references worker safety and health for all other general industries.

Citations and penalty calculations were initial and current at the time the data report was generated. The OSHA standards are available online by visiting www.osha.gov.

For questions about occupational safety and health regulations, please contact INSafe by email at insafe@dol.in.gov or phone at (317) 232-2688, to speak with a consultant.

1. 1926.20(b)(2) - Safety Training and Education: Employers are responsible for designating someone as a competent person. This person must have the authority to stop work and make corrections to any process that violates safety standards without needing to make requests to a higher authority. The competent person must make regular inspections of the jobsites, materials and equipment.

To learn more about the requirements of a competent person, visit www.osha.gov/SLTC/competentperson/index.html.

Citations: 119

Initial Penalties: \$56,095.26

2. 1926.21(b)(2) - Safety Training and Education: Employers are responsible for training their employees on how to recognize and avoid hazards that exist in their workplace or hazards associated with a particular job or task. Employers must also teach their employees about the specific regulations that apply to the hazards and hazard mitigations which can be found in their workplace.

Review the federal OSHA Training Requirements guide at www.osha.gov/Publications/osh2254.pdf.

Citations: 59

Initial Penalties: \$34,458.58

3. 1926.20(b)(1) - General Safety and Health Provisions: No contractor or subcontractor can require employees to work in an area or under conditions that are unsanitary, hazardous or dangerous to the health or safety of the worker. This rule also requires the implementation of the appropriate safety and health education and prevention programs. Learn more about these types of programs online at www.osha.gov/dsg/topics/safetyhealth/index.html.

Citations: 55

Initial Penalties: \$31,207.07

4. 1910.1200(e)(1) - Hazard Communication: Employers are required to develop, implement and maintain a communication program that ensures the proper labeling of all hazardous materials and the proper use of appropriate chemical safety data sheets. This requirement also includes the proper training of all employees so that hazard warnings in the workplace are recognized and clearly understood.

The system of labeling hazards is transitioning to the Globally Harmonized System (GHS). To learn more about this transition and dated requirements, please visit federal OSHA's website at www.osha.gov/dsg/hazcom.

Citations: 52

Initial Penalties: \$20,131.29

5. 1926.503(a)(1) - Fall Protection: The employer is responsible for the development and implementation of a fall protection program. The program must enable each employee to

recognize the hazards of falling. Employees must also receive training in the procedures to be followed in order to minimize fall hazards.

To learn more about fall protection and gain access to compliance assistance resources, please visit OSHA's fall prevention website online at www.osha.gov/SLTC/fallprotection/index.html.

Citations: 38

Initial Penalties: \$14,978.74

6. 1926.212(a)(1) - Machine Guarding: Machinery must have one or more methods of guarding to protect both the operator and other employees from hazards created by moving parts, flying chips and sparks. Protection could include electronic safety systems, barriers which separate the hazard from the employees, two-handed tipping devices, etc.

An OSHA-developed electronic training tool (eTool) for machine guarding is available online at www.osha.gov/SLTC/etools/machineguarding/index.html.

Citations: 30

Initial Penalties: \$46,220

7. Indiana Code 22-8-1.1-2 - IOSHA General Duty Clause: The IOSHA General Duty Clause may be applied to any unsafe situation where there is no standard that specifically addresses the hazard that was identified. The IOSHA General Duty Clause requires all employers to provide their employees with a workplace free of recognized safety or health hazards that may cause or are likely to cause seriously injury, illness or death. Additionally, the IOSHA General Duty Clause requires each employee to comply with occupational safety and health standards and all rules, regulations and orders issued pursuant to this act which are applicable to his or her own actions and conduct.

To learn more about the Indiana Occupational Safety and Health Act (IOSH Act), please visit www.in.gov/legislative/iac/T06100/A00090.pdf.

Citations: 29

Initial Penalties: \$43,948.75

8. 1910.1200(h)(1) - Hazard Communication: Employers are required to provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new chemical hazard the employee(s) has not previously been trained about is introduced into their work area. Information and training may be designed to cover categories of hazards (e.g., flammability,

carcinogenicity and so on) or specific chemicals. Chemical-specific information must always be readily available through labels and safety data sheets.

Find resources and more information about hazard communication on the federal OSHA website at www.osha.gov/dsg/hazcom/index.html.

Citations: 29

Initial Penalties: \$5,015

9. 1926.501(b)(11) - Steep Roofs: The employer is required to protect employees who work on a steep roof with unprotected sides and edges six feet (1.8 m) or more above lower levels from falling by installing guardrail systems with toeboards, using safety net systems or using personal fall arrest systems.

For more information and resources, visit federal OSHA's fall prevention website at www.osha.gov/stopfalls/index.html.

Citations: 25

Initial Penalties: \$23,705.06

10. 1926.501(b)(10) - Low-Slope Roofing Work: Except as otherwise provided in paragraph (b) of 1926.501, employees engaged in roofing activities on low-slope roofs, with unprotected sides and edges six feet (1.8 m) or more above lower levels must be protected from falling by guardrail systems, safety net systems, personal fall arrest systems, or a combination of warning line system and guardrail system, warning line system and safety net system, warning line system and personal fall arrest system or warning line system and safety monitoring system. Or, on roofs 50 feet (15.25 m) or less in width (see Appendix A to subpart M of this part), the use of a safety monitoring system alone (i.e. without the warning line system) is permitted.

For more information and resources, visit federal OSHA's Fall Prevention website at www.osha.gov/stopfalls/index.html. Be sure to review the OSHA-developed video training (vTools) as well.

Citations: 21

Initial Penalties: \$19,521.74

Non-fatal workplace injuries and illnesses in the Hoosier manufacturing industry experienced a one-year decline of more than nine percent in 2013. The 2013 non-fatal worker injury and illness rate in the manufacturing industry was 4.8 per 100 workers. This is just shy of the industry’s historic low rate achieved in 2009. In 2009, the rate was 4.7 per 100 workers.

The manufacturing industry employs the greatest number of Hoosier workers of any industry. The industry is represented by a variety of industrial shops including steel mills, automobile manufacturers, foundries and facilities that manufacture food products as well as many others.

Comparatively, however, Indiana’s manufacturing industry had the single highest number of worker injuries and illnesses (23,000) of any industry in the state. Nearly 27 percent of all work-related injuries and illnesses in 2013 occurred in the Hoosier manufacturing industry.

While the manufacturing industry had the highest number of workplace injuries and illnesses in 2013, its rate of non-fatal, work-related injuries and illnesses was lower than the rate for the **healthcare and**

social assistance industry (5.3) and **state and local government** (4.9).

Sub-industries in the larger manufacturing industry with high non-fatal worker injury and illness rates in 2013 included **rubber product manufacturing** (10.1), **ferrous metal foundries** (10.1) and **manufactured home (mobile home) manufacturing** (8.8).

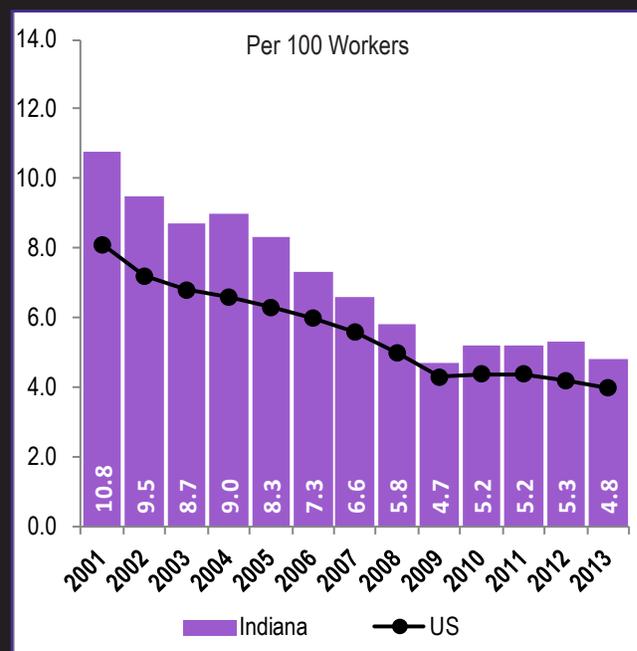
Hoosier manufacturing workers suffered 4,020 injuries severe enough to require at least one day away from work to recuperate in 2013. The average number of days away from work in the manufacturing industry in 2013 was eight—one day more than the 2012 average. Employees who suffered these injuries were most often **male** (74%), **Caucasian** (65%) and between the **ages of 45 and 54** (25%). Common events resulting in an injury with days away from work in the manufacturing industry included **overexertion and bodily reaction** (38%); **contact with objects or equipment** (36%); and **falls, slips and trips** (18%).

Despite its size, the Hoosier manufacturing industry had fewer worker deaths than some smaller Indiana industries, including **transportation and warehousing** (25); **agriculture, forestry, fishing and hunting** (17); and **construction** (15). In 2013, 12 Hoosier manufacturing industry workers were fatally injured while working.

Manufacturing Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	639,000	8.1	10.8	68,100	22
2002	588,000	7.2	9.5	57,800	24
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	13
2012	Unavailable	4.3	5.3	25,100	11
2013	Unavailable	4.0	4.8	23,000	12

U.S. and Indiana Manufacturing Injury and Illness Rates



Contributed by Mark McDaniel
INSafe Safety Consultant
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Hot welding and cutting work poses a fire risk. Fire prevention is critical in these tasks. Welding and cutting operations produce smoke, spark and slag. Often, the showers of sparks will be punctuated with miniature explosions, causing droplets of molten metal and slag to fall considerable distances from their point of origin.

For worker safety, it is best to move the object to be welded away from other objects that may explode, combust or ignite when exposed to the heat of the welding process. Place devices that are designed to shield potentially explosive, combustible or ignitable materials from open flames, sparks or hot slag if they cannot be moved from the immovable object that is being welded. In the event this is not possible, welding or cutting should not be permitted.

Welding and cutting operations on elevated surfaces typically employ steel plates or fire blankets to protect individuals and objects below. These tasks near pits typically are only done when the pits are covered with steel plates or done after portable fireproof curtains have been placed between the hot work operation and the pit opening. All floors must be swept free of combustible materials such as paper, wood shavings and textile fibers. If the floors themselves are potentially flammable, they must be wetted, covered with wet sand or covered with fire-resistant shields. OSHA standards require workers to be protected from electrical shock when wet operations are used.

While welding, suitable fire extinguishing equipment must be readily available. Water buckets, hoses and liquid-filled fire extinguishers are examples

of generally adequate extinguishing devices, but they would scarcely be appropriate for fires near electrical arc welding unless all personnel in the area were fitted with non-conductive footwear.

There are four basic types of fire extinguishers commonly used today classified by the National Fire Protection Association (NFPA) with respect to the type of fire they are capable of extinguishing. Type A is generally used for combustible solids such as paper, wood and cloth. Type B extinguishers are used for combustible liquids such as oil, grease and paint thinner. Type C fire extinguishers are generally used when there is an electrical fires involving items such as fuse boxes, electric motors and welding machines. Type D fire extinguishers are used on fires involving combustible metals such as zinc, titanium and magnesium. Safety and health professionals are responsible for ensuring welding shops are equipped with the adequate extinguisher(s) suitable for all firefighting contingencies.

For questions about safe welding practices, contact INSafe by calling (317) 232-2688 or emailing insafe@dol.in.gov. To learn more about INSafe, visit www.in.gov/dol/insafe.



Mark McDaniel
INSafe Safety Consultant

It Happened Here: Morgan County, Indiana

Background: Welding is a critical and much sought-after skill in many industries. The process involves strong electrical current or flammable gasses that are hazardous.

Fatal Event: On January 8, 2014, in Morgan County, a worker was using a stationary, 480-volt spot welder. Sparks from the machine ignited the worker's clothing. Other employees rushed to help and pulled the burning clothes off of the worker. The worker was hospitalized, but died three weeks later due to complications caused by the severe burns.

