DEATH ON THE JOB

THE TOLL OF NEGLECT

A NATIONAL AND STATE-BY-STATE PROFILE OF WORKER SAFETY AND HEALTH IN THE UNITED STATES

29TH EDITION • OCTOBER 2020

AFL-CIO

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For more information, contact the AFL-CIO Safety and Health Office at 202-637-5366.

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EXECUTIVE SUMMARY

This 2020 edition of "Death on the Job: The Toll of Neglect" marks the 29th year the AFL-CIO has produced a report on the state of safety and health protections for America's workers.

More than 618,000 workers now can say their lives have been saved since the passage of the Occupational Safety and Health Act of 1970, which promised workers in this country the right to a safe job. The Obama administration had a strong record on improving working conditions—strengthening enforcement, issuing key safety and health standards, and improving anti-retaliation protections and other rights for workers.

With the election of President Trump, the political landscape shifted dramatically, threatening many of these gains. Trump has moved aggressively on his deregulatory agenda, repealing and delaying job safety and other rules, and proposing deep cuts in the budget, and the elimination of worker safety and health training and other programs. There has been no forward action on critical safety and health problems, including workplace violence, silica in mining and exposure to toxic chemicals. The federal pandemic response from the agency in charge of protecting America's workers has been wholly inadequate and has placed working people in grave danger.

With the election of a Democratic majority in Congress in 2018, the political environment for safety and health improved. In the 116th Congress, Democrats moved aggressively on a pro-worker agenda, introducing progressive legislation and conducting rigorous oversight of the Trump administration's policies and programs. In a divided Congress, pro-worker legislative progress stalled in the Senate, and even was blocked from consideration in committees. For the past six months, the Democratic majority has been focused on oversight of the Trump administration's response to COVID-19, and aggressive COVID-19 safety protections and economic relief.

Nearly 50 years after the passage of the nation's job safety laws, the toll of workplace injury, illness and death remains too high, and too many workers remain at serious risk. There is much more work to be done.

The High Toll of Job Injuries, Illnesses and Deaths

In 2018:

- 275 workers died each day from hazardous working conditions.
- 5,250 workers were killed on the job in the United States.
- An estimated 95,000 workers died from occupational diseases.
- The job fatality rate continued to be 3.5 per 100,000 workers, the same as the previous year.
- Employers reported nearly 3.5 million work-related injuries and illnesses.
- Underreporting is widespread—the true toll of work-related injuries and illnesses is 7.0 million to 10.5 million each year.

States with the highest fatality rates in 2018 were:

- Wyoming (11.5 per 100,000 workers)
- Alaska (9.9 per 100,000 workers)
- North Dakota (9.6 per 100,000 workers)
- West Virginia (7.9 per 100,000 workers)
- South Dakota (6.9 per 100,000 workers)

During the COVID-19 pandemic:

- America's workplaces have been a primary source of COVID-19 outbreaks, with thousands of workers infected and dying. However, infection and outbreak information is limited because there is no national surveillance system.
- OSHA and MSHA have refused to issue enforceable, emergency temporary standards for COVID-19.
- The Trump administration's response to the need for workplace safety protections has been wholly inadequate; instead of providing strong requirements, it has offered business-driven recommendations that are voluntary, and plagued with political interference and corporate influence.
- Federal OSHA has cited only nine employers for not protecting workers from COVID-19, with a median current penalty of $11,567.
- Some states have stepped in to protect working people. Virginia OSHA has issued an emergency temporary standard for COVID-19, and other states have issued executive orders requiring employers to implement workplace safety protections, or are enforcing current OSHA standards in their states—but many workers remain without strong protections.
- Workers have faced a severe shortage of respirators and other personal protective equipment (PPE) necessary to be safe on the job.

Workplace violence remains a serious and growing problem:

- Workplace violence deaths increased to 828 in 2018, and violence-related injuries increased to more than 30,000 lost-time injuries.
- Workplace violence is the second-leading cause of workplace death.
- 453 worker deaths were workplace homicides.
- Women workers are at greater risk of violence than men; they suffered two-thirds of the lost-time injuries related to workplace violence.
- There is no federal OSHA standard to protect workers from workplace violence; the Trump administration has sidelined an OSHA workplace violence standard.

Latino and immigrant workers' safety and health has improved over the last decade, but the risk to these workers still is greater than for other workers:

- The Latino fatality rate was 3.7 per 100,000 workers, higher than the national average.
- Deaths among all Latino workers increased in 2018: 961 deaths, compared with 903 in 2017. Deaths among Latino immigrant workers were the major contributor to this increase (641 compared with 568).

The risk of dying on the job increased for Black workers. In 2018:

- The fatality rate for Black workers (3.6 per 100,000 workers) was higher than the overall fatality rate (3.5), the first time the fatality rate for Black workers has been greater than the overall fatality rate in at least five years.
- 615 Black workers died on the job, a 16% increase from 530 deaths in 2017.

Older workers are at high risk. In 2018:

- One-third of fatalities occurred among workers ages 55 or older.
- Workers 65 or older have nearly three times the risk of dying on the job as other workers, with a fatality rate of 9.6 per 100,000 workers.

The cost of job injuries and illnesses is enormous—estimated at $250 billion to $330 billion a year.

Job Safety Oversight and Enforcement

OSHA resources in FY 2019 still are too few and declining:

- There are only 1,767 inspectors (746 federal and 1,021 state) to inspect the 9.9 million workplaces under the Occupational Safety and Health Administration's jurisdiction.
- The number of OSHA inspectors is at the lowest number since the early 1970s, when the agency was brand new.
- Federal OSHA has enough inspectors to inspect workplaces only once every 162 years.
- State OSHA plans have enough inspectors to inspect workplaces once every 107 years.
- There is one inspector for every 83,207 workers.
- The current OSHA budget amounts to $3.54 to protect each worker.

Penalties in FY 2019 still are too weak:

- The average penalty for a serious violation was $3,717 for federal OSHA.
- The average penalty for a serious violation was $2,032 for OSHA state plans.
- The median penalty for killing a worker was $9,282 for federal OSHA.
- The median penalty for killing a worker was $4,050 for OSHA state plans.
- Only 99 worker death cases have been criminally prosecuted under the Occupational Safety and Health Act since 1970.

Regulatory Action: Worker Protections Under Attack

The Obama administration produced a number of significant safety and health rules, and left a solid legacy of worker protections in place. Key achievements include standards on silica, beryllium, coal dust and enhanced anti-retaliation protections for workers who report injuries. Political opposition delayed many rules, leaving a long, unfinished agenda of hazards that need prompt action: workplace violence, combustible dust, chemical process safety management, infectious diseases and silica in mining.

The Trump administration launched a major assault on regulatory protections. It has moved aggressively to roll back regulations, block new protections, and put agency budgets and

programs on the chopping block. The national failure of leadership and action to respond to the COVID-19 pandemic was exacerbated by weakened regulatory structures and political inactivity on protecting workers.

Much Work Remains to Be Done

Workers need more job safety and health protection, not less. We call on:

- The Trump administration to stop the attack on workers' rights and protections.
- OSHA and MSHA to issue emergency COVID-19 safety standards to protect workers immediately from the virus that has ravished our country and our workplaces.
- OSHA and MSHA to fully enforce these protections to hold employers accountable for not following workplace safety laws.
- OSHA to promulgate a permanent standard to protect workers from infectious diseases.
- The Trump administration must use the full force of the Defense Production Act to increase the supply of respirators and other PPE and tests, and allocate them to the areas that need them the most.
- OSHA and MSHA to fully implement new rules on injury reporting/anti-retaliation and coal dust.
- OSHA to issue a workplace violence standard for health care and social service workers. Workplace violence is a growing and serious threat—particularly for women workers, and workers in health care and social services. Congress should enact legislation to make sure this is done.
- OSHA and MSHA to develop and issue rules on combustible dust, chemical facility safety and silica in mining.
- OSHA to increase attention to the serious safety and health problems faced by Latino, immigrant and aging workers.
- Congress to increase funding and staffing at job safety agencies.
- Congress to pass the Protecting America's Workers Act to extend the Occupational Safety and Health Act's coverage to workers currently excluded, strengthen civil and criminal penalties for violations, enhance antidiscrimination protections, and strengthen the rights of workers, unions and victims.

The nation must renew its commitment to protect workers from injury, disease and death, and make these protections a high priority.

THE STATE OF WORKERS' SAFETY AND HEALTH

This 2020 edition of "Death on the Job: The Toll of Neglect" marks the 29th year the AFL-CIO has produced a report on the state of safety and health protections for America's workers. This report features national and state information on workplace fatalities, injuries, illnesses, the number and frequency of workplace inspections, penalties, funding, staffing and public employee coverage under the Occupational Safety and Health Act. It also includes information on the state of mine safety and health, and the COVID-19 pandemic.

This December will be 50 years since Congress enacted the OSH Act, promising workers in this country the right to a safe job. More than 618,000 workers now can say their lives have been saved since the passage of the OSH Act.[1] Since that time, workplace safety and health conditions have improved. But too many workers remain at serious risk of injury, illness or death as chemical plant explosions, major fires, construction collapses, infectious disease outbreaks, workplace assaults and other preventable workplace tragedies continue to occur. Many other workplace hazards kill and disable thousands of workers each year.

In 2018, 5,250 workers lost their lives on the job as a result of traumatic injuries, according to fatality data from the Bureau of Labor Statistics (BLS). The rate of fatal job injuries in 2018 remained the same as 2017, at 3.5 per 100,000 workers.[2] Each day in this country, an average of 14 workers die because of job injuries—women and men who go to work, never to return home to their families and loved ones. This does not include workers who die from occupational diseases, estimated to be 95,000 each year.[3] Chronic occupational diseases receive less attention, because most are not detected until years after workers have been exposed to toxic chemicals, and because occupational illnesses often are misdiagnosed and poorly tracked. All total, on average 275 workers die each day due to job injuries and illnesses.

Workplace deaths increased for Latino workers in 2018: 961 Latino workers died on the job, an increase from 903 deaths in 2017. The fatality rate among Latino workers (3.7 per 1000,000) continues to be higher than the overall fatality rate of 3.5 per 100,000 workers. In 2018, 67% of Latino workers who died on the job (641) were born outside of the United States. Fatalities among all foreign-born or immigrant workers continue to be a serious problem. In 2018, there were 1,028 workplace deaths reported for all immigrant workers, the highest number of fatalities in at least 12 years.

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[1] Calculated based on changes in annual fatality rates and employment since 1970. Fatality rate data for 1970 to 1991 is from National Safety Council Accident Facts, 1994. Fatality rate data for 1992 to 2018 is from the Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Annual employment data is from the Bureau of Labor Statistics Current Population Survey.

[2] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2018.

[3] Takala, J., P. Hämäläinen, K.L. Saarela, L. Yoke Yun, K. Manickam, T. Wee Jin, P. Heng, C. Tjong, L. Guan Kheng, S. Lim and G. Siok Lin (2014), "Global Estimates of the Burden of Injury and Illness at Work in 2012," Journal of Occupational and Environmental Hygiene, 11:5, 326–337, DOI: 10.1080/15459624.2013.863131.

In 2018, workplace deaths increased for Black workers: 615 Black workers died on the job, an increase from 530 deaths in 2017 and a 46% increase in the last decade. The fatal injury rate for Black workers increased in 2018 to 3.6 per 100,000 workers from 3.2 in 2017, now higher than the overall fatality rate (3.5). This is the first time the fatality rate for black workers has been greater than the overall fatality rate in at least five years. The number of serious work injuries and illnesses also increased among Black workers (from 69,900 to 71,600).

Workplace deaths increased among older workers (ages 55 and older). People are working longer, and the number of workers ages 55 years and older has increased 84% since 1999. BLS estimates this trend will continue, and that by 2029, one in four workers will be 55 years or older.[4]

Workplace violence deaths increased (from 807 to 828 deaths) and are now the second-leading cause of job death. Since 2009, the workplace violence injury rate in private hospitals and home health services has more than doubled. During the Obama administration, the Occupational Safety and Health Administration (OSHA) enhanced enforcement on workplace violence using the general duty clause of the OSH Act, updated guidance documents and committed to developing a workplace violence standard. But the Trump administration has failed to act; under his watch, OSHA has not met any of its deadlines to move the workplace violence rulemaking forward. In November 2019, the House passed the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309, S. 851), requiring federal OSHA to promulgate a standard to protect these workers at especially high risk of violence on the job, but efforts stalled in the Senate.

In 2018, nearly 3.5 million workers across all industries, including state and local government, had work-related injuries and illnesses that were reported by employers, with 2.8 million injuries and illnesses reported in private industry. Due to limitations in the current injury reporting system and widespread underreporting of workplace injuries, this number understates the problem. The true toll is estimated to be two to three times greater—or 7.0 million to 10.5 million injuries and illnesses a year. In 2018, state and local public sector employers reported an injury rate of 4.8 per 100 workers, significantly higher than the reported rate of 2.8 per 100 among private-sector workers.[5]

The cost of these injuries and illnesses is enormous—estimated at $250 billion to $330 billion a year.[6,7]

During its eight years in office, the Obama administration had a strong track record on worker safety and health, appointing dedicated pro-worker advocates to lead the job safety agencies who returned these programs to their core mission of protecting workers. The Obama administration increased the job safety budget, stepped up enforcement and strengthened workers' rights. They

[4] Bureau of Labor Statistics, Employment Projections—2019–29, news release, Sept. 1, 2020, available at www.bls.gov/news.release/pdf/ecopro.pdf.
[5] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2018.
[6] Liberty Mutual Research Institute for Safety, news release, April 16, 2002.
[7] Leigh, J.P., (2011), "Economic Burden of Occupational Injury and Illness in the United States," The Milbank Quarterly, Vol. 89, No. 4.

issued landmark regulations to protect workers from deadly silica dust and coal dust, along with long-overdue rules on other serious safety and health hazards, including beryllium and confined space entry in the construction industry.

With the election of President Trump, the political landscape and direction of the job safety agencies shifted dramatically. President Trump ran on a pro-business, deregulatory agenda, promising to cut regulations by 70%. Since taking office in January 2017, the Trump administration has moved aggressively on its deregulatory agenda. Through executive orders, legislative action, and delays and rollbacks in regulations, the Trump administration has sought to repeal or weaken many Obama administration rules. For the first two years of the administration, with Republicans in control of Congress, there was little oversight and only a limited ability to block these regulatory attacks and rollbacks. As a result, important safety and health protections have been repealed or weakened. There has been little action to address serious hazards like workplace violence, and no accountability or leadership of important agency work such as the infectious disease rulemaking that began in 2009.

For the first two years of the Trump administration, job safety and health enforcement at both the Occupational Safety and Health Administration and the Mine Safety and Health Administration (MSHA) largely had been maintained, but in the fall of 2019, OSHA began reducing inspections involving significant cases and complex hazards, and in the COVID-19 pandemic, has largely been completely absent from workplaces where they have the authority and responsibility to enforce workplace safety laws. At both agencies, the number of inspectors has declined significantly; OSHA has the lowest number of job safety inspectors since the early 1970s, when the agency opened, and MSHA is consolidating coal and metal/nonmetal inspectors into one.

President Trump has proposed cuts in in key worker safety and health programs in the budgets for FY 2018, FY 2019, FY 2020 and FY 2021, seeking to cut funding for coal mine enforcement; eliminate OSHA's worker safety and health training program and the Chemical Safety Board; and slash the NIOSH job safety research budget by more than 40%. To date, Congress has rejected these proposed cuts.

President Trump nominated corporate officials to head the job safety agencies who had records of opposing enforcement and regulatory actions. David Zatezalo, a coal industry executive from Rhino Industry Partners, was nominated to head the Mine Safety and Health Administration and was confirmed by the Senate on Nov. 15, 2017. Scott Mugno, vice president of safety, sustainability and vehicle maintenance at FedEx Ground, first was nominated to head the Occupational Safety and Health Administration on Nov. 1, 2017, and then renominated on Jan. 16, 2019. Mugno withdrew his nomination in 2019 after the process stalled, and OSHA has not had an OSHA head for the entire Trump administration. Eugene Scalia, an industry lawyer with a decades long report card filled with opposition to and attacks on worker safety protections, was nominated as secretary of labor in July 2019 and confirmed in September 2019. Secretary Scalia led the industry opposition effort to OSHA's ergonomics rulemaking, which was eventually successful but was repealed by Republicans using the Congressional Review Act—the first time it was ever used. He also opposed rules that require employers to pay for personal protective equipment (PPE) and many other rules, and is known for spreading misinformation and "blame the worker" messaging.

With the election of a Democratic majority in Congress in 2018, the political environment for safety and health improved. In the 116th Congress, Democrats moved aggressively on a pro-worker agenda, introducing progressive legislation and conducting rigorous oversight of the Trump administration's policies and programs. In a divided Congress, pro-worker legislative progress stalled in the Senate, and even was blocked from consideration in committees. For the past six months, the Democratic majority has been focused on oversight of the Trump administration's response to COVID-19 and aggressive COVID-19 safety protections and economic relief.

Nearly five decades after the passage of the OSH Act, the toll of workplace injury, disease and death remains too high. There is much more work to be done.

COVID-19 PANDEMIC AND WORKER SAFETY

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has so far resulted in tens of millions of cases and hundreds of thousands of deaths, including more than 7 million cases and 200,000 fatalities in the United States. This is the first pandemic of this magnitude since the pandemic flu of 1918, which killed more than 675,000 people in the United States and an estimated 50 million worldwide.[8] Many union members have been lost from this contagious virus, along with thousands of workers across the country.[9] Swift public health and workplace safety standards could have prevented many of these deaths. In this section, we will outline the response to the pandemic thus far, how our nation has become a country with a large burden of the disease, and what must be done to protect working people.

The Rise of COVID-19 in the United States

The first outbreak of COVID-19 occurred in December 2019 in Wuhan, Hubei Province, China. Due to our global economy, international travel and little pandemic preparedness, it quickly spread across the world; the first reported case in the United States occurred in late January 2020. Community transmission of the virus soon followed, and the first major outbreak in the United States occurred in the Seattle area in late February. By March 17, all 50 states had reported a case of COVID-19, and New York City had become an epicenter of infection. Currently, seven months into the pandemic, the virus has surged through every state in waves, which is expected to continue throughout the fall and winter.

The first major workplace outbreaks affected front-line workers—health care workers, first responders and transit workers. In the Seattle area, one of the first workplaces with an outbreak was a long-term care facility, where both residents and staff were infected, and many died. As the virus continued to spread throughout the country, it was clear that any workplace with the following conditions were at especially high risk of a COVID-19 outbreak:

- Indoor environments.
- Poorly ventilated spaces.
- Crowded conditions.
- Settings with individuals known to be infected (e.g., health care).

[8] cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html.
[9] https://aflcio.org/covid-19/memoriam.

Workplace outbreak and worker infection information is limited because there is no comprehensive national surveillance system to collect case information by industry and occupation, other reporting is not mandatory and because testing is limited. The Center for Medicare and Medicaid Systems is the only federal agency with requirements for employers to report infection information. It publishes information weekly on known and suspected infections and deaths among nursing home staff and residents. The Centers for Disease Control and Prevention (CDC) publishes limited information on infections of health care personnel and correctional staff, but all data is voluntarily provided by states. In the absence of a national system, unions stepped in to gather information from members about their exposures, infections and employer response.[10]

From the little information reported, between May 24 and Sept. 6, 2020, at least 175,242 cases of COVID-19 among nursing home staff were confirmed, with 120,841 suspected to be infected, and 868 deaths. According to the CDC, there have been at least 163,193 health care personnel infected and 713 deaths as of September 24, 2020, and 27,524 cases among correctional staff and 74 deaths between March 31 and Sept. 15. The nonprofit Food and Environment Reporting Network has reported 974 outbreaks in the meatpacking, food-processing and farming industries, resulting in at least 58,016 infections and 238 deaths between April 22 and Sept. 16. Workplace outbreaks not only severely impact the workers on the jobsite, but results in infections within their families and communities.

Latino and Black workers have been disproportionately impacted by the pandemic. In a Morbidity and Mortality Weekly Report examining hotspot counties with COVID-19 cases, 96.2% of the counties had a disproportionate percentage of COVID-19 cases in one or more underrepresented racial/ethnic groups. The largest number of people affected by population size were Hispanic/Latino persons, with 3.5 million persons living in the examined hotspot counties, followed by Black persons (2 million), American Indian/Alaska Native persons (61,000), Asian persons (36,000), and Native Hawaiian/other Pacific Islander persons (31,000).[11] Workers of color are disproportionately employed in occupations where large outbreaks have occurred, including meatpacking, food processing and agriculture. Workplace outbreaks not only severely affect the workers onsite, but also place their families and communities at an increased risk.

The COVID-19 pandemic has brought to the forefront the severe weakening and corporate influence of workplace safety protections, inaction even in the midst of a pandemic—the definition of emergency, the deficiencies and capabilities of the agencies in charge of enforcing

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[10] Health Professionals and Allied Employees, American Federation of Teachers, "Exposed and At-Risk," July 2020, hpae.org/wp-content/uploads/2020/07/HPAE-COVID-19-White-Paper_PRESS.pdf; National Nurses United, NNU COVID-19 Survey Results, July 27, 2020, nationalnursesunited.org/covid-19-survey; Amalgamated Transit Union, "WE DON'T COME TO WORK TO DIE": A Survey of Transit Unions on the Frontlines of COVID-19, May 2020, atu.org/atu-pdfs/covid-19/SafeServiceSurvey.pdf?link_id=1&can_id=9ae9113d0771f5150ce4fe11c4994541&source=email-atu-endorses-bipartisan-smart-fund&email_referrer=email_803882&email_subject=64-of-transit-agencies-unprepared-for-covid-19-transit-union-survey-finds.

[11] Moore, J.T., Ricaldi, J.N., Rose, C.E., et al., "Disparities in Incidence of COVID-19 Among Underrepresented Racial/Ethnic Groups in Counties Identified as Hotspots During June 5–18, 2020 — 22 States, February–June 2020," MMWR Morb Mortal Wkly Rep 2020;69:1122–1126. DOI: http://dx.doi.org/10.15585/mmwr.mm6933e1.

and improving working conditions, and the Trump administration's total abdication of its responsibility to act to protect America's workers.