Discussion: To reduce the likelihood of similar events, employers must conduct a hazard assessment of the worksite and tasks. The appropriate personal protective

equipment (PPE) must be provided and worn. Employees must be instructed on how to wear, remove and store PPE as well. Equipment and machinery must be reviewed to ensure all safeguards are in place and in good working order. Employers must work with employees to foster a culture of workplace safety and health where employees are encouraged to participate in activities and report safety and health hazards as well as "close-call" incidents. Employers must take action immediately to correct hazards and investigate incidents to prevent reoccurrence.



Employees who work in the state and local government sector include law enforcement personnel, career and volunteer firefighters, city and municipal workers, elected officials and many other occupations. In some cases, public sector workers overlap some private industry occupations and duties (e.g. healthcare workers at state-run hospitals, construction activities for work related to the state's infrastructure, etc.).

The Indiana Occupational Safety and Health Administration (IOSHA) has jurisdiction over public workplaces. Therefore, local government workers are protected by the same occupational safety and health standards and directives as private industry workers.

The 2013 Indiana overall state and local government non-fatal worker injury and illness rate was 4.9 per 100 workers. This is nearly four percent lower than the 2012 rate of 5.1.

In 2013, more than 13,000 public sector workers in the state and local government segment suffered a workplace injury or illness. Work groups in the state and local government sector with high worker injury and illness rates in 2013 included

local **transportation and warehousing** (16.8), state **healthcare and social assistance** (10.4) and local **elementary and secondary schools** (6.2).

Almost 18 percent (2,580) of the 13,900 reported injuries in this sector required the worker to miss at least one day of work to recuperate. The average number of missed workdays in 2013 for state and local government employees was nine days, four days more than the previous year's average of five.

More than half of the sector's injuries and illnesses requiring days away from work were experienced by **men** (54%). The most frequent injuries suffered by workers in the state and local government sector were **sprains, strains and tears** (37%). The second most common nature of injury was **soreness and pain** (24%). **Fractures** were the third highest injury suffered by state and local government sector workers (10%).

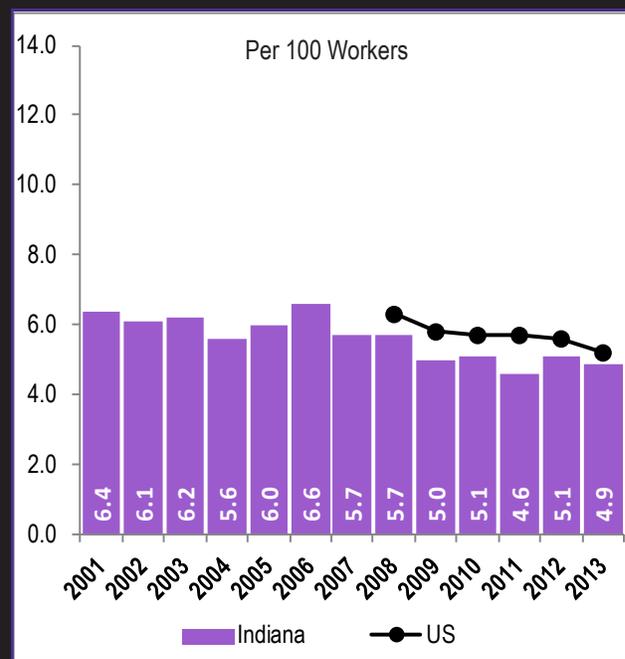
At 33 percent, **falls, slips and trips** were the most common injury-causing event among state and local government workers. This was followed by **overexertion and bodily reaction** (29%) and **contact with object and equipment** (17%).

In 2013 in Indiana, seven employees in the state and local government sector were killed while working. The majority (five) of the Hoosier worker deaths in this sector were attributed to **transportation-related incidents**.

State and Local Government Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	346,400	Data not available	6.4	17,900	16
2002	355,600		6.1	17,300	9
2003	357,500		6.2	18,900	7
2004	360,900		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	Unavailable	5.6	5.1	13,400	8
2013	Unavailable	5.2	4.9	13,900	7

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



This year, the City of Jasper achieved status in the Indiana Safety and Health Achievement Recognition Program (INSHARP) for the eleventh consecutive year. We have been, and we remain, the only government in the state to achieve this status. With the public works and utility departments spread out over 13 square miles, the city's safety committee is the one constant involved in the health and safety of the employees and citizens of Jasper.

The safety committee is very diverse and involves representatives from the police, street, natural gas, water, wastewater and electric distribution departments. The City of Jasper's safety committee feels their responsibility is to promote and maintain the interest of employees in health and safety. The committee helps make such activities an integral part of their department's operating procedures, culture and programs. They also provide an opportunity for open discussion of safety problems and possible solutions. The safety committee has the administration's support, so all employees understand that the commitment to safety is serious.

With the backing of department leaders, the City of Jasper's safety committee are facilitators for their respective departments. Committee members often serve as safety inspectors for the city. They make sure that programs and policies are carried through by employees and contractors, incidents are investigated, and suggestions and concerns are followed up. Each member takes responsibility for the training that needs to be completed and ensures employees know how to do their jobs safely.

The safety committee meets once a month, during which the representatives review the safety program as a whole and from each department's perspective. The committee also reviews incidents and near misses, examines an unknown Occupational Safety and Health Administration (OSHA) standard and has an open discussion for concerns or suggestions that have come forward since the last meeting. Communicating across departments gives the City of Jasper's safety program a broad base of expertise and experience in solving problems. After the completion of the meeting, the safety committee conducts a surprise safety assessment of a department.

A highlight of the safety committee's work came

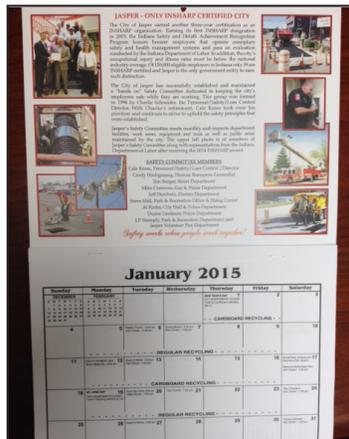


The City of Jasper was the first employer and only public workplace to have achieved certification in the Indiana Safety and Health Achievement Recognition Program (INSHARP). The City of Jasper celebrated its most recent recertification at City Hall in August 2014. (Photo provided by Cale Knies, Director of Personnel/Safety/Loss Control for the City of Jasper.)

from a discussion about trench safety. The committee recognized that the City of Jasper had the necessary equipment to be used during a trench rescue. The departments agreed to pool their resources with the Jasper Fire Department to develop a Trench Recovery Assistance Program (TRAP). For four years now, the city has had the means and ability to rescue anyone from a deadly trench collapse and has created a TRAP unit for use across the community.

The City of Jasper believes safety impacts everyone. It's the objective of our Personnel/Safety/Loss Control Department to engage employees on safety first, secure commitment to look out for each other, create pride in the work performed and, at the end of the day, to make certain everyone returns home safe and healthy.

For more information about the City of Jasper, please visit www.jasperindiana.gov. Additional information about INSHARP is available by visiting www.in.gov/dol/insharp.



Employees and residents of the City of Jasper were provided with a "Safety Calendar" to further emphasize the importance of safety.

Gas stations and convenience stores, car dealerships and home supply centers are just a few of the types of establishments that make up the retail trade industry. The retail industry provides many employment opportunities for Hoosiers.

The non-fatal occupational injury and illness rate for the Indiana retail industry has continued to experience a steady decline since 2006. The 2013 non-fatal worker injury and illness rate in this industry was a historic low of 3.4 per 100 workers. Thus, the industry experienced a one-year decrease of more than five percent in 2013. The national non-fatal occupational injury and illness rate for the retail industry in 2013 was 3.8 per 100 workers.

Indiana retail sub-industries with high rates of non-fatal worker injury and illness in 2013 included **lawn and garden and equipment supplies** (10.2), **furniture and home furnishings** (7.8) and **building materials and supplies** (5.3). All of the above-mentioned sub-industry rates were higher than the retail industry average.

Retail workers are subjected to a variety of occupational health and safety hazards, including contact with the public; working

long or irregular hours; and ergonomic stressors from repetitive motions like lifting, bending and reaching and working on ladders and step-stools. Exposure to worker injury and illness increases during certain times of the year, “especially during large crowd-drawing sales events for new products and during the holiday shopping season.

In 2013, there were 2,080 injuries and illnesses that required the affected the worker to miss one or more days of work for recuperation. On average, injured or ill workers missed four days of work. The most common injury suffered by workers in this industry resulting in lost work time was **sprains and strains** (55%). Other frequent injuries reported by workers in the retail trade industry included **soreness and pain** (9%) as well as **fractures** (8%). Common sources of worker injury included **containers** (29%), **persons** (19%) and **floors, walkways and ground surfaces** (14%).

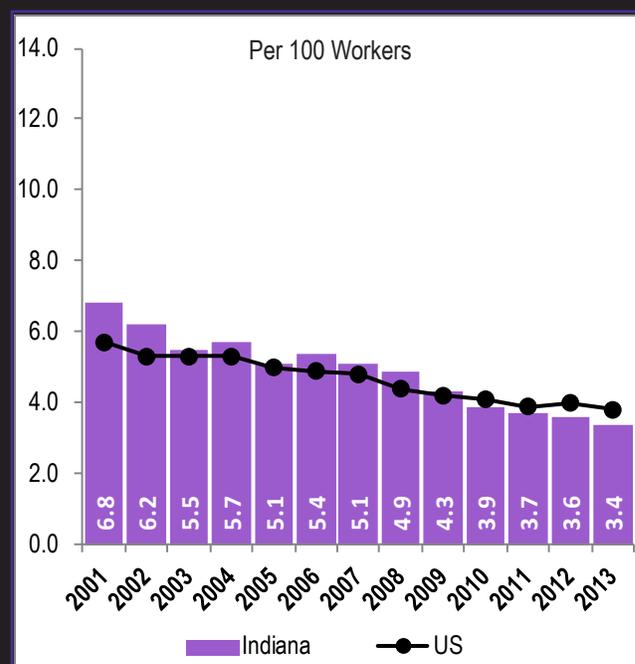
In 2013, most non-fatal worker injuries and illnesses occurred among **Caucasian** (31%) **women** (54%). The majority (30%) of these injuries occurred among workers **35-44 years of age**.

In a five-year span, the retail industry reported 40 worker fatalities. Nine fatalities occurred in 2013 alone—an increase of two worker deaths from the previous year.

**Retail Trade
Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	342,200	5.7	6.8	26,300	12
2002	338,400	5.3	6.2	23,200	15
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	Unavailable	4.0	3.6	8,500	7
2013	Unavailable	3.8	3.4	8,100	9

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



Healthcare plays an important role in the Hoosier economic roadmap and will continue to do so well into the future. When individuals are sick or injured, they rely on healthcare workers to take care of them.

Indiana’s healthcare and social assistance non-fatal injury and illness rate was 5.3 per 100 workers—the same as the 2012 rate. The healthcare and social assistance industry has the single highest non-fatal occupational injury and illness rate of any other major Hoosier industry.

Industries most often considered high hazard such as manufacturing (4.8), mining (3.2) and construction (2.8) have all achieved and maintained lower worker injury and illness rates than the healthcare and social assistance industry. Workers in this industry are exposed to a number of occupational safety and health hazards, which include overexertion in lifting and lowering activities, needlesticks, bloodborne pathogens and other infectious diseases as well as workplace violence and assault. Injuries suffered by employees in the healthcare occupations are also more likely to have long-term, debilitating effects.