COVID-19 Regulatory Action

There has been no federal regulatory action by OSHA or MSHA despite the union petitions and legal actions filed by the AFL-CIO. In the place of federal action, states have stepped in to protect working people.

Virginia was the first state to issue an emergency temporary standard (ETS) for COVID-19 after a legal aid group representing agriculture and meatpacking workers petitioned the governor, who then issued an executive order directing the Virginia Department of Labor and Industry to present a draft standard to its Safety and Health Codes for a vote. The standard went into effect July 27, 2020, and Virginia is moving forward to create a permanent standard for COVID-19.[12] On Sept. 30, 2020, worker representatives and union workers testified to the Virginia Safety and Health Codes Board on the importance and need for the permanent standard to protect working people in their state.

At the time of drafting this report, two other states have begun processes to issue OSHA emergency temporary standards for COVID-19. Oregon OSHA plans to issue an ETS to be in effect in November 2020. It also has expressed intention to issue a permanent OSHA standard for airborne infectious diseases, recognizing the importance of a comprehensive standard for infectious diseases beyond COVID-19.[13] California began the process of a COVID-19 ETS after a safety and health coalition group petitioned the Safety and Health Codes Board on May 20, 2020.[14] Cal/OSHA must submit a draft emergency temporary standard covering all workers not already covered by their 2009 Aerosol Transmissible Disease standard (8 CCR 5199) to the board by its November meeting.

Other states have decided to protect workers through executive orders issued by their respective governors. Michigan issued a strong and comprehensive executive order that requires employers to develop COVID-19 preparedness and response plans, similar to an OSHA standard.[15] The Massachusetts governor also has issued an EO to protect workers. However, this EO is not comprehensive, and doesn't require employers to create a comprehensive plan to protect workers from COVID-19.

In early August 2020, New Mexico OSHA filed an emergency amendment to its recordkeeping rule to require employers to disclose positive COVID-19 cases among their employees to the state within four hours of being notified of the test results.[16]

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[12] See doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf.
[13] See osha.oregon.gov/rules/advisory/infectiousdisease/Pages/default.aspx.
[14] See dir.ca.gov/oshsb/petition-583.html.
[15] See michigan.gov/whitmer/0,9309,7-387-90499_90705-540600--,00.html. On Oct. 2, the Michigan Supreme Court ruled the governor did not have the authority to issue the emergency declarations.
[16] See env.nm.gov/wp-content/uploads/2020/03/Emergency-Amendment-to-11.5.1.16-final.pdf.

For more information on the history of workplace exposures to infectious disease outbreaks, see the Infectious Disease section below.

Efforts to Win National Workplace Safety Standards

The labor movement started responding very early in the pandemic and called loudly for strong, comprehensive worker protections. On March 6, 2020, the AFL-CIO and affiliated unions petitioned Secretary of Labor Eugene Scalia for an emergency temporary standard for infectious diseases to address the rapidly growing COVID-19 crisis.[17] The petition went unanswered for months.

On May 18, 2020, the AFL-CIO filed an Emergency Petition for a Writ of Mandamus to require OSHA to issue an emergency temporary standard for COVID-19 in the U.S. Court of Appeals for the District of Columbia Circuit. OSHA defended its inaction, saying it had all the necessary tools to ensure employers are maintaining workplaces safe from COVID-19. The appeals court's three-judge panel denied the AFL-CIO's writ of mandamus on June 11, 2020, in a one-paragraph decision. Subsequently, on June 18, 2020, the AFL-CIO filed a petition for rehearing *en banc,* i.e., by the full court. On July 28, 2020, this petition was denied in a one-line decision.

On March 24, 2020, the United Mine Workers of America (UMWA) petitioned Assistant Secretary for Mine Safety and Health David Zatezalo for an emergency standard. Zatezalo denied the petition, stating that miners did not experience grave danger from COVID-19.

On June 15, 2020, the UMWA and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW) filed an Emergency Petition for a Writ of Mandamus to require MSHA to issue an emergency temporary standard for COVID-19 in the U.S. Court of Appeals for the District of Columbia Circuit. The court denied the union's writ of mandamus.

Legislation was introduced early in the pandemic to require OSHA to issue an ETS, after OSHA failed to act. The standalone bills (H.R. 6559, S. 3677) were incorporated into Democratic COVID-19 relief packages, including the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act), which was passed by the House on May 15, 2020. The Senate has yet to take any action on the safety and relief bill package.

Other Federal Agency Guidance

Instead of issuing a comprehensive, enforceable standard, the federal government has relied on issuing guidelines throughout the pandemic, primarily through the Centers for Disease Control and Prevention. During the early stages of the pandemic, the CDC had used lessons learned from previous pandemics and recommended some precautionary protections, particularly for front-line workers. In the beginning stages of the pandemic, there was not overwhelming evidence that the virus spread through airborne transmission. However, due to airborne transmission of previous coronaviruses, the CDC suggested commonsense airborne precautions in high-risk workplaces,

[17] AFL-CIO petition to the U.S. Department of Labor (DOL) with 24 national and international unions, aflcio.org/statements/petition-secretary-scalia-osha-emergency-temporary-standard-infectious-disease. National Nurses United also sent a similar petition to DOL on March 5, 2020.

such as respirators for health care workers. In March, the supply of disposable N95 respirators began to dwindle. The CDC chose to downgrade the recommendations for health care workers, only recommending respirators when performing aerosol-generating procedures. The downgrade in recommendations would be only the first of many, even after knowledge about the virus and disease grew.

Throughout the pandemic, the CDC has issued more than 175 various guideline documents based on topic and industry that change frequently with no public notification.[18] However, instead of providing clear, evidence-based recommendations, the guidelines have been plagued with political interference and business demands. Even if the CDC was issuing strong, evidence-based guidelines, such guidelines strictly are voluntary and have no legal force. OSHA also has chosen to only issue guidelines. However, its guidelines have been vague and do not create requirements to ensure employers are maintaining safe workplaces.[19]

A recent example is the recognition, and subsequent removal, of airborne transmission of SARS-CoV-2. On Sept. 18, the CDC posted the acknowledgment stating, "Airborne viruses, including COVID-19, are among the most contagious and easily spread," and that it was "thought to be the main way the virus spreads."[20] However, three days later, on Sept. 21, the CDC removed its recognition of airborne transmission, stating it was posted in error. The acknowledgment of airborne transmission of this virus was long-awaited from the CDC, as the scientific evidence had mounted and infectious disease experts largely were in consensus.[21] The science is clear: SARS-CoV-2 can be spread by all three forms of transmission: contact, droplet and, primarily, small aerosol particles.

The recognition of airborne transmission is essential for protecting workers from exposure, as it requires stronger workplace protections, such as reducing the number of people in a setting; spacing people far apart; reducing the time people spend in the same spaces; ensuring adequate ventilation; reorganizing the workplace, break times and schedules; and using certified respirators that filter small aerosolized particles for workers in high-risk settings.

Other modes of transmission have simpler control measures. Cleaning measures are useful to protect against "contact," and some simple personal protective equipment, like face shields, face coverings and gowns, are useful to protect against "droplet" splashes.

Personal Protective Equipment Issues

Early in the pandemic, workers faced a severe shortage of respirators and other personal protective equipment (PPE) necessary to keep them protected from the airborne virus. This shortage not only resulted in a lack of protections, but led to dangerous employer practices to conserve and reuse disposable PPE, and threats and retaliation against workers bringing in their own PPE when employers were not providing any—as well as federal agency guidance and emergency use authorizations (EUAs) that permit these practices under certain conditions. Some

[18] See cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc.
[19] See osha.gov/Publications/OSHA3990.pdf; osha.gov/Publications/OSHA4045.pdf.
[20] See amp.cnn.com/cnn/2020/09/20/health/cdc-coronavirus-airborne-transmission/index.html.
[21] See academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa939/5867798.

of these guidelines and EUAs have been revised or revoked after union and external pressure to investigate the safety of these methods. Seven months into the pandemic, the Trump administration still refuses to use the full force of the Defense Production Act to produce respirators and other PPE and testing supplies, and allocate these supplies to the geographic areas and high-risk settings that need them the most.

COVID-19 Enforcement Activity

Federal OSHA has taken the position it has all the tools needed to ensure employers are maintaining safe working conditions during the pandemic; however, it has investigated few complaints and issued fewer citations, and only recently. OSHA has reported receiving 9,051 complaints and 1,215 referrals. Of these, it has opened investigations for only 198 of the complaints and 85 of the referrals. It also has opened 633 fatality/catastrophe investigations, where a worker has died from COVID-19. Of the complaints, more than 2,000 were from health care workers, and more than 1,000 were from retail workers.

As of Oct. 1, federal OSHA has issued citations to nine employers. The first citation was to a nursing home facility in Georgia on May 18, 2020, more than two months into the pandemic. The facility was cited $6,506 for not reporting a worker hospitalization; however, due to a change in policy on Oct. 1, OSHA withdrew this citation.[22]

There have been two general duty clause citations, each in separate meatpacking facilities. In the spring, a Smithfield pork processing facility in South Dakota with an uncontrolled outbreak resulted in at least 1,294 workers infected with SARS-CoV-2—35% of the workforce—with four deaths. On Sept. 8, OSHA issued the employer one serious violation of the general duty clause for failing to protect its employees from COVID-19, for an initial penalty of $13,494. The company has contested the citation. Another large outbreak at a JBS beef-processing facility in Colorado that resulted in seven deaths due to COVID-19 ended in a $15,615 initial penalty from one serious general duty clause violation and one recordkeeping violation. JBS has contested the citation.

The seven other employers OSHA cited with COVID-19-related citations were in the health care industry. These citations reported violations of the respiratory protection standard, personal protective equipment standard and recordkeeping standards. The current penalties range between $9,500 and $28,070; however, many of the cases still are open, and the final penalties may change. The majority of inspections that have resulted in penalties also have been in facilities with union members who have been heavily engaged in fighting for safety and health protections in the workplaces; workers are represented throughout the complaint and investigation processes.

Some states with state plan OSHA programs have taken a more aggressive enforcement approach than federal OSHA. Cal/OSHA has issued citations to at least 25 employer facilities, including a penalty of $222,075 to an Overhill Farms food-processing facility. Michigan OSHA has been using its general duty clause to enforce the governor's executive order requiring employers to keep workplaces safe from COVID-19, and has issued citations to at least 25

[22] Rolfsen, B., "OSHA Overhauls Guidance for Reporting Virus Hospitalizations," Bloomberg Law, Occupational Safety & Health Reporter, Oct. 1, 2020, news.bloomberglaw.com/safety/osha-again-revises-guidance-for-reporting-virus-hospitalizations.

employers. While it is unclear how many citations have been issued in Nevada, it has a strong enforcement directive.[23]

To date, there has been no MSHA enforcement activity related to COVID-19, although several mines have shut down temporarily due to COVID-19 outbreaks.

THE TRUMP ADMINISTRATION'S REGULATORY RECORD

Deregulation was a major plank in President Trump's platform, and since taking office in January 2017, the Trump administration has moved aggressively on its deregulatory agenda throughout its four years. Through executive orders, legislative action, and delays and rollbacks in regulations, the Trump administration has sought to repeal or weaken many Obama administration rules and fundamentally to change the government's role in protecting workers and the public through regulatory safeguards.

Soon after taking office, President Trump issued two significant executive orders to set the foundation for the administration's deregulatory agenda. Executive Order 13771, "Reducing Regulation and Controlling Regulatory Costs," issued Jan. 30, 2017, requires the elimination of two regulations for every new regulation promulgated. The order prohibits agencies from instituting new protections unless they offset the costs by removing existing protections from the books, putting workers and the public in greater danger. OMB issued guidance to the agencies on implementing the order, but it still is very unclear as to how this regulatory accounting actually has worked, other than issuing few new regulatory protections. Public Citizen, joined by the Communications Workers of America (CWA) and the Natural Resources Defense Council, filed a legal challenge to the order in the U.S. Court of Appeals for the District of Columbia Circuit, but the court has declined to rule on the matter in the absence of a concrete action applying the order and a demonstration of harm.[24]

Another executive order—EO 13777—"Enforcing the Regulatory Reform Agenda," issued Feb. 24, 2017, requires agencies to appoint a regulatory reform officer and to establish a regulatory reform task force for the purpose of identifying regulations that should be repealed, replaced or modified. Agencies had 90 days to identify regulations for rollback or modification. In August 2020, DOL finalized a rule called the "Promoting Regulatory Openness Through Good Guidance," which formalized internal processes for adding layers of review and approval for modifying, withdrawing and using guidance; making guidance available to the public; applying notice and comment normally reserved for rulemaking to issuing guidance; and for responding to petitions about guidance.

Early in the administration, President Trump worked with congressional Republicans to use the Congressional Review Act to repeal many rules issued at the end of the Obama administration. The Congressional Review Act provides Congress the opportunity to review and repeal recently

[23] See http://dir.nv.gov/uploadedFiles/dirnvgov/content/home/features/OSHA%20Enforcement%20Process%20Letter%2007-23-20.pdf.

[24] PUBLIC CITIZEN FOUNDATION v. UNITED STATES DEPARTMENT OF LABOR et al., Docket No. 1_18-cv-00117 (D.D.C. Jan .19, 2018).

issued final rules under fast track procedures that only require a simple majority vote. Previously, the CRA was used successfully only once, in 2001 at the beginning of the Bush administration, to repeal OSHA's ergonomics standard issued by the Clinton administration near the end of its second term.

In the first four months of the Trump administration, 14 final rules issued by the Obama administration were repealed under the CRA. Two of these were worker safety and health rules. H.J.Res. 37, signed on March 27, 2017, repealed a rule to implement the Obama executive order "Fair Pay and Safe Workplaces," which would have enhanced reporting and oversight of federal contractors to improve compliance with workplace safety and labor laws. H.J.Res. 83, signed on April 3, 2017, repealed OSHA's rule that clarified employers' obligation to keep accurate injury and illness records. This means OSHA only will be able to hold employers accountable for accurately reporting workplace injuries within six months of an inspection, making it impossible for OSHA to enforce long-term systemic failures of employers to record workplace injuries.

Other significant safety and health rules issued during the Obama administration that escaped repeal under the CRA were delayed or targeted for weakening. Enforcement of OSHA's landmark silica standard in the construction industry was delayed for three months until Sept. 23, 2017. Due to strong pressure from the building and construction trades unions, the administration did not move to weaken the rule and continued to defend it from legal challenges in federal court. In December 2017, the U.S. Court of Appeals for the District of Columbia Circuit issued a decision strongly upholding the rule, rejecting all of the industry arguments. The court also found merit in the unions' arguments that the medical removal provisions of the rule should be strengthened, and ordered OSHA to reconsider this issue. The OSHA silica standard is now in effect and being enforced in the construction industry and general industry.

The Trump administration also delayed and weakened OSHA's electronic injury reporting rule. This rule, as issued in May 2016, required employers in higher-risk industries to submit annual summaries of annual injury and illness information to OSHA; larger employers (those with 250 or more employees) were required to submit detailed information from the OSHA injury logs (Form 300) and from reports of individual injuries (Form 301). The rule also strengthened anti-retaliation protections for workers who report injuries. The summary injury and illness reports are similar to those OSHA has collected from employers since 1996. The more detailed injury and illness reports required in the 2016 rule would provide data on the types of injuries and their cause, similar to the data on injuries in the mining industry that has been collected by MSHA for decades.

The anti-retaliation protections of the injury reporting rule went into effect in December 2016, and after a delay, the requirements for reporting the summary injury and illness information to OSHA went into effect in December 2017. However, in July 2018 the administration proposed to revoke the provisions of the rule that required large establishments (with 250 or more employees) to report detailed injury data annually to OSHA. A final rule revoking this requirement was issued on Jan. 25, 2019.

In addition, the administration has refused to make public the summary injury information received from employers in 2017, even though courts previously have ruled that this type of

information must be released to the public under the Freedom of Information Act. OSHA has made similar information publicly available on its website for many years.

The revocation of the detailed injury reporting requirements and OSHA's refusal to release the summary injury data collected under the rule was challenged by Public Citizen. Under a settlement reached in the U.S. District Court for the District of Columbia on July 20, 2020, OSHA had until Aug. 18 to release all the work-site injury and illness reports that employers submitted on Form 300A for 2016 cases. Injury and illness reports from about 237,000 workplaces were expected to be released because of this decision.

In addition to OSHA, other agencies have moved to weaken worker safety and health protections. In September 2018, the Wage and Hour Division at DOL proposed to repeal child labor protections for 16- and 17-year-olds working in health care that restricted the operation of powered patient-lifting devices. At the U.S. Department of Agriculture, the Food Safety Inspection Service has moved to relax inspection procedures in the poultry and pork industries, and allow greatly increased line speeds that will greatly increase workers' risk for ergonomic injuries. The increase in line speeds also has contributed to the spread of SARS-CoV-2 in meatpacking facilities, as workers are side by side to maintain the line speeds.

The Trump administration also has abandoned, suspended or delayed all work on the development and issuance of new regulations on major safety and health hazards, many of which have been in process for years. In its first regulatory agenda issued in July 2017, the administration withdrew nearly a dozen rules from the agenda. New standards on combustible dust, backover injuries, noise in construction, welding, injury and illness prevention programs, styrene, bromopropane, PELs and chemical management were abandoned. The administration also put new rules on other critical safety and health hazards, including infectious diseases and process safety management, on inactive status on the long-term agenda, leaving future action undetermined and uncertain, despite being years into the rulemaking process.

New standards to address injuries and deaths on communications towers and tree care, and to update rules on emergency preparedness, remain on OSHA's regulatory agenda. A small business review was conducted on the communication tower rule in 2018, and a similar review is now in process on the draft tree care rule. No dates have been set for issuing formal proposals on either of these rules.

A standard on workplace violence prevention for the health care and social service sectors also remains on the agenda, but is moving at a snail's pace. A small business review originally slated to begin in January 2019 was delayed until December 2020. Meanwhile, workplace violence continues to be a serious and growing safety and problem that needs prompt attention and action.

The Trump administration finalized another deregulatory action in September 2020, changing the provisions in the 2017 final beryllium standard that was 19 years in the making. The 2020 final standard removed provisions related to dermal exposure, and emergencies for construction and shipyard workers.

In summary, the Trump administration is dedicated to pursuing a deregulatory agenda to roll back or repeal existing protections. Action on new standards is extremely limited and moving slowly. At the current pace, there will be no significant proposed or final new safety and health rules issued by the end of the current administration's term in January 2021. Real progress only will come as a result of congressional action or litigation to force the administration to issue much-needed rules, or when there is a change of administration.

OSHA ENFORCEMENT AND COVERAGE

Enforcement is a cornerstone of the Occupational Safety and Health Act and always has been a major part of the OSHA program. However, different administrations have placed different levels of emphasis on enforcement. In general, Democratic administrations have favored strong enforcement, supplemented by compliance assistance and voluntary programs, while Republican administrations have placed a greater emphasis on compliance assistance, backed up by enforcement. But all administrations face deficiencies and weaknesses in OSHA's statutory enforcement authority, and significant resource constraints that have greatly limited the agency's ability to meet its responsibilities.

At this time, nearly four years into the Trump administration, OSHA still does not have a confirmed assistant secretary. For the first two years of the Trump administration, OSHA enforcement did not change significantly. However, enforcement policy changes in 2019 changed the focus of OSHA inspections to be more about quantity rather than emphasizing significant inspections, and in 2020, OSHA has been totally lax in its statutory enforcement responsibilities during the COVID-19 pandemic. The number of onboard OSHA inspectors declined due to President Trump's federal hiring freeze and the failure to fill vacant positions. As a result, the overall level of enforcement activity, particularly involving more complicated and time-intensive cases, has declined.

The OSH Act excluded many workers from coverage, including workers covered by other safety and health laws, and state and local public employees in states without a state OSHA plan. Over the years, there have been efforts to expand coverage. But today millions of workers—many state and local public employees—still lack OSHA coverage and are at much greater risk of being injured on the job.

Compliance Staffing and Inspections

Since the Trump administration took office in January 2017, the number of federal OSHA compliance inspectors has declined significantly, and is now at the lowest level since the early 1970s when the agency opened. As of December 2019, federal OSHA had 746 inspectors (excluding supervisors), down from 752 in 2018, 764 in 2017, and 815 in 2016. This reduction is the result of attrition and a federal hiring freeze imposed during the first year of the Trump administration, which since has been lifted for OSHA, but the failure to fill vacant positions persists.

Currently, the state OSHA plans have 1,021 inspectors, down from 1,063 inspectors the previous year. There are currently a total of 1,767 federal and state OSHA inspectors responsible for

enforcing the safety and health law at more than 9.9 million workplaces, another severe cut from the 1,815 inspectors the previous year.[25]

In FY 2019, federal OSHA inspectors conducted 33,401 inspections and the state OSHA agencies combined conducted 42,028 inspections, a slight increase in inspections from FY 2018, particularly in the construction industry.

While under the Trump administration, the overall number of federal OSHA inspections has remained relatively constant or somewhat increased, the agency is conducting far fewer inspections involving significant cases or hazards that require more intensive, time-consuming inspections. From FY 2016 to FY 2019, the number of inspections for significant cases declined from 131 to 100 (-24%); the number of inspections for ergonomic hazards declined from 69 to 31 (-55%); the number of inspections for workplace violence declined from 49 to 35 (29%); the number of inspections for process safety management declined from 234 to 172 (-26%); and the number of inspections for combustible dust declined from 491 to 372 (-24%).

The decline in enforcement activity involving significant and complicated cases can be seen in the data from OSHA's Enforcement Weighting System (EWS), a protocol implemented under the Obama administration that gives greater weight to more time-intensive inspections than to shorter-duration routine inspections. In FY 2019, OSHA reported 42,825 enforcement units (EUs) for inspections and investigations, compared with 42,900 EUs in FY 2016. On Sept. 30, 2019, OSHA changed its EWS to the OSHA Weighting System (OWS), for enforcement data beginning FY 2020.[26] Both systems assign different weights to different types of inspections performed by OSHA compliance safety and health officers, but the OWS downgrades complex inspections with significant importance and impact. The new system masks the significant decrease in these inspections during the Trump administration.