Sub-industries in the Hoosier healthcare and social assistance industry with high worker injury and illness rates in 2013 included **nursing and residential care facilities** (8.5), **hospitals** (6.2) and the **social assistance sector** (4.4). Hoosier healthcare and social assistance workers suffered 15,000 non-fatal injuries and illnesses in 2013—the fewest ever recorded for the industry. About 17 percent (2,640) of these injuries and illnesses required the affected worker to miss at least one day of work to recover. On average, the more severely injured workers in the healthcare and social assistance industry spent five days away from work in 2013.

Sprains, strains and tears (48%); **soreness and pain** (16%); and **bruises and contusions** (10%) were the three most frequent types of injuries suffered by Hoosier healthcare workers in 2013. Injury-causing events were most often **overexertion and bodily reaction** (44%); **falls, slips and trips** (30%); and **contact with objects and equipment** (9%). Approximately 35 percent of the time, other individuals were most often the source of non-fatal worker injuries. An overwhelming majority of the injuries and illnesses in 2013 in the Hoosier healthcare and social assistance industry occurred among **women** (85%).

There were three occupational fatalities reported in the healthcare industry in 2013. This represents an increase of two work-related deaths from the 2012 report.

Healthcare and Social Assistance Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	313,800	6.9	8.0	18,100	-
2002	328,200	7.0	7.6	17,300	-
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	Unavailable	4.8	5.3	14,500	1
2013	Unavailable	4.7	5.3	15,100	3

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



Indiana residents and state visitors' needs and wants are fulfilled by workers in the Hoosier accommodation and food services industry. These industry workers provide important services to customers that include lodging and food and beverage consumption. The accommodation and food services sector is actually a sub-industry of the much larger **leisure and hospitality** industry.

This industry includes hotels and motels, restaurants and recreation and vacation camps, along with many other hospitality-based services. Workers in this sub-industry are exposed to a number and variety of workplace safety and health hazards that include working long or irregular and late-night/early morning hours, working with the public and exposure to chemicals.

The non-fatal occupational injury and illness rate for the Hoosier accommodation and food service industry in 2013 was 3.5 per 100 workers. This represents a one-year decrease of nearly eight percent in non-fatal occupational injuries and illnesses in this industry. The national average for this industry for 2013 was 3.7 per 100 workers, which is five percent above the Indiana average.

Approximately 25 percent of the 5,300 occupational-related injuries and illnesses in the accommodation and food services sub-industry required the injured or ill worker to miss one or more days away from work in 2013. The average time an injured or ill worker spent away from work in 2013 was eight days—three days more than the average reported for this sub-industry in 2012.

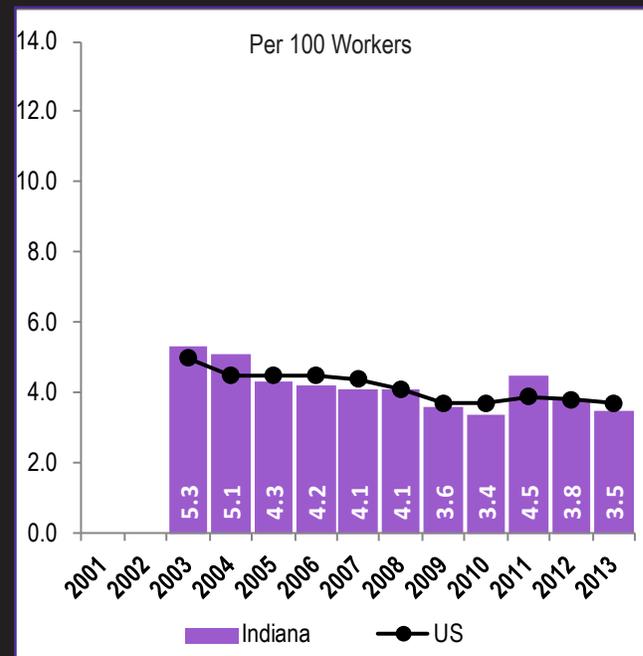
The most common nature of injury in 2013 resulting in lost work days was attributed to **sprains, strains and tears** (36%). This was consistent with the most common nature of injury for industry workers in both 2011 and 2012. The next most common nature of injury in 2013 was **soreness and pain** (22%), followed by **heat (thermal) burns** (12%). Workers in this industry were most often suffered injuries resulting from **falls, slips and trips** (55%); followed by **contact with objects** (19%); and **overexertion** (13%).

The sub-sections of the accommodation and food services industry that reported the highest non-fatal injury and illness rates at the national level in 2013 included **RV parks and recreational camps** (9.6). Four Hoosier accommodation and food services industry workers were fatally injured on-the-job in 2013. This represents an increase of three occupational deaths from the previous report in 2012.

Accommodation and Food Services Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	The federal Bureau of Labor Statistics redefined the industry characteristics in 2003. This precludes trending data before this time.				
2002					
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	Unavailable	3.8	3.8	5,400	1
2013	Unavailable	3.7	3.5	5,300	4

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



The non-fatal occupational injury and illness rate for mining in Indiana was 3.2 per 100 workers in 2013. This represents a one-year increase of more than 23 percent from the previous calendar year.

This rate includes all Hoosier mining activities—surface and underground. Indiana’s mining industry injury and illness rate is above the national average of 2.0 per 100 workers.

The mining industry reported 200 occupational injuries and illnesses in 2013. More than half (110) of these injuries required the injured worker to miss one or more days away from work to recuperate. The average number of days away from work for an injured or ill worker in this industry in 2013 was 21—five days fewer than the 2012 average of 26. Overwhelmingly, the majority of injured workers in this industry suffered from **sprains and strains** (45%). The next most common injury suffered by workers in the mining industry in 2013 was tied between **fractures** and **bruises and contusions** (20%).

All Indiana workplace injuries and illnesses requiring days away from work in 2013 in the mining industry were

experienced by **men** (100%). On average, injured workers spent 21 days away from work to recover. Nearly 55 percent of those injuries occurred to workers aged 25-44 years-old. The most frequent injury-causing event in 2013 was **contact with objects and equipment** (55%). **Overexertion and bodily reaction** (36%) was the next most common injury-causing event.

Currently, there are eight underground coal mines in operation in southwest Indiana. Mine management, staff and employees of these sites work very closely with the Indiana Bureau of Mines and Mine Safety. The Indiana Bureau of Mines and Mine Safety is located at Vincennes University in Vincennes, Indiana.

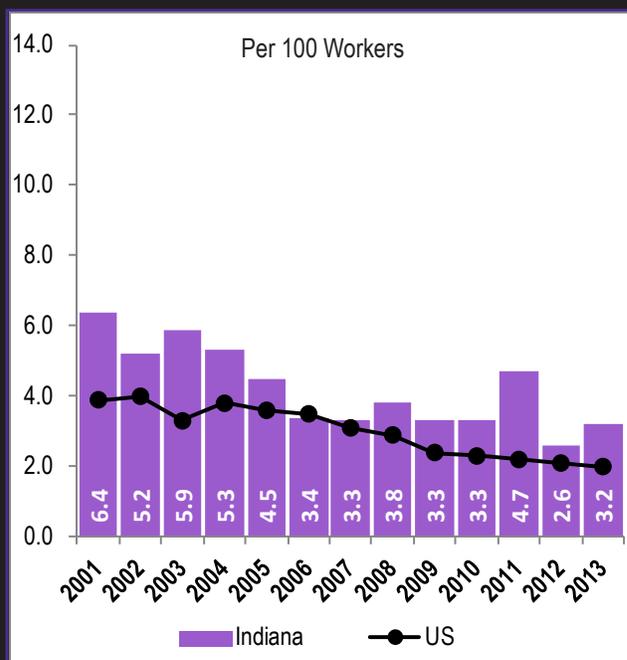
The Indiana Bureau of Mines is required by law to conduct an inspection of each underground mine at least once per quarter. These quarterly mine inspections are conducted by either the assistant commissioner of the Bureau of Mines or the chief mine inspector, who are both certified mine foremen. Violations found by the Indiana Bureau of Mines are required to be corrected immediately. In addition to the Bureau of Mines inspection, federal Mine Safety and Health Association (MSHA) inspectors conduct much more frequent enforcement inspections of each Indiana underground coal mine.

While the data and information above reflects the mining industry as a whole, the 2013 coal mining sub-industry injury and illness rate in Indiana was also 3.2 per 100 workers. This reflects a 15 percent increase from the 2012 rate of 2.7.

Mining Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	6,900	4.0	6.4	500	-
2002	6,800	4.0	5.2	400	-
2003	6,700	3.3	5.9	400	There were 6 workplace fatalities between 2003 and 2008.
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	Unavailable	2.1	2.6	200	-
2013	Unavailable	2.0	3.2	200	1

U.S. and Indiana Mining Injury and Illness Rates



Brick masons, pipe layers, electricians, painters, commercial and residential builders and engineers are a few of the occupations that make up the construction industry. These workers are responsible for performing maintenance on and building and maintaining Indiana's infrastructure and commercial facilities and residential homes. Their line of work also exposes these workers to many serious workplace safety and health hazards, which include exposures to falls from heights, working with unguarded machinery and tools, being struck by or caught in between heavy equipment or vehicles, electrocution as well as dangerous chemicals.

The 2013 non-fatal occupational injury and illness rate for the construction industry was 2.8 per 100 workers. This is the lowest rate on record for this Hoosier industry. It also represents a one-year decline of nearly ten percent from the 2012 rate of 3.1 per 100 workers. The national construction industry average for 2013 was 3.8.

There were 3,000 non-fatal injuries and illnesses recorded in the Hoosier construction industry in 2013. Approximately 40 percent of those cases

required the injured or ill worker to spend at least one day away from work to recover. On average, construction workers who suffered more serious injuries or illnesses spent three days away from work in 2013. Most often, these injuries were experienced by **Caucasian (66%) men (99%) between the ages of 35 and 44 (43%)**.

The most common injury type these workers suffered from was **cuts, lacerations and punctures (24%)**, while **sprains, strains and tears (12%)** were the second most common nature of injury, followed by **soresness and pain (13%)**.

While the non-fatal occupational injury and illness rate in 2013 was a record low, the construction industry was among the top three industries in 2013 with the highest number of workplace fatalities (15).

On average between 2001 and 2013, the construction industry experienced 20 workplace fatalities per year. The preliminary 2013 workplace fatality count was 15—seven fewer than the final count of 22 for 2012. Ten of the construction industry deaths that occurred in 2013 were attributed to the specialty trade sector, more specifically, among workers engaged in roofing, site preparation and electrical wiring. One-third of the workplace deaths that occurred in the construction industry in 2013 were attributed to **falls (5)**.

Construction Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	144,600	7.9	7.6	10,200	22
2002	141,400	7.1	6.9	9,000	25
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	Unavailable	3.7	3.1	3,600	22
2013	Unavailable	3.8	2.8	3,000	15

U.S. and Indiana Construction Injury and Illness Rates



Portable dynamic message signs (PDMSs) are an important part of traffic control within many Indiana work zones. When used properly, these signs can command good attention from motorists, provide important information about current and future roadwork activities, and help motorists make proper driving decisions. And that, in turn, can help keep both drivers and work zone personnel safe. When used improperly, however, they quickly lose credibility with the motoring public and contribute to motorist confusion. Permanent overhead dynamic message signs are also a vital source of motorist information regarding existing or future work zones, primarily in and adjacent to larger urban areas.

Work zones have higher crash rates as compared to non-work zone locations primarily due to changing roadway conditions and traffic speeds. Work zone crashes affect drivers, passengers, pedestrians and construction workers. Additionally, they can lead to secondary crashes (which are generally more severe), major traffic congestion and delays in construction schedules.

When writing a message for a PDMS, enough information needs to be given to enable motorists to react and make decisions. If this is not done, the message may be ignored. The message can be broken down into the five W's (what, where, when, who, and why). All of these components are not necessarily needed for each and every message; they may often be implied.



A portable dynamic message sign (PDMS) displays easy-to-read and - understand information to alert motorists of a lane closure. (Photo provided by Kimberly Peters.)

Best Practices: Portable Dynamic Message Signs

Generally, the message can address any of the following:

- What action should be taken?
- Where/When is the event?
- Who is affected?
- Why is the action needed?

If any element of a message is not addressing one or more of these points, then it should not be used.

Helpful hints when creating messages for PDMS:

- Do not use more than two (2) frames;
- Each frame must be understood on its own;
- There's a 50 percent chance the second frame will be read first;
- Read the second frame first; does the message still make sense?
- Keep related information in the same frame;
- CAUTION adds no informational value to a message and is not necessary;
- ROADWORK has fewer letters than CONSTRUCTION and is more easily understood than abbreviations such as CONST;
- Days of the week are better understood than calendar dates and should be used if the traffic impact is within a few days;
- If calendar date is used, the year is not needed;
- Use NORTH, SOUTH, EAST and WEST when possible or
 - If not, use N, S, E, W not NB, SB, EB and WB.



The business and professional services industry is broad and diverse, encompassing workers engaged in a variety of activities that include practicing law or providing legal consultation, taking photographs, conducting landscaping services, collecting waste and providing veterinary care.

The non-fatal workplace injury and illness rate for the Indiana professional and business services industry was 1.5 per 100 workers in 2013. This is the lowest rate that has ever been reported for the professional and business services industry. The 2013 non-fatal workplace injury and illness rate also represents a single-year decline of six percent from 2012 (1.6 per 100 workers).

Hoosier workers in this industry experienced 3,000 non-fatal work-related injuries and illnesses in 2012. This represents a significant decline of 1,200 worker injuries and illnesses.

However, approximately 35 percent (1,050) of all work-related injuries and illnesses these workers suffered in 2013 required the affected worker to miss one or more days away from work to recuperate. In 2013, the average amount of lost work days for workers in the professional and

business services industry was four – one day less than the 2012 average of five.

The most frequent nature of injury suffered by these workers were **cuts, lacerations and punctures** (17%). Other common natures of injury included **sprains, strains and tears** (16%) and **fractures** (15%). Leading injury events in this Hoosier industry in 2013 included **overexertion and bodily reaction** (39%); **falls, slips and trips** (29%); and **exposure to harmful substances or environments** (24%).

In Indiana in 2013, **men** (58%) suffered the majority of the non-fatal injuries and illnesses resulting in lost work time in the professional and business services industry. Most often, injured or ill workers in this industry in 2013 were between the **ages of 45 and 54**.

Due to data limitations, Indiana professional and business services sub-industries with high worker injury and illness rates were not available. However, nationally, sub-industries with high rates included **veterinary services** (11.0), **solid waste collection** (6.4) and **landscaping services** (4.7).

Seven Indiana workers in this industry were fatally injured in 2013. This was three fewer than the ten work-related fatalities reported in 2012.

Professional and Business Services Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	The federal Bureau of Labor Statistics redefined the industry characteristics in 2003. This precludes trending data before this time.				
2002					
2003	258,700	2.5	2.9	4,600	11
2004	266,300	2.4	3.0	4,300	7
2005	272,400	2.4	2.7	4,400	12
2006	279,300	2.1	2.7	4,900	13
2007	288,700	2.1	2.5	6,100	11
2008	292,400	1.9	2.4	4,700	8
2009	272,500	1.8	1.6	2,900	6
2010	268,200	1.7	1.8	4,000	4
2011	285,500	1.7	1.8	3,400	5
2012	Unavailable	1.6	1.6	4,200	10
2013	Unavailable	1.6	1.5	3,000	7

U.S. and Indiana Professional and Business Services Injury and Illness Rates



Working on elevated towers, such as communication towers, water storage tanks and billboards, carries an immense number of occupational hazards. Aside from falls from heights, there are also worker safety risks resulting from vehicle traffic, electrical shock or electrocution from contact with power lines, treacherous walking or standing surfaces, insect bites, extreme hot or cold temperatures and inclement weather.

Occupational safety and health regulations require that employers provide working conditions that are free of known dangers. In an outdoor, elevated position, these hazards may be very difficult to maintain. Therefore, a hazard survey should be conducted before performing any work on the elevated surface. While hazards such as falls from heights and vehicle traffic are present at nearly all such sites, there are other hazards that may be unique from site to site. The hazard assessment will help identify any safety or health hazards present at that particular site.

At a minimum, the hazard survey should include a walkthrough of the site and include reviews of high-voltage power lines close to the site, uneven terrain that may cause a worker's ladder to be unstable, vehicle traffic, walking surface conditions and any other site conditions that could result in worker injury or death. Employers and employees should both participate in the hazard survey and record the identified hazards, as well as any injuries or near misses.

Once the hazards have been identified, employers and employees should discuss the hazards recorded during the assessment to determine problem areas or unsafe activities present at the worksite. Control

methods should be put in place to eliminate or reduce exposure to the hazards. Fall-protection equipment, for example, should be utilized to reduce the risk of falls from heights. Reflective clothing to help ensure worker visibility would be required if the work site is located near a roadway. Walking surfaces should be cleared of any obstructions, and any structural deficiencies of the elevated workplace should be immediately addressed and corrected before permitting employees to work on the structure—communication tower, water storage tank, billboard, etc.

By eliminating and minimizing exposure to hazards, employers can help provide a safe and healthy workplace for their employees. By involving the employee in the hazard assessment process, the employer is able to get instant feedback from the employees who actually do the job, and both can cooperate to enhance safety on the worksite. Involving employees in this process and other safety and health activities can help minimize oversights, ensure a quality analysis and get workers to “buy in” to the solutions because they will share ownership of the safety and health management system.

For additional questions about worker safety and health, please contact INSafe. Contact INSafe by email at insafe@dol.in.gov or by calling (317) 232-2688.



It Happened Here: Lake County, Indiana

Background: Working outside presents a unique set of challenges, many of them based on responding to current weather conditions. Severe weather should always be taken just as seriously as machine guarding or any other safety hazard. Monitoring the weather, especially when it is in the process of changing, is critical to ensure worker safety.

Fatal Event: On September 19, 2013, in Lake County, six employees were changing the advertising on a billboard along the highway. While the weather was clear early in the day, rain moved in and thunder was heard in the distance. The job was close to completion and the workers opted to stay on the billboard and finish the job. While finishing up, lightning struck one of the workers causing the employee to go into cardiac arrest. The employee was pronounced dead later that same day. Investigation revealed that the company did not have a specific policy regarding severe weather and the employees did not have a weather radio, lightning detector or an employee acting as a weather spotter for the workers on the billboard.

Discussion: To reduce the likelihood of similar events, employers must conduct a hazard assessment of the worksite and tasks. This includes developing a weather plan for those activities conducted outdoors. Employers must work with employees to foster a culture of workplace safety and health where employees are encouraged to participate in activities and report safety and health hazards as well as “close-call” incidents. Employers must take action immediately to correct hazards and investigate incidents to prevent reoccurrence.



With a rate of 3.9 per 100 workers, workplace injury and illness rates in the Hoosier transportation and warehousing industry were at an all-time low in 2013. The 2013 rate represents a one-year decline of more than 13 percent from the 2012 rate of 4.5.

Workers in this industry are exposed to a variety of occupational hazards, which include driving activities, working long and irregular hours, working with the public and working near heavy powered industrial truck traffic.

While the Hoosier transportation and warehousing industry non-fatal worker injury and illness rate was at a record low in 2013, the number of occupational fatalities experienced by workers in this industry went up by five in 2013.

Transportation and warehousing industry workers experienced about 4,500 occupational injuries and illnesses in 2013. These incidents declined by about 500. However, more than 40 percent of the 4,500 non-fatal occupational injuries and illnesses reported in 2013 in the Hoosier transportation and warehousing industry required the injured worker to miss one or more days of work to recover. The

average amount of time an injured transportation and warehousing industry worker spent away from work in 2013 was 19 days—five days more than the 2012 average and second only to the Hoosier **mining industry** (21 days).

Injured worker characteristics in 2013 indicated **Caucasian** (30%) **men** (75%) **aged 45-54** (29%) experienced the majority of the non-fatal workplace injuries and illnesses in this industry. **Overexertion and bodily reaction** (44%) was the predominant non-fatal injury-causing event experienced by workers in the transportation and warehousing industry. Other leading injury-causing events were **falls, slips and trips** (28%) and **contact with objects and equipment** (15%).

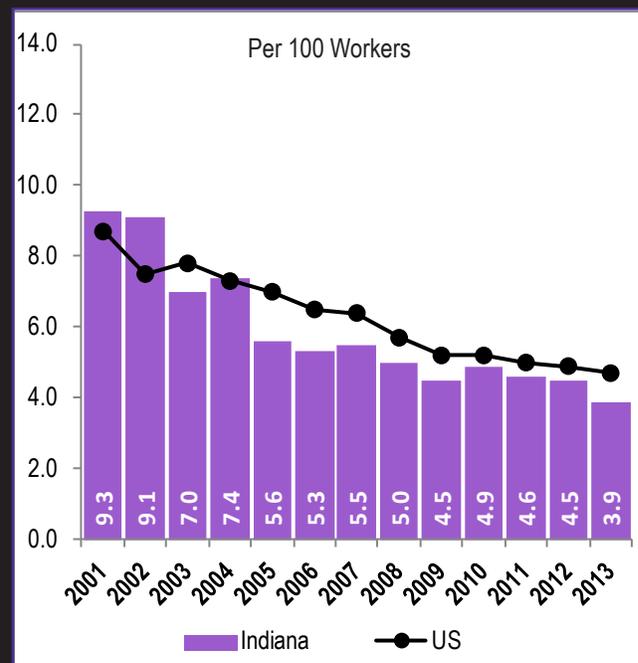
Sprains and strains (47%) were the most common nature of injury experienced by transportation and warehousing workers in 2013. Other frequent nature of injury experienced by workers included **soreness and pain** (17%) as well as **bruises and contusions** (8%). Sub-industries within the Hoosier transportation and warehousing industry with high worker injury and illness rates in 2013 included **couriers and messengers** (5.1) and **warehousing and storage** (5.1).

There were 25 transportation and warehousing industry worker fatalities in 2013. Nearly 75 percent of the industry's fatalities (18) occurred in the **long-distance freight trucking** sub-industry in 2013.

Transportation and Warehousing Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	105,600	8.4	9.3	6,000	23
2002	104,700	7.0	9.1	5,700	27
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	Unavailable	4.9	4.5	5,000	20
2013	Unavailable	4.9	3.9	4,500	25

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



Farming is an inherently strenuous and dangerous occupation. However, in Indiana in 2013, the non-fatal occupational injury and illness rate for the agriculture, forestry and fishing industry fell by 50 percent from 7.2 to 3.6 per 100 workers. This is the second lowest rate for the industry. The Indiana non-fatal worker injury and illness rate is also nearly 37 percent below the national industry average of 5.7 per 100 workers.

It is difficult to pinpoint any one factor that affects the rates of a particular industry. Government agencies, trade organizations and labor unions can have a positive impact on occupational safety and health by conducting safety awareness programs, training and education to employers and employees. Economic factors including the number of employees in the industry also has the ability to affect the rate. Since the Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses (SOII) is a survey and not a census, the sample size and the individual companies sampled when calculating these rates can also make a significant difference.

During 2013, 400 agriculture workers reported a non-fatal occupational injury or

illness. A little more than 32 percent of these injuries and illnesses required the injured worker to miss at least one day away from work to recuperate from his or her injuries. The average number of lost work days for a worker in this industry in 2013 was five—two more than the 2012 average of three days. However, it was significantly fewer than the 2011 average of 24 days away from work. Injuries requiring workers to miss one or more days away from work most often were attributed to **fractures** (31%). Approximately 62 percent of the injuries and illnesses that required days away from work in 2013 were suffered by **men**. Workers between the ages of **25 and 34** (30%) and **45 and 54** (30%) suffered the majority of these injuries.