Federal OSHA's ability to provide protection to workers has greatly diminished over the years. When the AFL-CIO issued its first "Death on the Job: The Toll of Neglect" report in 1992, federal OSHA could inspect workplaces under its jurisdiction once every 84 years, compared with once every 162 years under current staffing and inspection levels. The current level of federal and state OSHA inspectors provides one inspector for every 83,207 workers. This compares with the benchmark of one labor inspector for every 10,000 workers recommended by the International Labor Organization for industrialized countries.[27] In 20 states, the ratio of inspectors to employees is greater than one per 100,000 workers, with Arizona having the highest ratio at one inspector per 201,864 workers.

Since the passage of the OSH Act, the number of workplaces and number of workers under OSHA's jurisdiction has nearly doubled, but there are fewer numbers of OSHA staff and OSHA inspectors. In 1975, federal OSHA had a total of 2,435 staff (inspectors and all other OSHA

[25]This reflects the number of federal inspectors plus the number of inspectors "on board" reflected in the FY 2020 state plan grant applications. It does not include compliance supervisors.
[26] See https://www.osha.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf.
[27]International Labor Office, Strategies and Practice for Labor Inspection, G.B. 297/ESP/3, Geneva, November 2006. The ILO benchmark for labor inspectors is one inspector per 10,000 workers in industrial market economies.

staff) and 1,102 compliance staff (including supervisors) responsible for the safety and health of 67.8 million workers at more than 3.9 million establishments. In FY 2020, there are 1,914 federal OSHA staff responsible for the safety and health of 157.5 million workers at more than 9.9 million workplaces.

At the peak of federal OSHA staffing in 1980, there were 2,951 total staff and 1,469 federal OSHA inspectors (including supervisors). The ratio of OSHA inspectors per 1 million workers was 14.8. But now, there are only 862 federal OSHA inspectors (including supervisors), or 5.5 inspectors per 1 million workers.

Violations and Penalties

Penalties for OSHA violations have always been relatively low, due to statutory limitations and enforcement policies that prioritize the settlement of cases in order to achieve quicker abatement of hazards, rather than imposing the maximum fines.

In recent years, administrative and statutory changes have resulted in an increase in OSHA penalties. A revised penalty policy implemented during the Obama administration in 2010 resulted in a doubling of fines for serious violations. Passage of the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, which extended the coverage of the Inflation Adjustment Act to OSHA, further increased penalties for OSHA violations. Under the 2015 law, OSHA was authorized to raise maximum penalties by approximately 80%, the amount of inflation since the last time OSHA penalties were raised in 1990, and to regularly update penalties to account for future inflation.

This statutory increase in federal OSHA penalties took effect Aug. 1, 2016. The latest adjustment, effective Jan. 15, 2020, increased the maximum penalty for serious violations to $13,494, and for willful and repeat violations to $134,937.[28] State plans also are required to raise their statutory maximum penalties in order to be as effective as the federal OSHA program, but to date, not all states have complied.

In FY 2019, the average penalty for a serious violation for federal OSHA was $3,717, compared with an average penalty of $3,580 for serious violations in FY 2018. In the state OSHA plans in FY 2019, the average penalty for a serious violation remained low at $2,032; in FY 2018, it was $1,985.

The number of willful violations cited by federal OSHA in FY 2019 was 364, up from 341 in FY 2018, but still far lower than the 542 willful violations issued during FY 2016, the last full year of the Obama administration. The average penalty per willful violation was $59,373 in FY 2019 compared with $61,900 in FY 2018 and $65,229 in FY 2017. The average penalty per repeat violation was $14,109 in FY 2019, compared with $11,501 in FY 2018. In states with state-run OSHA plans, in FY 2019, there were 267 willful violations issued, with an average penalty of $50,766 per violation, and 2,424 repeat violations issued, with an average penalty of $5,312 per violation.

[28] Prior to the passage of the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, the maximum penalty for a serious violation was $7,000 and the maximum penalty for a willful or repeat violation was $70,000 per violation.

For FY 2019, federal OSHA reported that the agency brought 84 "significant" enforcement cases.[29] While OSHA reported more significant cases in FY 2019 and FY 2018 (65) than the 53 significant cases reported by OSHA for FY 2017, it is still far fewer than the 131 significant cases for FY 2016.[30]

OSHA enforcement in worker fatality cases remains too weak. According to OSHA inspection data, the average total penalty in a fatality case in FY 2019 was just $17,830 for federal and state OSHA plans combined. However, averages can distort the real picture of fatality penalties in situations in which large cases with very high penalties raise the averages substantially. Using median penalties that capture the point where half of the penalties are below and half the penalties are above the median provides a better picture of the typical penalties in cases involving worker deaths.

The median current penalty per fatality investigation conducted in FY 2019 was $9,282 for federal OSHA and the median current penalty was $4,050 for the state OSHA plans combined, according to enforcement data provided by OSHA in April 2020. This compares with the respective penalties in FY 2018: $7,761 for federal OSHA and $2,700 for the state OSHA plans. These data include enforcement cases that still are under contest, and some cases that still are open.

Enforcement Initiatives and Policies

During the first two years of the Trump administration, in the absence of a confirmed assistant secretary, there has not been a major overhaul or reorientation of OSHA's enforcement program. A number of important enforcement programs and initiatives implemented by the Obama administration, including the Severe Violator Enforcement Program, Temporary Worker Initiative and Severe Injury Reporting Program, have continued. However, key policies and practices implemented by the Obama administration to enhance worker rights and improve transparency and disclosure have been rolled back.

Soon after taking office, in April 2017, in response to calls from the business community, the Trump administration withdrew the Obama administration's policy that provided for nonunion workers to designate a walkaround representative to participate on their behalf in OSHA worksite inspections. The policy, set forth in a 2013 letter of interpretation, clarified that under OSHA regulations, a collective bargaining representative or another individual designated by the employees, if the inspector determined the individual will aid the inspection, could serve as the walkaround representative.[31] This provided for nonunion workers to designate a union or worker center as their representative for the purpose of participating in the OSHA inspection. Business groups strongly objected to and challenged this policy. In response, the Trump administration withdrew this letter of interpretation, stating it no longer represented OSHA policy.

[29] OSHA defines a significant enforcement case as one where the investigation results in a total proposed penalty of greater than or equal to $180,000, or one that involves novel enforcement issues.
[30] For the first 10 months of FY 2016, the threshold for a significant case was $100,000; it increased to $180,000 on Aug. 1, 2016, when the increase in maximum penalties took effect.
[31] Fairfax, Richard E., Deputy Assistant Secretary, Occupational Safety and Health Administration, Letter to Steve Sallman, Health and Safety Specialist, United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Feb. 21, 2013, available at osha.gov/laws-regs/standardinterpretations/2013-02-21.

The Trump administration also backtracked on Obama initiatives to use public disclosure of information to highlight serious safety and health problems. In 2010, OSHA started posting information on every fatality report it received on the home page of its website, to educate and inform the public about the high toll of work-related deaths and the need to prevent them. The information included the name of the worker, the circumstances surrounding the death and the employer. In August 2017, the Trump administration stopped posting these reports. Now, OSHA reports only fatalities it has investigated and, citing privacy concerns, will not release the name of the deceased worker. Worker fatality information no longer is posted on the home page of OSHA's website, which instead displays initiatives OSHA is taking to cooperate with employers. Families of workers killed on the job have protested this change in policy, which diminishes attention to these workplace deaths.

The Obama administration also expanded the use of press releases on significant enforcement cases to focus public attention on employers with serious, willful or repeated violations of the law. OSHA has always issued press releases on important enforcement cases, but under the Obama administration, it was OSHA policy to issue a press release on all enforcement cases with total proposed penalties of greater than $40,000, and for local OSHA officials to engage in active outreach to the press. The business community strenuously objected to the issuance of these press releases and when the Trump administration took office, the issuance of OSHA press releases on enforcement cases was suspended. Several months later, from public pressure, the agency again issued some press releases for some major enforcement cases, but there no longer is a policy or practice to issue press releases on all significant enforcement cases.

Other Obama administration programs and policies to address high-hazard employers and industries and to respond to changes in the workforce and employment relationships have continued. These include the Severe Violator Enforcement Program, launched in 2010, to focus on and provide enhanced oversight of the most persistent and egregious violators; the Temporary Worker Initiative to help prevent injuries and illnesses among temporary workers by holding both staffing agencies and host employers jointly responsible; and the Severe Injury reporting and Investigation Program.

According to OSHA, 145 new cases were added to the log of the Severe Violator Enforcement Program in FY 2019. As of the end of FY 2019, more than 600 employers remained in the severe violator program subject to OSHA enforcement.[32]

OSHA has continued to conduct the Temporary Worker Initiative to help prevent injuries and illnesses among temporary workers who are employed by staffing agencies but work for different host employers. However, the number of inspections conducted under the TWI have declined significantly. Under OSHA's temporary worker policy, both host employers and staffing agencies may be held jointly responsible for complying with safety and health rules.

In conjunction with these special emphasis programs under the Obama administration, OSHA stepped up its enforcement efforts on ergonomic hazards. In FY 2016, there were 13 serious violations for ergonomic hazards under 5(a)(1), six of which were in the poultry industry. In addition, in FY 2016 OSHA issued 96 Hazard Alert Letters (HALs) for ergonomic hazards.

[32] OSHA Inspection Data in Response to AFL-CIO Data Request, FY 2019.

These letters are issued in cases where OSHA identifies serious ergonomic hazards, but is not able to meet the legal burden for issuing a general duty citation. Under the Trump administration, enforcement on ergonomics hazards has declined significantly. There was only one case that resulted in the issuance of 5(a)(1) general duty clause citations in FY 2019, for a $6,251 penalty. In FY 2019, there were 78 ergonomics inspections cases where OSHA issued 31 Hazard Alert Letters, but no 5(a)(1) citations.

Criminal Enforcement

Throughout OSHA's history, criminal enforcement under the Occupational Safety and Health Act has been rare. According to information provided by the Department of Labor, since the passage of the act in 1970 through April 2019, only 99 cases had been prosecuted under the act, with defendants serving a total of 112 months in jail.[33] During this time, there were approximately 410,000 workplace fatalities, according to National Safety Council and Bureau of Labor Statistics data, about 20% of which were investigated by federal OSHA.[34, 35]

By comparison, the Environmental Protection Agency reported in FY 2018 that there were 129 criminal enforcement cases initiated under federal environmental laws and 105 defendants charged, resulting in 73 years of jail time and $86.3 million in fines and restitution.[36] The aggressive use of criminal penalties for enforcement of environmental laws, and the real potential for jail time for corporate officials, serve as a powerful deterrent.

The criminal penalty provisions of the OSH Act are woefully inadequate. Criminal enforcement is limited to those cases in which a willful violation results in a worker's death or where false statements in required reporting are made. The maximum penalty is six months in jail, making these cases misdemeanors. Criminal penalties are not available in cases where workers are endangered or seriously injured, but no death occurs. This is in contrast to federal environmental laws, where criminal penalties apply in cases where there is "knowing endangerment," and the law makes such violations felonies. Due to the weak criminal penalties under the OSH Act, the Department of Justice prosecutes few cases under the statute. Instead, in some instances DOJ will prosecute OSHA cases under other federal statutes with stronger criminal provisions if those laws also have been violated.