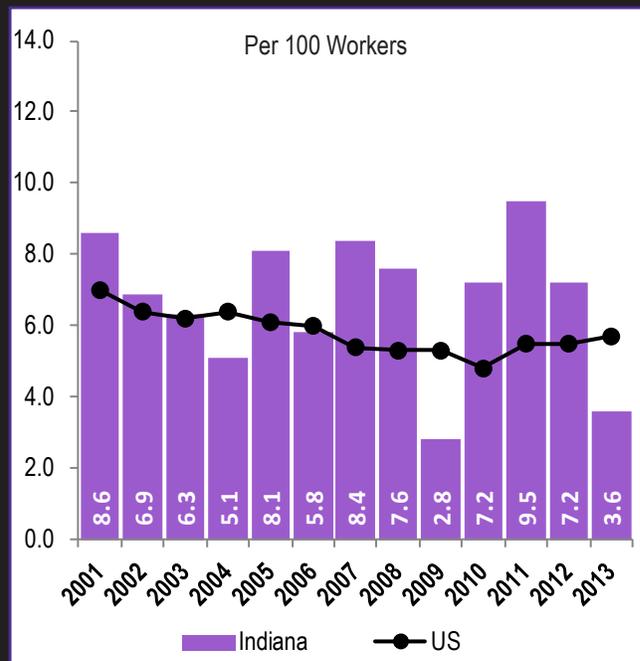
The most common event resulting in injuries requiring days away from work for affected workers in 2013 was **contact with object or equipment** (69%). Sub-categories of this event also included injuries resulting in employees who were **struck against object or equipment** (46%); and **caught in or compressed by object or equipment** (15%).

While the agriculture, forestry and fishing industry is one of Indiana's smaller employment sectors, the industry had the second highest number of workplace fatalities in 2013 (17). Eleven (65%) of the fatalities that occurred in 2013 were attributed to **transportation-related incidents**. In a five-year span between 2009 and 2013, 95 Hoosier workers suffered a fatal injury while working in the Hoosier agriculture, forestry and fishing industry.

Agriculture, Forestry and Fishing Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
2001	11,500	7.3	8.6	Data not available	27
2002	11,400	6.4	6.9		24
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	Unavailable	5.5	7.2	600	15
2013	Unavailable	5.7	3.6	400	17

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





Regular inspections of slings and ropes are required. Employees should be instructed to remove damaged slings and wire ropes like these from service immediately to prevent a serious incident.

Contributed by Bryan L. Thais
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Slings are commonly used in a number of industries including construction and manufacturing and in shipyards. These helpful devices have many different applications, one of which includes the efficient movement of materials and loads from place-to-place. However, the improper use of slings or using damaged slings can lead to serious worker injuries or even death.

Types of Slings

Many different types of slings are available for use on a jobsite. Slings may be constructed of wire rope, chain or synthetic materials. Wire-rope slings are manufactured from individual wires that form strands which are then twisted together. Synthetic rope or web slings are made with woven or sewn threads and yarns of nylon, polypropylene, or polyester. Some synthetic slings, called “endless,” are manufactured as a continuous loop of yarns enclosed in a jacket with no terminal ends. Chain slings consist of steel links configured with hooks or other termination ends. All of these slings come in a variety

of shapes, designs and sizes and are fabricated with various end attachments.

The Right Sling for the Job

Each type of sling has its advantages, disadvantages and limitations. Factors such as the shape and size of the material to be lifted, how the sling will be attached to the load, the weight of the load and the environmental conditions in which the sling will be used must be considered when selecting the sling for the job.

Slings are “rigged” in several hitch configurations including basket, choker and vertical lifting. Rated capacities of slings vary for each type of hitch connection. When rigging various types of hitch configurations, the angle between the sling leg and the horizontal surface that is to be lifted is an important factor in determining rated capacity of the sling needed for the load to be lifted. This is known as the sling to load angle. As the sling to load angle decreases, the stress or tension on the leg increases and thus reduces the rated capacity of the sling. A sling to load angle



Bryan L. Thais
INSafe Safety Consultant

Safe Work Practices When Working with Slings

- Never shorten a sling with knots or other make-shift devices.
- Do not apply loads to twisted, knotted or kinked slings.
- Never shock load slings.
- Keep loads balanced to prevent overloading slings.
- Always lift loads straight up.
- Make sure an attachment hook is always over the center of gravity of the load before lifting it.
- Never rest a load on a sling, or pinch a sling between the load and the floor.
- Keep hands and fingers from between the sling and the load while the sling is being tightened around the load.
- Always connect slings with hooks facing out. A “closed hook” arrangement.
- Protect slings from sharp edges of the loads by using pads, sleeves, or other protective devices.
- Keep all personnel clear while the load is being raised and moved.
- Taglines need to be used to aid in handling the load.
- Always know the weight of the load.
- Never load a sling in excess of its rated capacity and always consider working load limit reduction factors such as sling leg angle and/or tension.
- Make sure the sling is securely attached to the lifting point.



of 30 degrees can reduce the lifting capacity of a sling by as much as 50 percent. When rigging the sling with shackles, hooks, eye bolts and other fittings, the load capacity of these fitting attachments must also be matched to the device.

Additionally, all slings are required to have some type of identification designated by either a label or a tag. Chain slings are required to have a permanently affixed tag stating size, grade, rated capacity and manufacturer name. Wire-rope slings are required to have tags for size, rated capacity for each hitch type and capacity for the sling leg angle. Synthetic slings must have a tag, giving rated capacities, manufacturer and type of material that makes up the composition of the sling.

Employee Training

Training employees on hoisting principles, rigging methods and procedures; load capacities; and calculations is essential so the correct sling is selected and used in a proper manner. Employees assigned to use slings must understand attachment points, sling angles, sling reach, fitting attachment requirements and rated capacities so the sling selected is used in the proper manner.

Slings are required to be inspected by a competent person for damage, prior to and during use, to ensure they are in safe working condition. Employees who use these devices should be able to identify conditions that would necessitate taking a sling out of service. Defective slings or those with missing tags must not be used.

Defects that would require a chain sling be removed from service may include, but are not limited to, cracks,

twists, excessive wear and hook deformation. Defects that can occur with wire-rope slings include, but are not limited to kinked, crushed or broken wires and deformed or corroded end attachments. When these issues have been identified, the wire-rope sling must be removed from service. Synthetic sling defects that would necessitate removing from service may include broken stitches, snags, tears, cuts and burns.

Compliance Assistance Resources

More information regarding slings and the safe use of this equipment can be found on the federal Occupational Safety and Health Administration’s (OSHA’s) website online at www.osha.gov. A federal OSHA-developed guidance document, *Guidance on Safe Sling Use*, is available online at www.osha.gov/dsg/guidance/slings/.

For additional questions about slings or other workplace safety and health inquiries, employers and employees may contact the INSafe division to speak with an occupational safety or health consultant by calling (317) 232-2688 or emailing insafe@dol.in.gov.

Employers may also request free onsite workplace safety and health consultation provided by INSafe. To learn more about the INSafe, please visit the division’s website at www.in.gov/dol/insafe. To initiate a free workplace safety or health consultation, complete and submit the form available at www.in.gov/dol/insafeconsultation.

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When it comes to safety, do temporary workers have the same rights as regular employees? Who is responsible for their safety? Who is responsible for recording injuries their injuries and illnesses?

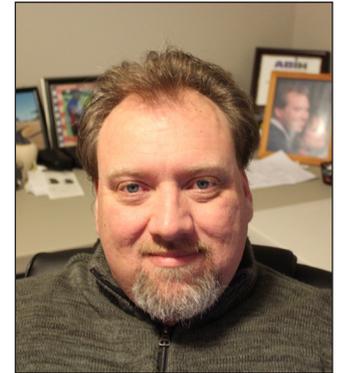
In 1990, the Bureau of Labor Statistics reported that there were 1.1 million temporary workers in the United States. By 2012, this number had more than doubled to a reported 2.54 million temporary workers nationwide. Research conducted by the Institute for Work & Health found that, the relationship between temporary workers, agencies and client employers creates loopholes and incentives that may leave low-wage temp agency workers more vulnerable to workplace injury.

Often, a short-term increase in demand or workload at a company may necessitate the immediate addition of new workers. In instances where help is needed quickly, many companies will utilize temporary workers to fill the void. Unfortunately, in haste to get the worker up and running, the basic occupational safety and health training that is otherwise provided to regular employees is often overlooked or deemed unnecessary for temporary workers. Similarly, many host employers do not realize that they are still required to report injuries that befall temporary workers, making it difficult to accurately gauge how many injuries occur each year.

In 2014, the federal Occupational Safety and Health Administration (OSHA) launched its temporary worker safety initiative. This initiative was designed to provide guidance to host employers on injury and illness recordkeeping requirements regarding temporary workers. Host employers often operate with the mistaken belief that the responsibility of training the temporary workers lies with the temporary agency. Generally speaking, the company that supervises the employee on a day-to-day basis is responsible for reporting and/or recording of any applicable occupational injury, but

the temporary agency and the host employer share the responsibility for the training and safety of the employee.

With the host employer and the temporary agency sharing the responsibility of occupational safety and health training, it is crucial that both companies maintain an open line of communication. The host employer should never assume that a temporary worker has been fully trained on the safety and health hazards present in the employer's workplace.



Bradley M. Freeman
INSafe Health Consultant

Temporary Worker Cases

Failure to properly train temporary workers can have catastrophic results. In 2012, a 21-year-old temporary worker was killed at a bottling facility in Jacksonville, Florida, when he was asked to clean up broken glass that had accumulated under a palletizing machine. Another worker activated the palletizing machine with the temporary worker underneath, crushing the temporary worker to death. It was his first day on the job. The bottling facility received a penalty of \$192,000 for willful and serious violations relating to improper training of temporary workers.

A nearly identical incident occurred at another bottling facility in High Springs, Florida, two years later. In this case, the temporary worker had been on the job for 12 days. His injuries left him permanently disabled, and the company was penalized \$84,000 by OSHA for failure to train employees on recognizing hazardous machinery and implementing proper maintenance controls.

It is imperative that employers provide adequate occupational safety and health training for all employees, including temporary workers, and that the training is specific to your business and the tasks and environments in which the workers will be employed.

Compliance Assistance Resources

To learn more about the temporary worker safety initiative, please visit www.osha.gov/temp_workers/. For questions about worker safety and health, please contact INSafe by email at insafe@dol.in.gov or phone at (317) 232-2688.

Contributed by Robert A. Starkey
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Plans for improvement require an important first step—knowing where you have been. Whether you operate a construction company where most of your employees are working on rooftops or you manage a factory or foundry, if you are in a high-hazard industry, you are most likely already maintaining an OSHA 300 log. This may seem like just another document that gets filled out, but did you know that it can be one of your greatest assets in lowering the types and frequencies of injuries within your workplace? The purpose of this article is to shift your views of the OSHA 300 logs from one of a “strikes against” to “lessons to learn from.”

Let’s take a look at that first step, the look back. Whether your injury and illness rates are above or below where you’d like them to be, it can become a positive.

One of the first steps you can take is to identify “like” injuries on your OSHA 300 log. Once you start to pare down the list into similar categories, you can begin to set your focus on the key items that needs to be set on a different path. Do you have an abundance of slip, trip and fall-related incidents? Do you find a majority of your injuries come from a specific department or operation within your organization? This can be the lamppost you need to get your safety program into high gear.

Next, let’s tackle the “one-offs.” Every organization has those incidents recorded that seem to run contrary to common sense. One of the biggest battles we face in the workplace is complacency. If, during the review of your OSHA 300 logs, you find that single red flag, it might be time to have refresher training on a work process that you haven’t addressed in a while.

Looking back helps you focus in on where you need work, so now let’s look forward. Benefits are a huge motivator in business, and an OSHA 300 log with little to no entries should be at the top of every organization’s list. With employee morale and productivity tied to their work environment, a lower injury and illness

rate subsequently leads to increased morale and productivity. The decrease in employee turnover should become evident; as should the cost of hiring and training new talent.

Another benefit of a thinned-out OSHA 300 log is more money in the company coffers. OSHA recordable injuries almost always come with a price tag, and often times those costs can be measured in not only direct costs that include medical payments, worker’s compensation, etc., but also in indirect costs such as low morale and productivity, lost contracts or poor public perception. Worker’s compensation often comes with a hefty price tag for organizations, and by focusing your organization’s efforts on lowering these rates of injuries and illnesses, the cost of NOT working to lower the rates will become unacceptable.

There is only one thing that you can do with the past, and that is to learn from it. For profit-minded businesses, having an OSHA 300 log full of repeat injuries is really no different than leaving money on the table at the end of the day.

Take out your last three year’s worth of OSHA 300 logs and take a look. Do you have repeat injuries? Do you have a “hot spot” on the factory floor? Do you see any connection between cases? If so, take a closer look at these incidents, and ask, “What can be done to eliminate or control these hazards.” Engage your workforce in this discussion—these are the folks who do the job every day. Your employees are your greatest asset—get them involved!

Compliance Assistance Resources

Need help getting started? The Indiana Department of Labor’s workplace safety and health consultation division provides free onsite consultation to small Hoosier employers. Learn more about INSafe online at www.in.gov/dol/insafe. To initiate a free onsite workplace safety and health consultation, please complete and submit the form available online at www.in.gov/dol/insafeconsultation.



Robert A. Starkey
INSafe Safety Consultant

Contributed by Donald "Blink" McCorkle
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There are eight active coal mines located in the southwest Indiana coal basin. Collectively, these Indiana mines employ approximately 1,700 coal miners.

These men and women are people like you and me; men and women with families to support, bills to pay and lives to live. When they go underground, is safety the first thing that comes to their minds? That is our hope and the hope of the coal mine operators; however, it is not necessarily the reality. All too often, safety is learned by accident.

Coal mining, as an industry, continues to evolve every day. Our nation has also borne witness to several devastating mine disasters in the last 200 years. These incidents, dating back to the early 1800s, have resulted in the deaths of hundreds of coal miners.

Although state authority to regulate mine safety and health existed in other forms much earlier than 1945, the Indiana General Assembly established the Indiana Bureau of Mines and Mine Safety in 1945 as a bureau within the Indiana Department of Labor. Headquartered in Vincennes, Indiana, the Bureau of Mines and the Mining Board meet quarterly to administer state tests and certifications for underground miners. Certification testing for the state of Indiana certifies miners in the following classifications: mine foreman, mine examiner, hoisting engineer, belt examiner and shot firer. In 2014, 141 certifications were issued for these classifications. To learn more about these occupations or review the examination schedule, please visit www.in.gov/dol/2332.htm.

The bureau is also responsible to ensure all underground coal mines are inspected at least once per quarter. Any deficiencies identified during these inspections must be immediately corrected.

The bureau also maintains a mine rescue station and equipment that can supply two fully-trained mine rescue teams. In addition, the bureau assists in the training

of the mine rescue teams, and collects and indexes mine maps.

In 1969, the United States Congress passed the federal Coal Mine Safety and Health Act of 1969, partly in response to outcries from families who had lost loved ones in mining disasters. This act, commonly referred to as the Coal Act, was updated by Congress in 1977 and resulted in the creation of the federal Mine Safety and Health Act of 1977. These new laws significantly impacted worker safety and health in the coal mines by bringing about a system of occupational safety and health regulations specific to coal mining. They combined increased safety regulation with the addition of a new enforcement arm – the federal Mine Safety and Health Administration (MSHA).

Federal law requires all coal mines to have trained mine rescue teams available 24 hours per day, seven days per week, 365 days per year. Each mine must be covered by two mine rescue teams to respond to an emergency, if necessary. Indiana is home to several public and private mine rescue teams. The teams regularly train and compete in simulated mine disasters. Training and competition helps hone the skills of the mine rescue team members in the event of a mine emergency. The teams are equipped with emergency gear and vehicles to respond to a mine disaster. The goal, however, is to avoid mining disasters before they happen and to never have a need to use this training or equipment in a real-life scenario.

Once the regulations and regulators were put in place, the mining industry became a safer place to work. Laws alone, however, do not keep workers safe. As recently as April 5, 2010, a mine explosion at Upper Big Branch Mine in West Virginia claimed the lives of 29 coal miners and injured two others. A methane ignition transitioned into a small methane explosion that set off a massive coal dust explosion.

The federal MSHA conducted a year-long investigation into this tragedy, classifying it as the largest United States coal mine disaster in 40 years. Findings from MSHA's investigation revealed that not all safety and health procedures were followed. Furthermore, some shortcuts were taken; tasks were not



Donald "Blink" McCorkle
Assistant Commissioner

completed properly; and employees did not receive the appropriate training required for examiners, foreman and miners in mine safety and health requirements. MSHA's full investigative report on the Upper Big Branch Mine explosion is available for review online at www.msha.gov/Fatals/2010/UBB/FTL10c0331.pdf.

Safety is a cooperative effort between employers and employees. Employers and employees must develop, understand and follow the regulations that prevent worker injuries, illnesses and death. If all safety and health regulations were followed, shortcuts were eliminated and employees were trained appropriately for their duties, the goal of zero accidents and fatalities in the mining industry could become a reality.

In 2013 in Indiana, the non-fatal occupational injury and illness rate for the coal mining industry was 3.2 per 100 workers. This reflects a 15 percent increase from the 2012 rate of 2.7.

There is still more work to do to ensure Indiana and all other coal miners are safe. We need to light a fire within our workers. Workers must understand that working safe is the only acceptable way to work. There is no safe way to perform an unsafe task. Employers and employees must foster a burning desire to want to work safely. The best safety device known to man is readily available to us. It is always with us

as it is located between our ears. It should stay primed and at-the-ready—fully loaded with the knowledge and training we need to do our jobs safely.

We must instill in the working men and women, in the coal mines as well as all other industries, that simply knowing about safety is not enough. The solution is caring about and demonstrating to the workforce that you care about everyone's safety. Words speak loud. Actions speak louder.

The Indiana Bureau of Mines and Mine Safety, along with Indiana coal mine operators, makes a diligent effort to work with coal miners to demonstrate this philosophy. At the end of the workday, the most precious resource to come out of the coal mine isn't the coal—it is the miner.

Online Resources

To learn more about the Indiana Bureau of Mines or mine safety and health, please visit www.in.gov/dol/mines.htm. The current listing of all active Indiana underground coal mines is available online as well. For more questions about mine safety and health or resources, please contact the bureau by email at mines@dol.in.gov or by phone at (812) 888-4514.



The Coal Miner, by John J. Szaton, is located on the northwest corner of the Indiana Statehouse lawn. The piece was dedicated in 1967. (Photo taken by Kenneth R. Boucher II.)

It Happened Here: Gibson County, Indiana

Background: Working with machinery, equipment and tools can be very dangerous especially when the work is being performed in a compact area.

Fatal Event: At approximately 1:45 a.m. on March 25, 2014, a 41-year-old mechanic was cutting through the inner left side plate of a crawler assembly. After making the outside cut on the plate, the mechanic positioned himself on the crawler frame, leaning in to make the inside cut of the plate. When this cut was complete, the crawler assembly pivoted upward and pinned the mechanic between the crawler assembly and the frame of the feeder. Workers freed the mechanic and an underground ambulance transported him to the man-shaft. The underground ambulance was hoisted out of the mine. Then Gibson County Emergency Medical Services transported the mechanic to the local hospital. The mechanic

was pronounced dead by the emergency room physician shortly before 3 a.m.

Discussion: To reduce the likelihood of similar events, employers must conduct a hazard assessment of the worksite and tasks. Employers must develop safe work procedures and ensure all workers have been trained on such procedures. Employers must work with employees to foster a culture of workplace safety and health where employees are encouraged to participate in activities and report safety and health hazards as well as "close-call" incidents. Employers must take action immediately to correct hazards and investigate incidents to prevent reoccurrence.



Contributed by Darby R. Miller
Public Relations Specialist
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The Occupational Safety and Health Administration's (OSHA's) recordkeeping and reporting rules have recently been updated. The new rule went into effect on January 1, 2015, for businesses within federal OSHA jurisdiction.

The Indiana Occupational Safety and Health Administration (IOSHA) adopts federal occupational safety and health standards as written after approximately 60 days. This means, as an Indiana business, these changes will take effect locally on or after March 1, 2015.

Understanding and properly applying these new rules are critical to ensuring your business remains in compliance with OSHA's recordkeeping standards.

What is the new requirement?

All businesses, regardless of size or industry category, are required to report a workplace fatality to OSHA within eight hours—this portion of the rule has not changed. All business must report an in-patient hospitalization to OSHA within 24 hours. In the past, this only applied if three or more employees were hospitalized. All businesses must report work-related amputations to OSHA within 24 hours—this is a new requirement. All businesses must report the loss of an eye to OSHA within 24 hours—this also is a new requirement.

Why is the law changing?

The new rule will help better ensure OSHA receives critical reports and information on worker fatalities and severe work-related injuries and illnesses. The new data will help OSHA identify workplaces where workers are at greater risk. This information will help target compliance assistance and enforcement resources more appropriately.

What if my business is exempt from maintaining the OSHA 300 Log?

Even if a business is not required to maintain OSHA 300/300A logs, whether

that is due to size or being part of a generally exempted industry, that business still must report fatalities, amputations, eye losses and in-patient hospitalizations to IOSHA within the established time frame. Exempt businesses have always been required to make fatality and catastrophe reports to IOSHA, and these new rules occupy the same space.



Darby R. Miller
Public Relations Specialist

If an employee loses the very tip of his finger, must I report it to OSHA? What if the employee loses any part of the finger above the first joint?

According to an OSHA letter of interpretation, dated December 16, 2014, if the tip of the finger is amputated, the work-related event must be reported. An amputation does not require loss of bone.

Do I have to report every hospital visit?

Not necessarily. If an employee is not admitted or only brought in for observation or diagnostic testing, and no treatment is provided, that visit does not need to be immediately reported to IOSHA.

How do I report an incident?