In response to the OSH Act's severe limitations, over the years there have been a number of initiatives to expand criminal enforcement for safety and health hazards by utilizing other statutes for prosecution. These include the DOJ Worker Endangerment Initiative, launched in 2005 and expanded in 2016, that, focuses on companies that put workers in danger while violating environmental laws, and prosecutes such employers using the much tougher criminal

[33] FY 2019 data had not been received at the time of this report and FY 2020 data are not yet available.
[34] "Criminal Referrals by OSHA to DOJ or US Attorneys or Significant Aid to Local Prosecutors (Updated April 8, 2016)" and other information compiled and provided by the Office of the Solicitor of Labor. The information for the early years of the statute is incomplete and may not include all cases prosecuted.
[35] In addition to cases prosecuted under the Occupational Safety and Health Act and the U.S. federal criminal code (18 U.S.C. 1001), state and local prosecutors have prosecuted employers for deaths and injuries to workers under their state and local laws. There is no complete accounting of these cases.
[36] U.S. Environmental Protection Agency, EPA Enforcement Annual Results 2019, available at epa.maps.arcgis.com/apps/Cascade/index.html?appid=c85b89aecc7140f99ca95bc96c664091.

provisions of environmental statutes.[37, 38, 39] Under this initiative, DOJ has significantly enhanced its criminal prosecutions for worker safety and health, successfully bringing cases that have resulted in convictions and significant jail time for defendants.[40]

During the Obama administration, the Department of Labor stepped up criminal enforcement efforts, referring more cases for criminal prosecution to the DOJ and U.S. attorneys. In addition, DOL expanded assistance to local prosecutors in the investigation and prosecution of cases involving worker deaths and injuries. The Trump administration had continued this enhanced criminal enforcement activity its first two years, and former Secretary of Labor Alex Acosta committed to pursuing criminal sanctions where appropriate. In FY 2019, DOL referred four cases for criminal prosecution, compared with 11 cases in FY 2018 and 19 cases in FY 2017.[41] Secretary Scalia, who started in September 2019, does not believe in a strong enforcement approach, as evidenced by his response during this pandemic. The impact of criminal enforcement under his watch will be reflected in FY 2020 data.

While criminal enforcement of job safety violations at the federal level remains quite limited, in a number of states and localities, prosecutors are pursuing criminal charges against employers and individuals in cases involving job deaths and injuries. In Philadelphia, the district attorney successfully prosecuted the general contractor and crane operator for deaths of six individuals in the 2013 Salvation Army building collapse, winning convictions for involuntary manslaughter and jail time. In New York City, the Manhattan district attorney won a manslaughter conviction against the general contractor, Harco Construction, for the 2015 trenching death of a young undocumented immigrant construction worker. The foreman for the excavation company, Sky Materials, was convicted of criminally negligent homicide and reckless endangerment, and sentenced to one to three years in jail. In both of these cases, unions and local safety and health activists worked with prosecutors to provide assistance and to educate the community about the job safety crimes.

Voluntary Programs

Voluntary programs have always been part of OSHA's programs, but the emphasis placed on voluntary initiatives has varied under different administrations. Under the Obama administration, strong enforcement was the priority, with voluntary programs supplementing enforcement efforts. The Trump administration has placed a greater emphasis on voluntary programs, while maintaining OSHA's enforcement program.

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[37] Goldsmith, Andrew D., "Worker Endangerment Initiative," PowerPoint presentation, American Bar Association, Occupational Safety and Health Committee, Miami Beach, Florida, February 2009.
[38] Department of Justice, Office of Public Affairs News Release, "The Departments of Justice and Labor Announce Expansion of Worker Endangerment Initiative to Address Environmental and Worker Safety Violations," Dec. 17, 2015, *available at* www.justice.gov/opa/pr/departments-justice-and-labor-announce-expansion-worker-endangerment-initiative-address.
[39] Memorandum of Understanding between the U.S. Departments of Labor and Justice on Criminal Prosecutions of Worker Safety Laws, Dec. 17, 2015, *available at* www.justice.gov/enrd/file/800526/download.
[40] "Frontline: A Dangerous Business Revisited," March 2008, *available at* www.pbs.org/wgbh/pages/frontline/mcwane/penalty/initiative.html.
[41] Information on criminal referrals for FY 2018 provided to the AFL-CIO by the Office of the Solicitor of Labor.

The major voluntary programs conducted by OSHA are the Voluntary Protection Program, a program that recognizes companies with a high level of safety and health performance, and the Alliance program, under which OSHA partners with trade associations, professional groups and others to carry out safety and health initiatives targeted at particular industries or hazards. In FY 2019, OSHA formed 29 new alliances, up from 24 in FY 2018 and 17 in FY 2017. The total number of active alliances in FY 2019 was 244. To date, in FY 2020, OSHA has formed 12 new Alliances, and the total number of active alliances is 247. OSHA approved 70 new VPP sites in FY 2019, up from 59 in FY 2018 but down from 78 in FY 2017, bringing the total number of federal OSHA VPP sites at the end of FY 2019 to 1,396.[42]

Coverage

The current OSHA law still does not cover 8 million state and local government employees in 24 states and the District of Columbia, although these workers encounter the same hazards as private sector workers, and in many states have a higher rate of injury than their private sector counterparts.[43,44] Similarly, millions who work in the transportation and agriculture industries and at Department of Energy contract facilities lack full protection under the OSH Act. These workers theoretically are covered by other laws, which in practice have failed to provide equivalent protection.

In 2013, OSHA coverage was extended to flight attendants when the Federal Aviation Administration rescinded a longstanding policy and ceded jurisdiction to OSHA on a number of key safety and health issues, in response to the FAA Modernization and Reform Act of 2012 (PL 112-95). This policy action was the culmination of decades of effort by the flight attendant unions to secure OSHA protections for flight attendants. Specifically, FAA issued a new policy that extended OSHA regulations and jurisdiction on hazard communication, bloodborne pathogens, hearing conservation, recordkeeping, and access to employee exposure and medical records for cabin crews.[45]

Whistleblower Protection

One of OSHA's key responsibilities is to enforce the anti-retaliation provisions under section 11(c) of the Occupational Safety and Health Act. In addition, OSHA has the responsibility to enforce the whistleblower provisions of 21 other statutes, ranging from the Federal Rail Safety Act to the Sarbanes-Oxley finance law. Many of these statutes deal with safety and health matters, but others do not.

Under the Obama administration, the Department of Labor made the protection of a "worker's voice" a priority initiative. As part of this effort, OSHA took a number of actions to strengthen

[42] OSHA Directorate of Cooperative and State Programs.
[43] Under the OSH Act, states may operate their own OSHA programs. Twenty-one states and one territory have state OSHA programs covering both public and private sector workers. Connecticut, Illinois, Maine, New Jersey and New York have state programs covering state and local employees only.
[44] Some states provide safety and health protection to public employees under state laws that are not OSHA-approved plans. In 2014, the commonwealth of Massachusetts enacted legislation establishing legally binding safety and health protections for public employees, but this law has not been submitted for federal OSHA approval.
[45] Department of Transportation, Federal Aviation Administration, Occupational Safety and Health Standards for Cabin Crew Members, Aug. 21, 2013, available at osha.gov/faa/faa_osha.pdf.

the Whistleblower Protection Program to protect workers who raise job safety issues and exercise other rights from employer retaliation.

The Obama administration elevated the whistleblower program, creating a new separate Directorate of Whistleblower Protection Programs at OSHA. (Previously, the program had been part of OSHA's enforcement directorate.) To improve the timeliness and consistency of case handling, the agency updated and revised its investigators' manual and trained staff on policies and procedures.

The Obama administration also established a new Whistleblower Protection Advisory Committee composed of representatives from labor, management and the public, charged with overseeing and providing advice and guidance to OSHA on its whistleblower protection program. The Trump administration terminated this advisory committee, eliminating oversight on this important program.

The Obama administration created a separate budget line item for the whistleblower program and sought increased funding and staffing for the program. In its budget requests, the Trump administration proposed to reorganize the whistleblower program, eliminating the supervisory personnel for the program in the regional offices, and centralizing management and supervision for the program at OSHA headquarters in Washington, D.C. There are serious concerns that such a centralization will make it harder for whistleblower investigators in the field, who already are stretched thin, to carry out their work.

OSHA whistleblower program data for FY 2019 show that the number of cases received and completed by the agency increased from FY 2018. In FY 2019, OSHA received 3,091 cases and completed 3,091 cases. This compares with 3,007 cases received and 2,924 cases completed in FY 2018. Cases completed include cases from other fiscal years and not all cases received are completed in the same fiscal year. In FY 2019, 65% of the cases received (2,001 out of 3,091) were 11(c) complaints. Workers also filed large numbers of whistleblower cases under the Federal Rail Safety Act (263), the Surface Transportation Act (333) and the Sarbanes-Oxley Act (144).[46]

While the number of whistleblower cases filed under the Trump administration has declined, due to the cutbacks in whistleblower staff the backlog in cases has grown and continues to be a serious problem. The long amount of time to resolve cases is particularly problematic under the OSH Act and those other statutes where there is no opportunity for preliminary reinstatement for workers while the case is being resolved, nor a separate right of action for the complainant to pursue the case on his or her own. During this time, workers are in limbo, with no recourse or redress for discriminatory actions. Other whistleblower statutes provide these rights.

OSHA also has addressed the issue of injury reporting through its whistleblower program, in particular programs and policies that retaliate against workers or discourage workers from reporting injuries. In recent years, these employer programs and policies have grown in a wide range of industries. Under OSHA regulations, reporting work-related injuries is a protected

[46] Occupational Safety and Health Administration, Whistleblower Investigation Data, Report Period: Oct. 1, 2018, to Sept. 30, 2019.

activity, and employers are prohibited from retaliating against workers who report injuries. The Federal Rail Safety Act, for which OSHA enforces the whistleblower provisions, also includes specific provisions that prohibit retaliation against workers who report injuries.

To address the problems of retaliation related to injury reporting, in March 2012 OSHA issued a policy memorandum to provide guidance to the field.[47] The memo outlined the types of employer safety incentive and disincentive policies and practices that could constitute illegal retaliation under Section 11(c) and other whistleblower statutes, and the steps investigators should take in responding to complaints of employer retaliation for injury reporting. To date, the memo remains in effect.

In addition, OSHA issued an electronic injury reporting rule in May 2016 that included provisions prohibiting retaliation against workers for reporting injuries, and making such actions a regulatory violation subject to citation and penalties (29 CFR 1904.35). The anti-retaliation provisions became effective in December 2016 and remain in effect. However, in October 2018, OSHA issued an enforcement memo that limited the scope of these provisions as they apply to workplace safety incentive programs and post-incident drug testing, placing the burden on workers to demonstrate actual retaliation in individual cases, rather than creating a presumption that certain types of programs were impermissible.[48] This new policy interpretation will greatly limit the utility of the anti-retaliation provisions in prohibiting policies and practices that discourage the reporting of injuries.