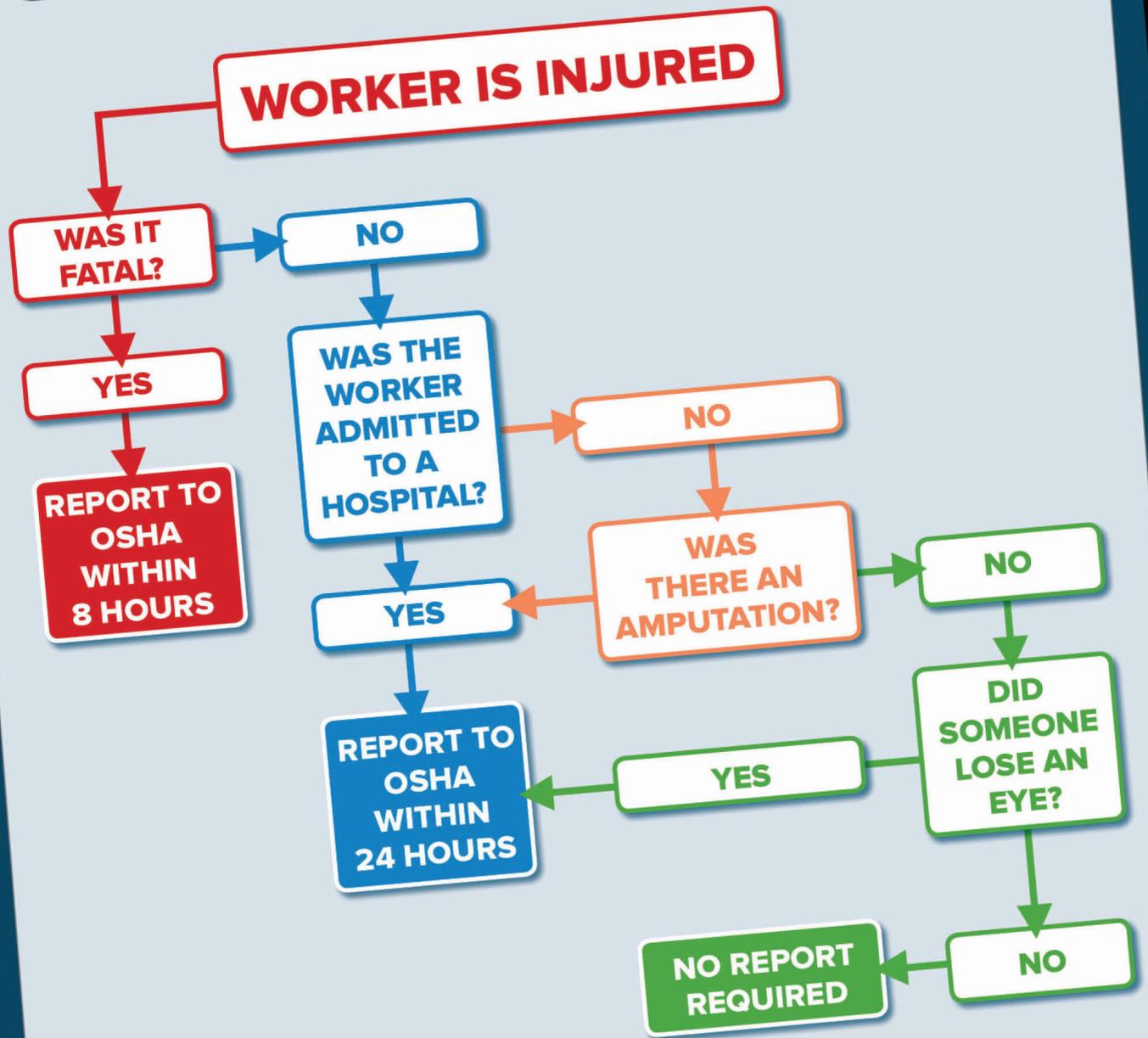
If it is during normal business hours, you may contact IOSHA directly at (317) 232-2693. If you are reporting after business hours, call the 24-hour OSHA hotline at 1-800-321-6742.

Who can help me with the new rules?

Help is available by contacting the Indiana Department of Labor's workplace consultation, training and assistance division, INSafe, by either calling (317) 232-2688 to speak with a consultant or by emailing insafe@dol.in.gov. Employers may also request a free workplace safety or health consultation from INSafe by completing and submitting the form available online at www.in.gov/dol/insaferequest. To learn more about INSafe, please visit www.in.gov/dol/insafe.

Resources are also available online at www.osha.gov/recordkeeping2014/ or by visiting the Frequently Asked Questions (FAQs) webpage at www.osha.gov/recordkeeping/faq_search.

OSHA's NEW REPORTING EXPLAINED



HOW DO I REPORT?

Call 1-800-321-OSHA (6742) or your local OSHA office at 317-232-2693. Visit www.in.gov/dol/2747.htm for more information.

What do police officers, farmers, tow truck operators and pizza delivery drivers have in common? They're workers who operate a motor vehicle for some or all of their day-to-day work activities.

It's an alarming fact—workplace transportation-related incidents have historically caused the highest number of occupational fatalities in the state and nationwide, and in 2013 it is no different.

In 2013, there were 58 fatal occupational injuries attributed to transportation-related incidents in Indiana. This accounts for nearly half (47%) of all occupational fatalities in the state.

These incidents included motor vehicle accidents and pedestrians struck-by motor vehicles. While 20 of these incidents occurred in the **transportation and warehousing industry**, transportation-related incidents occur in nearly every major Indiana industry as well—agriculture (11), retail and wholesale trade (5) and construction (3), to name a few. Furthermore, many of these incidents are outside of the Indiana Occupational Safety and Health Administration's (IOSHA's) jurisdiction, making it difficult to enforce occupational safety and health on the roadways.

Unlike other more traditional workplaces such as medical facilities, bakeries, laundries and manufacturing environments—the roadway is not a “closed” workplace. Preventing employee injury requires strategies that combine traffic safety principles and sound safety management practices. To protect workers whose duties include work-related travel activities, it is important that employers and employees work together.

Assigning key members of management the responsibility to develop, implement and maintain the company's motor vehicle operations is critical.

This individual or team should develop a comprehensive safety policy that takes driver performance into consideration. Performing driving record checks on prospective employees and periodic re-checks after hire is a critical first step to managing risk.



Employees must be trained on important safety factors including the recognition of driver fatigue, techniques for minimizing in-vehicle distractions, proper use of the vehicle's safety devices and the requirement to follow all state traffic laws.

Re-training should occur annually and as necessary, especially when an employee is required to operate specialized motor vehicles or equipment. An example of this may be an employee who uses an all-terrain vehicle (ATV) to clear snow from a parking lot.

Progressive fleet managers should also integrate a safety and preventative maintenance checklist into their programs. These activities should include a vehicle inspection to check tire pressure; brakes; and head, tail and vehicle turn signal light bulbs to ensure features are in proper working order.

In conclusion, while the roadway is a work environment difficult to fully control, there are safety precautions that can be taken to decrease the risk of employee injury. Employers who wish to seek more information or access best practices for transportation safety should visit the United States Department of Transportation's website at www.dot.gov/.

Workers at Risk

- Real estate agents
- Social service workers
- Highway maintenance
- Construction workers
- Long distance truck drivers
- Farmers and other agriculture workers
- Ambulance drivers
- Police officers
- Tow-truck operators
- Firefighters
- Salespeople
- Service technicians
- Snow plow drivers

#TXTL8RIN

Can You Go Viral?



Winners receive \$5,000 to help pay for your post-secondary education!

Indiana high school and college students – use your creativity and social media savvy to spread the message about the dangers of texting and driving.

Details

- There are high school and college divisions
- Social media platforms: Twitter, Instagram, and Vine
- You can choose to enter 1, 2, or all 3 social media platforms
- \$5,000 will be awarded to winners in each of the social media platforms
- Register at txtl8r.in.gov
- Contest runs from April 1st - April 30th and contestants can register through April 10th

Show Me The Money!

Be the person (or team) with the largest distribution of your message (go viral and you could win \$5,000).

Work as a Team

Up to three people can work together on the same account.

If your team’s account wins, each person receives \$5,000!

Awards

- Twitter – most retweets and favorites: \$5,000
- Vine – most likes: \$5,000
- Vine – most creative: \$5,000
- Instagram – most likes: \$5,000
- Instagram – most creative: \$5,000

Get Started

- You must have a Twitter account to participate
- If you use Instagram and/or Vine, you must link those platforms to your Twitter account
- All posts entered must be public – not private accounts
- Must use #TXTL8RIN in every post
- Use “Drive Now. TXT L8R.” whenever possible in your posts
- Do not text and drive while putting together your posts



TXTL8R.in.gov



Hazard identification and elimination are critical steps in ensuring workplaces are safe and healthy for workers. Can you identify the occupational hazard(s) in the photos shown below? Each photo depicts at least one safety or health violation.

The federal Occupational Safety and Health Administration (OSHA) has developed an interactive, online game-based training tool for small employers and their employees to learn about hazard identification. You may visit www.osha.gov/hazfinder/index.html to access this free tool.

Want more from the Indiana Department of Labor?! Join us on social media! Be sure to “Like” the Indiana Department of Labor’s Facebook page and “follow” us on Twitter to participate in our weekly “Spot the Hazard Challenge.” For questions about workplace safety and health, email INSafe at insafe@dol.in.gov or call (317) 232-2688 to speak with a safety or health consultant.



Picture 1: The platform where materials have been stored is overloaded. Materials are also unsecured to prevent items from falling onto workers. 1910.22(d)(2) and 1910.176(b). **Picture 2:** The skylights are not appropriately guarded to prevent workers from falling. 1926.(a)(4). **Picture 3:** The worker is likely less than four feet from the surface below; however, a fall hazard and ergonomic issue exists. 22-8-1.1-2. **Picture 4:** The far right disconnect appears damaged and the lockout is not safely placed. 1910.303(b)(7)(iv) and 1910.147(c)(4)(ii), 1910.147(c)(5) and the key is suspended from the lockout.

Indiana Non-fatal Occupational Injury and Illness Rates

Table 11. Incidence rates¹ of nonfatal occupational injuries and illnesses by industry sector and case types, 2011-2013, Indiana