Employer groups filed legal challenges to the anti-retaliation provisions of the injury reporting rule, but the litigation was held in abeyance until the Trump administration reconsidered other aspects of the injury reporting regulation. On July 20, 2020, the U.S. District Court for the District of Columbia, under a settlement agreement, ordered OSHA to release all the worksite injury and illness reports that employers submitted on Form 300A for 2016 cases by Aug. 18.

Even with improvements in the OSHA whistleblower program in recent years, problems and deficiencies remain. The biggest problems stem from deficiencies in the OSH Act itself. The anti-retaliation provisions of the law were adopted nearly 50 years ago, and are weak and outdated compared with more recently adopted statutes. The OSH Act provides only 30 days to file a discrimination complaint, compared with 180 days provided by a number of other laws. If a worker fails to file a complaint within this time, he or she simply is out of luck, even though retaliation is not always clear in that short of a time frame, and more time often is needed to provide evidence of retaliation.

The OSH Act also has extremely limited procedures for the enforcement of discrimination cases. If there is no agreement or settlement of the findings, the secretary of labor must bring cases in U.S. District Court. Most other statutes provide for an administrative proceeding. The formal

[47] Richard E. Fairfax, Deputy Assistant Secretary, Memorandum for Regional Administrators, Whistleblower Program Managers, "Employer Safety Incentive and Disincentive Policies and Practices," March 12, 2012.

[48] Kim Stille, Acting Director of Enforcement, Memorandum for Regional Administrators and State Designees, "Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 CFR 1904.35(b)(1)(iv)," Oct. 11, 2018, available at osha.gov/laws-regs/standardinterpretations/2018-10-11.

procedures of the OSH Act mean meritorious cases may be dropped simply because the solicitor of labor does not have the resources to pursue them. Moreover, unlike other statutes, such as the Mine Safety and Health Act and the Surface Transportation Assistance Act, the OSH Act does not allow a complainant the right to pursue the case on his or her own if the secretary fails to act within a designated timeframe or declines to act at all. And the OSH Act does not provide for preliminary reinstatement, as other statutes such as the Mine Safety and Health Act do, which means that workers who are retaliated against for exercising their job safety rights have no remedy while final action on their case is pending. These deficiencies in the whistleblower program only can be remedied through legislative improvements in the OSH Act.

MINE SAFETY AND HEALTH

During the eight years of the Obama administration, the state of mine safety and health in the United States saw tremendous improvements. The administration began with the April 2010 Upper Big Branch (UBB) mining disaster—the worst coal mine disaster in the United States in 40 years that killed 29 miners—and ended in 2016 with the safest year in mining history.

The UBB explosion and subsequent investigations highlighted major deficiencies in MSHA's oversight, and the poor state of safety and health and a lack of compliance not only at UBB, but also at many of the nation's mines. The Obama administration took aggressive action following the UBB explosion, criminally prosecuting both the company and individuals for violations that led to the deaths. Don Blankenship, the CEO of Massey Energy—the owner of the UBB mine—was found guilty of conspiracy to violate mine safety standards and was sentenced to and served one year in jail.[49]

Following the UBB explosion, MSHA launched a series of initiatives to strengthen enforcement programs and regulations that significantly improved safety and health conditions at the nation's mines. These included impact inspections to target mines with poor safety records, and an enforcement program to address mines with patterns of violations. New mine safety and health standards were issued, including rules on rock-dusting to prevent mine explosions, proximity detection systems on continuous mining machines in underground coal mines and pre-shift examination of mines. The most significant MSHA rule issued by the Obama administration was the coal dust rule promulgated in April 2014, which cut permissible exposure to coal dust to reduce the risk of black lung disease.

Under the Obama administration, MSHA also undertook a major initiative—Miners' Voice—to encourage miners to exercise their rights under the Mine Act, educating miners about their rights and stepping up enforcement of anti-retaliation protections.

The Trump administration has taken a less aggressive approach to oversight of safety and health at the nation's mines. President Trump appointed a mining executive as MSHA assistant secretary. David Zatezalo, formerly CEO of Rhino Resources Partners, was confirmed by the

[49]Department of Justice, U.S. Attorney's Office, Southern District of West Virginia, "Blankenship sentenced to a year in Federal prison," April 6, 2016, *available at* justice.gov/usao-sdwv/pr/blankenship-sentenced-year-federal-prison.

Senate in November 2017 on a party-line vote. Rhino Resources has a long history with MSHA, and received two pattern of violation notices from MSHA in recent years for failure to correct repeated and ongoing violations. Zatezalo has stated he is committed to strong enforcement of mine safety laws. Since the Trump administration took office, MSHA largely has maintained its enforcement programs, while expanding voluntary programs for mine employers.

At the urging of the mining industry, MSHA has moved to roll back important regulations. Immediately upon taking office, the Trump administration took action to delay and weaken MSHA's rule that required mine examinations at metal and nonmetal mines. This rule, issued in January 2017, extended to metal and nonmetal mines requirements already in place in coal mines that mine operators conduct mine inspections and correct identified hazards before miners begin their shift. The administration delayed the effective date of the rule until June 2, 2018, and then weakened the rule, allowing mine operators to conduct inspections after miners begin work, and eliminating the requirement that hazards identified and immediately corrected be recorded. The weakening changes, finalized on April 9, 2018, have been challenged by the mining unions, and a decision from the court is expected in the coming months.

The Trump administration has suspended work on new MSHA rules on silica and proximity detection systems for mobile mining equipment. Both of these rules, which have been under development for years, have been placed on the long-term regulatory agenda, with future action undetermined. Both of these hazards pose serious and growing risks to miners.

Recently, the National Institute for Occupational Safety and Health reported the largest cluster of black lung disease (coal worker pneumoconiosis) among active coal miners that had been identified in years. More than 400 cases of advanced progressive massive fibrosis (PMF) were reported from just three clinics in Appalachia from 2013 to 2017.[50] In central Appalachia (Kentucky, Virginia and West Virginia), 20.6% of long-tenured miners have CWP; the national prevalence of CWP in miners with 25 years or more of tenure now exceeds 10%.[51] The current conjecture is that exposure to silica from mining coal seams containing high concentration of quartz is a major factor in causing this increase in disabling lung disease. The MSHA silica standard still allows exposures of up to 100 ug/m3. The standard was set to be lowered following the issuance of the new OSHA silica rule, which reduced permissible exposures to 50 ug/m3 for industries under OSHA's jurisdiction. However, the Trump administration is slow-walking the rulemaking for the MSHA silica standard, opting to issue only a request for information on silica in 2019 when the agency had plenty of information to issue a proposal or direct final rule, and has refused to take action even in the face of the alarming increase in PMF.

Injuries and deaths from machinery and power haulage equipment that would be addressed by a standard on proximity detection also continue to be a serious problem. In the proposed standard on proximity detection for mobile mining equipment issued by MSHA in September 2015, the agency reported that from 1984 to 2014, there were 42 preventable fatalities and 179 injuries in

[50] Blackley, D.J., Reynolds, L.E., Short, C., et al., "Progressive Massive Fibrosis in Coal Miners From 3 Clinics in Virginia," Journal of the American Medical Association, 2018;319(5):500–501.
[51] Blackley, D.J., Halldin, C.N., Laney, A.S., "Continued Increase in Prevalence of Coal Workers' Pneumoconiosis in the United States, 1970–2017," American Journal of Public Health 108, No. 9 (Sept. 1, 2018): pp. 1220–1222. DOI: 10.2105/AJPH.2018.304517.

coal hauling caused by machines and scoops (80 FR 53073). Data from MSHA for 2019 reports four fatalities in power haulage operations in coal mining, demonstrating that this remains a serious problem, and that a new proximity detection standard is needed.[52]

The Trump administration initiated an examination of MSHA's 2014 coal dust rule to evaluate the effectiveness of the rule. Initially, this review was to include an assessment of whether the rule should be modified to be less burdensome on industry. But due to strong objections to any action to roll back the rule, the review and request for public comments is focused on the effectiveness of the rule in preventing adverse health effects and the most effective control measures for reducing exposures.[53]

Monitoring data reported by MSHA and coal operators shows that since the coal dust standard was issued, coal dust levels have declined significantly, and that in each of the last three years (2016–2018), 99% of all samples were in compliance with the new standard.[54]

Thus far, the Trump administration largely has maintained MSHA's enforcement programs and policies, but there has been a decline in some enforcement activities. Preliminary data from MSHA shows that in 2018, overall enforcement for coal mines was similar to enforcement activities in CY 2017, and that compared with CY 2016, the number of citations and orders issued and penalties assessed has increased. In 2019, there were 43,635 coal mine citations, with $26.9 million in penalties assessed, a 15% decrease in penalties from 2018. 7. There were 55,751 number of citations in metal and nonmetal mining in 2019, and the amount of penalties assessed declined from $26.1 million in 2016 to $26.3 million in 2019.[55]

In 2019, the number of impact inspections for high-hazard mines, while an increase from a low in 2018, was still a significant decrease from 2016 in both coal mines (52 inspections in 2019 compared with 32 in 2018 and 128 in 2016) and metal and nonmetal mines (46 inspections in 2019 compared with 37 inspections in 2018 and 61 in 2016). In 2019, there were no mines placed on the potential pattern of violations list, as was the case from 2016 to 2018. Since the POV program was initiated in 2010, the number of mines on the POV list has declined significantly—from 51 placed on the list in 2010, demonstrating that this program has been effective in reducing repeated serious violations by mining operators.

For FY 2021, the Trump administration has proposed a budget that would provide $257 million for mine enforcement. In FY 2020, the budget reorganized MSHA enforcement to combine the coal mine enforcement and metal and nonmetal enforcement into one program. This compares with $254.5 million in total funding for coal mine and metal and nonmetal enforcement

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[52] Mine Safety and Health Administration. Mine Injury and Worktime, Quarterly January–December 2019, *available at* https://arlweb.msha.gov/Stats/Part50/WQ/2019/MIWQ-2019.pdf.
[53] Mine Safety and Health Administration 30 CFR Parts 70, 71, 72, 75 and 90. Retrospective Study of Respirable Coal Mine Dust Rule, Request for Information. 83 Fed. Reg. 31710, July 9, 2018.
[54] Zatezalo, David G., Assistant Secretary of Labor, Mine Safety and Health Administration. MSHA: 2018 in Review and a Look Ahead, PowerPoint presentation, SME Annual Conference & Expo Coal and Energy Luncheon, Denver, Feb. 26, 2019, *available at* msha.gov/sites/default/files/events/SME%20presentation%202-26-19.pdf.
[55] Mine Safety and Health Administration, Mine Safety at a Glance. April 1, 2019.

programs in FY 2019. MSHA has justified this reorganization in order to use resources more efficiently and to direct more resources to metal and nonmetal mining, which is growing, while coal mine activity continues to decline. Consolidation has reduced the expertise in and effectiveness of the current mine safety enforcement programs.

In 2019, there was also a change in MSHA's enforcement activity for miners' discrimination complaints. In 2019, MSHA filed 27 discrimination complaints on behalf of miners, similar to 26 complaints in 2018, yet there was a significant decline in sought reinstatement cases: eight miners, down from 16 reinstatements in 2018. It is not clear why the number of reinstatements declined.