Industry sector ²	Total recordable cases			Cases with days away from work, job transfer, or restriction										Other recordable cases							
	Total			Cases with days away from work ⁶					Cases with job transfer or restriction												
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013						
All industries including State and local government³	4.3	4.0	3.8	2.0	2.0	2.0	1.8	1.8	1.8	0.9	0.9	0.9	0.8	0.8	0.8	1.0	1.0	1.0	2.3	2.0	2.0
Private industry ³	4.2	3.9	3.6	2.0	2.0	2.0	1.8	1.8	1.8	0.9	0.9	0.9	0.8	0.8	0.8	1.1	1.1	1.1	2.2	1.9	1.8
Goods-producing ³	5.0	4.8	4.4	2.4	2.4	2.4	2.3	2.3	2.3	1.0	1.0	1.0	0.9	0.9	0.9	1.4	1.4	1.4	2.6	2.4	2.1
Natural resources and mining ^{3,4}	7.3	5.1	3.5	3.0	3.2	3.2	2.8	2.3	2.3	2.1	2.1	1.6	1.6	1.4	1.4	0.9	0.9	0.9	4.3	1.9	1.2
Agriculture, forestry, fishing and hunting ³	9.5	7.2	3.6	2.8	3.6	3.6	2.3	2.3	2.3	1.7	1.7	1.8	1.8	1.3	1.3	1.1	1.1	1.1	2.7	2.7	1.3
Mining ⁴	4.7	2.6	3.2	3.2	3.2	3.2	2.6	2.6	2.6	2.1	2.1	2.6	2.6	2.6	2.6	0.6	0.6	0.6	1.5	0.9	1.1
Construction	3.9	3.1	2.8	1.6	1.6	1.6	1.5	1.5	1.5	1.1	1.1	1.1	1.1	1.1	1.1	0.4	0.4	0.4	2.3	1.7	1.2
Manufacturing	5.2	5.3	4.8	2.6	2.7	2.7	2.5	2.5	2.5	1.0	1.0	0.9	0.8	0.8	0.8	1.7	1.7	1.7	2.6	2.6	2.3
Service-providing	3.9	3.4	3.3	1.8	1.8	1.8	1.6	1.6	1.6	0.9	0.9	0.9	0.8	0.8	0.8	1.6	1.6	1.6	2.0	1.7	1.7
Trade, transportation, and utilities ⁵	3.9	3.9	3.4	2.1	2.1	2.1	2.0	2.0	2.0	1.2	1.2	1.1	1.0	1.0	1.0	1.4	1.4	1.4	1.8	1.7	1.4
Wholesale trade	3.6	4.0	2.9	2.2	2.1	2.1	1.6	1.6	1.6	1.2	1.2	1.0	0.7	0.7	0.7	1.0	1.0	1.0	1.4	2.0	1.3
Retail trade	3.7	3.6	3.4	1.9	1.9	1.9	1.8	1.8	1.8	1.0	1.0	0.8	0.9	0.9	0.9	1.1	1.1	1.1	1.9	1.7	1.6
Transportation and warehousing ⁵	4.6	4.5	3.9	2.9	3.2	3.2	2.8	2.8	2.8	1.6	1.6	1.8	1.6	1.6	1.6	1.4	1.4	1.4	1.7	1.3	1.1
Utilities	--	3.2	2.8	1.7	2.1	2.1	1.7	1.7	1.7	--	--	0.9	0.6	0.6	0.6	1.2	1.2	1.2	--	1.2	1.1
Information	1.3	1.6	1.8	0.6	1.1	1.1	1.2	1.2	1.2	0.5	0.5	0.7	0.8	0.8	0.8	0.4	0.4	0.4	0.7	0.5	0.6
Financial activities	1.2	1.3	1.4	0.5	0.5	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.1	0.1	0.1	0.7	0.7	0.6
Finance and insurance	0.7	0.8	0.9	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.7
Real estate and rental and leasing	3.0	2.7	2.8	1.7	1.8	1.8	1.8	1.8	1.8	0.8	0.8	0.8	0.6	0.6	0.6	0.6	0.6	0.6	1.3	0.9	--
Professional and business services	1.8	1.6	1.5	0.8	0.9	0.9	0.8	0.8	0.8	0.5	0.5	0.5	0.5	0.5	0.5	0.3	0.3	0.3	1.0	0.7	0.6
Professional, scientific, and technical services	0.9	0.6	0.6	0.4	0.4	0.4	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	0.4	0.4
Management of companies and enterprises	1.8	0.8	0.6	1.1	1.1	1.1	0.2	0.3	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.7	0.6	0.2
Administrative and support and waste management and remediation services	3.0	2.5	2.7	1.4	1.4	1.4	1.6	1.6	1.6	0.8	0.8	0.8	1.1	1.1	1.1	0.6	0.6	0.6	1.7	0.9	1.1
Education and health services	5.9	4.9	5.0	2.7	2.4	2.4	2.3	2.3	2.3	0.9	0.9	1.0	0.9	0.9	0.9	1.7	1.4	1.4	3.2	2.6	2.7
Educational services	2.0	1.8	2.2	0.9	0.9	0.9	1.1	1.1	1.1	0.5	0.5	0.4	0.4	0.4	0.4	0.3	0.3	0.3	1.2	1.0	1.1
Health care and social assistance	6.3	5.3	5.3	2.9	2.6	2.6	2.6	2.6	2.6	1.0	1.0	1.0	0.9	0.9	0.9	1.9	1.5	1.5	3.4	2.7	2.9
Leisure and hospitality	4.6	4.0	3.7	1.5	1.3	1.3	1.2	1.2	1.2	0.7	0.7	0.8	0.7	0.7	0.7	0.8	0.5	0.5	3.1	2.7	2.5
Arts, entertainment, and recreation	4.9	5.2	4.4	2.1	2.1	2.1	1.6	1.6	1.6	0.7	0.7	0.7	0.6	0.6	0.6	1.4	1.4	1.4	2.8	3.1	2.8
Accommodation and food services	4.5	3.8	3.5	1.4	1.1	1.1	1.1	1.1	1.1	0.7	0.7	0.8	0.7	0.7	0.7	1.4	1.4	1.4	3.1	2.8	2.5
Other services	3.9	3.6	2.7	2.7	2.0	2.0	1.8	1.8	1.8	1.6	1.6	1.3	1.3	1.3	1.3	0.5	0.5	0.5	1.8	1.6	2.0
Other services, except public administration	3.9	3.6	2.7	2.7	2.0	2.0	1.8	1.8	1.8	1.6	1.6	1.3	1.3	1.3	1.3	0.5	0.5	0.5	1.8	1.6	2.0
State and local government ³	4.6	5.1	4.9	1.8	2.0	2.0	2.1	2.1	2.1	0.9	0.9	0.9	0.9	0.9	0.9	1.1	1.1	1.1	2.8	3.1	3.0
State government ³	3.2	2.9	2.7	1.5	1.4	1.4	1.3	1.3	1.3	0.8	0.8	0.7	0.6	0.6	0.6	1.4	1.4	1.4	1.7	1.5	1.4
Local government ³	5.3	5.9	6.0	2.0	2.2	2.2	2.2	2.2	2.2	1.0	1.0	1.0	1.1	1.1	1.1	1.0	1.0	1.0	3.3	3.7	3.8

¹ Incidence rates represent the number of injuries and illnesses per 100 full-time workers and were calculated as: (N/EH) x 200,000 where

N = number of injuries and illnesses

EH = total hours worked by all employees during the calendar year

200,000 = base for 100 equivalent full-time workers (working 40 hours per week, 50 weeks per year).

² North American Industry Classification System -- United States, 2007.

³ Excludes farms with fewer than 11 employees.

⁴ Data for mining (Sector 21 in the North American Industry Classification System, 2007 edition) include establishments not governed by the Mine Safety and Health Administration (MSHA) rules and reporting, such as those in oil and gas extraction and related support activities. Data for mining operators in coal, metal, and nonmetal mining are provided to BLS by the Mine Safety and Health Administration, U.S. Department of Labor. Independent mining contractors are excluded from the coal, metal, and nonmetal mining industries. These data do not reflect the changes OSHA made to its recordkeeping requirements effective January 1, 2002; therefore estimates for these industries are not comparable to estimates in other industries.

⁵ Data for employers in railroad transportation are provided to BLS by the Federal Railroad Administration, U.S. Department of Transportation.

⁶ Days-away-from-work cases include those that result in days away from work with or without restricted work activity.

⁷ Data too small to be displayed.

NOTE: Because of rounding, components may not add to totals. Dash indicates data do not meet publication guidelines.

SOURCE: U.S. Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses in cooperation with participating state agencies, November 20, 2014

Indiana Department of Labor Staff

Kenneth R. Boucher II

[Executive Director of Quality, Metrics and Statistics](#)

Kenneth Boucher is the executive director of Quality Metrics and Statistics with the Indiana Department of Labor. His responsibilities include management of OSHA data collection for the federal Bureau of Labor Statistics as well as performance management and process improvement within the Indiana Department of Labor. Mr. Boucher began his tenure with the Indiana Department of Labor in 2006 as a common construction wage hearing officer. From 2008 to 2013, he served as the Director of Child Labor, Training and Education. Mr. Boucher is a 2011 recipient of the Governor's Public Service Achievement Award for his work in improving the Indiana Department of Labor's wage claim process. Mr. Boucher is a graduate of Indiana University with a bachelor of arts degree in English and criminal justice and a minor in French. He also holds a Lean Six Sigma Black Belt from Purdue University. [IN Review](#) [graphing and editing services](#)

Michelle L. Ellison

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Ms. Ellison currently serves as an assistant commissioner for the Indiana Department of Labor. Her responsibilities include managing the INSafe Division, which consists of a staff of occupational safety and health professionals, and promoting employer participation in voluntary compliance programs such as onsite consultation, training and certification in the Indiana Safety and Health Achievement Recognition Program (INSHARP). Ms. Ellison oversees the Indiana Department of Labor's partnerships and alliances as well. Additionally, she also serves as secretary on the Occupational Safety and Health Consultation Board. Ms. Ellison is a graduate of Indiana University with a bachelor of science degree in business with concentrations in marketing and management. [IN Review](#) [editor](#); [See pages 7-8](#)

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Mr. Freeman currently serves as a health consultant with the Indiana Department of Labor's OSHA consultation division, INSafe. Prior to serving as a consultant with INSafe, he served the Indiana Department of Labor in the role of compliance safety and health officer for the Indiana Occupational Safety and Health Administration (IOSHA). Prior to working for the Indiana Department of Labor, Mr. Freeman worked as an industrial hygienist for CSN, a steel processing plant in Terre Haute, Indiana. He also was the division director of health and safety for Life Care Centers of America. While at Life Care,

he managed occupational safety and health for 43 healthcare facilities throughout the Midwest. Mr. Freeman is a Certified Safety Professional (CSP) and Certified Industrial Hygienist (CIH). He is a graduate of Indiana University with a bachelor of science degree in occupational safety and health. Mr. Freeman earned his master's degree in human resources from Indiana State University in 2012. [See page 27](#)

Timothy E. Maley

[Deputy Commissioner of Labor](#)

Mr. Maley currently serves as a deputy commissioner for the Indiana Department of Labor. His responsibilities include managing both the construction and general industry compliance divisions of the Indiana Occupational Safety and Health Administration (IOSHA) as the Indiana Voluntary Protection Program (VPP). Prior to his work for the Indiana Department of Labor, Mr. Maley was employed with Eli Lilly for 30 years. While at Eli Lilly, he led the Lilly Technology Center to VPP certification. He also served on the Voluntary Protection Program Participants Association (VPPPA) Region V board of directors for five years. After retiring from Eli Lilly, Mr. Maley worked as a senior safety consultant with Advanced Worksite Solutions. In this role, he partnered with businesses to provide injury reduction management systems and solutions. Mr. Maley is a graduate of Purdue University. [See pages 5-6](#)

Donald "Blink" McCorkle

[Assistant Commissioner of Labor](#)

Donald "Blink" McCorkle serves as the assistant commissioner of the Bureau of Mines located in the field office at Vincennes University in Vincennes, Indiana. Mr. McCorkle has been employed in the mining industry since 1972. He is certified by the federal Mine Safety and Health Administration as an underground, surface, and mine rescue instructor. Blink is a United States Army veteran and holds an associate's degree in mining technology from Rend Lake College. He also has mine foreman certifications from Ohio, Illinois, and Indiana. [See pages 29-30](#)

Mark McDaniel

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Mark McDaniel currently serves as a safety consultant for the Indiana Department of Labor's INSafe division. Prior to serving as a consultant with INSafe, Mr. McDaniel served the Indiana Department of Correction in the role of safety hazmat manager. Mr. McDaniel retired from the U.S. Navy Reserves in 2006 after serving his country for 22 years as a hospital corpsman. Mr. McDaniel is a graduate of Columbia Southern University with a bachelor of science degree in occupational safety and health. [See page 12](#)

Darby R. Miller

[Public Relations Specialist](#)

Mr. Miller currently serves as a public relations specialist for the Indiana Department of Labor's INSafe division. His responsibilities include graphic design and layout, website maintenance, text editing, as well as writing general interest articles, news posts and blogs. Mr. Miller is also responsible for the agency's social media messaging for Facebook and Twitter. He graduated from Indiana University Purdue University at Indianapolis with a bachelor of arts degree in journalism focusing in public relations with a minor in sociology. [IN Review](#) [design and editing services](#); [See page 31](#)

Bryan L. Thais**INSafe Safety Consultant**

Bryan L. Thais currently serves as a safety consultant for the Indiana Department of Labor's INSafe division. Prior to serving as a consultant with INSafe, Mr. Thais served as a compliance officer for the Indiana Occupational Safety and Health Administration's (IOSHA's) construction safety compliance division for 18 years. He then served as a supervisor in that division. Mr. Thais is a graduate of Vincennes University and has more than 35 years experience in the construction industry and safety field.

[See pages 25-26](#)

Quality, Metrics and Statistics Division

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Other Contributors

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IN Review is an annual publication of the Indiana Department of Labor's INSafe onsite workplace safety and health consultation division. For this report, the Indiana Department of Labor used the Census of Fatal Occupational Injuries (CFOI) and Survey of Occupational Injuries and Illnesses (SOII) research files provided by the Bureau of Labor Statistics (BLS) for calendar year 2013. CFOI data for 2013 is preliminary data. Final data will be available in the second quarter of 2015. BLS 2014 CFOI data will be released in fall 2015.

BLS SOII data will be released in the third quarter of 2015. Because of confidentiality restrictions, individual case information from the CFOI data cannot be reported. Information for cases described in this report was solely from the Indiana Department of Labor field investigations.



Fall 2014 at the Indiana Statehouse. (Photo taken by Kenneth R. Boucher II.)



Commissioner Rick J. Ruble
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