There is concern that the Trump administration is limiting miners' rights under the Mine Act. In July 2017, the administration launched a training assistance initiative in response to an increase in coal mine fatalities and injuries among less experienced miners. Under this initiative, MSHA inspectors visit mines to provide training and assistance to less-experienced miners. For a period of time, MSHA inspectors were instructed to leave their credentials at the office, leaving them with no authority to enforce mine safety violations that are identified. Moreover, during these visits, miners' representatives were not permitted to walk around with the MSHA inspector as is provided under section 103(f) of the Mine Act. While fortunately this practice stopped, the authority, knowledge and experience of these trained representatives was ignored.

The last year of the Obama administration was the safest on record for the mining industry, with record low fatalities and injuries reported. In the first year of the Trump administration (2017), overall mining fatalities increased from 25 to 28 deaths. Coal mine fatalities jumped from eight to 15 deaths, while metal and nonmetal fatalities declined from 17 to 13 deaths. Data from MSHA for 2019 reports 27 overall fatalities in mining, with the same number of coal mine deaths and metal and nonmetal deaths as 2018. The lack of improvement in fatality numbers should serve as a warning that strong safety and health protections for miners must be maintained and improved. Any rollbacks or weakening of protections will put miners in danger and lead to more unnecessary deaths and injuries.

KEY ISSUES IN SAFETY AND HEALTH: STATUS AND PROGRESS

There are a large number of safety and health hazards and issues in need of attention. But there are several issues that pose broad and growing threats to workers that warrant special focus and action.

Infectious Disease

Infectious diseases are known occupational hazards that have clear control measures to prevent exposures. There are many types of infectious diseases; each one can spread through a combination of transmission routes, but infectious disease exposures can be prevented and controlled following similar methods to controlling other workplaces hazards. Since OSHA's inception, the agency has had a myriad of experiences involving workplace infectious disease

exposures, including tuberculosis, West Nile virus, Lyme disease, zoonotic influenza, Ebola and other coronaviruses, SARS-CoV-1 (SARS) and MERS-CoV (MERS). The experience of past infectious disease outbreaks informs the response to the COVID-19 pandemic.

H1N1 Influenza Pandemic

The 2009 H1N1 influenza pandemic provided another clear warning the United States was unprepared for a serious infectious disease outbreak. Despite years of planning, many health care facilities were not prepared for the pandemic flu outbreak. Many health care employers had not trained workers about potential risks and appropriate protective measures prior to the outbreak, and failed to do so after the pandemic emerged. In many facilities, there were inadequate supplies of respirators and other protective equipment, and the proper equipment was not provided. Infection control procedures failed to separate infected patients from those who were not infected, particularly during the earlier stages of the outbreak. In the wake of the pandemic, billions of federal dollars were spent to improve preparedness, particularly for health care facilities. Unfortunately, the subsequent experience with the Ebola outbreak indicates those efforts were not sufficient or lasting.

Ebola

The 2014–2015 Ebola epidemic in West Africa was a grim reminder that infectious diseases pose a significant threat to the public and workers, and these outbreaks quickly can become global threats. This Ebola outbreak, believed to have begun with the infection of a small boy in Guinea in December 2013, was the largest recorded. Since this epidemic, other outbreaks have occurred in the Democratic Republic of Congo.[56]

Health care workers caring for Ebola victims at the center of the epidemic and in other countries were also affected. In the United States, two health care workers at Texas Presbyterian Hospital in Dallas—Nina Pham and Amber Vinson—were infected in September 2014 after caring for an Ebola-infected patient from Liberia who came to the hospital for emergency treatment. Those health care workers were treated at specialized Ebola treatment centers and survived. The Ebola-infected patient—Thomas Eric Duncan—died.

The investigation of the outbreak at Texas Presbyterian revealed the hospital was totally unprepared to care for patients infected with Ebola or other serious infectious diseases. There were no protocols in place; health care workers were not provided adequate protective equipment; and workers had not been trained. Following the outbreak in Texas, it became clear that the vast majority of health care facilities were unprepared to receive and care for patients with serious infectious diseases.

Subsequent to the Texas outbreak, the Centers for Disease Control and Prevention strengthened its recommended infection control measures for caring for Ebola patients and issued guidance on protecting other workers who could be exposed to the Ebola virus in the course of their work (e.g., emergency medical technicians, waste workers and airline workers). But CDC guidelines are only voluntary, have no legal force and can be changed at any time.

[56] See www.who.int/health-topics/ebola/#tab=tab_1.

OSHA Rulemaking Efforts

The experience with two major infectious disease outbreaks in the last decade underscored the need for mandatory measures to protect health care workers and other workers at high risk from exposures to infectious diseases. OSHA has some standards to help protect workers from infectious disease exposures, including rules on bloodborne pathogens, personal protective equipment and respiratory protection. But there is no broad-based infectious disease standard to protect workers from airborne or contact-transmissible diseases such as tuberculosis, influenza or coronaviruses.[57] Previous efforts by OSHA to strengthen protections for health care workers, including a standard on tuberculosis, never reached fruition.

Following the H1N1 pandemic, OSHA began work on an infectious disease standard. In May 2010, OSHA issued a request for information to seek input from the public on the rule. The draft proposed rule was reviewed by a small business panel, which issued a report to OSHA in January 2015, as required by the Small Business Regulatory Enforcement Fairness Act. OSHA continued preparing the proposed rule and the required analysis for publication until the standard was demoted on the regulatory agenda to a long-term action item by the Trump administration in 2017. The completion of this standard could have ensured employers were prepared for the current coronavirus pandemic, and can be the framework to an emergency temporary standard for COVID-19.

Chemical Exposure Limits and Standards

Occupational exposure to toxic substances poses a significant and unreasonable risk to millions of workers and is a major cause of acute and chronic disease in the United States. Occupational diseases caused by chemical exposures are responsible for more than 50,000 deaths and 190,000 illnesses each year, including cancers and other lung, kidney, skin, heart, stomach, brain, nerve and reproductive diseases.[58,59] Many of these diseases are chronic, serious and disabling for millions of workers, and impair their professional and personal lives; this problem largely goes underreported, and its effects are understated. The costs of fatal and nonfatal occupational illnesses from chemical exposures create an enormous burden on the U.S. public health system.[60]

Workers face particular risks from chemical exposures. They make chemicals or are otherwise exposed early in the chemical life cycle, often at the highest exposures, for long durations, when little to no hazard information is known; are a conduit for bringing chemicals home to their

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[57] In May 2009, the California Occupational Safety and Health Standards Board adopted a Cal/OSHA standard on airborne transmissible diseases. The standard covers all airborne transmissible infectious diseases. It requires covered health care employers to develop infection control plans, to utilize engineering controls and appropriate personal protective equipment, to provide training for workers, and to develop and implement isolation plans for identified or suspected cases.

[58] Wilson, M.P., Chia, D.A., and Ehlers, B.C., "Green Chemistry in California: A Framework for Leadership in Chemicals Policy and Innovation," California Policy Research Center, University of California, 2006.

[59] Takala, J., Hämäläinen, P., Saarela, K.L., Yun, L. Yoke, Manickam, K., Jin, T. Wee, Heng, P., Tjong, C., Kheng, L. Guan, Lim, S. and Lin G. Siok, (2014), "Global Estimates of the Burden of Injury and Illness at Work in 2012," Journal of Occupational and Environmental Hygiene, 11:5, 326 –337, DOI: 10.1080/15459624.2013.863131.

[60] Leigh, J.P., "Economic Burden of Occupational Injury and Illness in the United States," The Milbank Quarterly, Vol. 89, No. 4, 2011.

families via clothing, equipment, skin and hair; and dispose of chemicals and sort through chemical-containing waste. It is not inevitable that workers develop diseases because of their work with chemicals. Where proper controls are installed or safer alternatives are used, exposures can be controlled and diseases prevented.

OSHA has issued standards on some major chemical hazards, including benzene, asbestos and lead, that have significantly reduced exposures and disease. But relatively few chemical standards have been issued, most were issued during OSHA's first decade, and most chemical hazards are unregulated.

A bipartisan law passed in 2016 created a key opportunity through EPA to improve the federal process for assessing chemical toxicity and strengthening worker protections from chemical exposure. However, the Trump administration and the chemical corporations have derailed EPA's efforts to fulfill its legislative mandate, and protect workers and the public from dangerous chemical exposures.

History: OSHA and Chemicals

One of the Occupational Safety and Health Administration's primary responsibilities is to set standards to protect workers from toxic substances. Since Congress enacted the Occupational Safety and Health Act in 1970, OSHA has issued comprehensive health standards for only 18 individual chemicals and one separate rule for 14 carcinogens. OSHA issued most of its chemical standards in its first two decades, and only after the chemical had been making workers sick for a long time. The most recent were silica in 2016 and beryllium at the beginning of 2017. Today there are approximately 84,000 chemicals in commerce, most of them unregulated.[61]

The OSHA permissible exposure limits in place under 29 CFR 1910.1000 that govern exposure for approximately 400 toxic substances were adopted in 1971 and codified the American Conference of Government Industrial Hygienists' Threshold Limit Values from 1968.[62] Most of these limits were set by ACGIH in the 1940s and 1950s, based upon the scientific evidence then available. Many chemicals now recognized as hazardous were not covered by the 1968 limits, and many of the others with PELs are woefully outdated. In 1989, OSHA attempted to update these limits, but the revised rule was overturned by the courts because the agency failed to make the risk and feasibility determinations as required by the OSH Act.

Several years ago, the American Industrial Hygiene Association, major industry groups and labor attempted to reach agreement on a new approach to update permissible exposure limits through a shorter process that would allow quick adoption of new limits that were agreed upon by consensus. Unfortunately, those efforts stalled when small business groups objected to an expedited process that would apply to a large number of chemicals, and the Bush administration refused to take a leadership role in developing and advancing an improved process for setting updated exposure limits.

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[61] Roundtable on Environmental Health Sciences, Research, and Medicine, Board on Population Health and Public Health Practice, Institute of Medicine, Washington, D.C., Oct. 2, 2014, *available at* nap.edu/catalog/18710/identifying-and-reducing-environmental-health-risks-of-chemicals-in-our-society.
[62] OSHA, Annotated PELs, *available at* osha.gov/dsg/annotated-pels/.

In October 2013, OSHA made an annotated comparison list of the legal and recommended exposure limits for chemical substances as a tool to assist in the assessment and control of exposures. The agency tables compare OSHA PELs for general industry, the California Division of Occupational Safety and Health PELs, National Institute for Occupational Safety and Health-recommended exposure limits and American Conference of Governmental Industrial Hygienist threshold limit values.[63] At the same time, the agency unveiled a web-based toolkit to assist employers and workers to identify safer chemicals that can be used in place of more hazardous ones. However, this is only guidance information, and since it was posted, there have been no signals for increased action on enforcement in this area. In October 2014, OSHA issued a Request for Information requesting comments on approaches to improving the management of chemical exposures and updating permissible exposure limits. The agency's intent of this RFI was never clear, and OSHA's work remains stalled on chemicals.

In the Trump administration's first unified regulatory agenda—issued on Dec. 14, 2017—the Trump administration removed all chemical regulatory activity for OSHA in the near future, including the development of standards on styrene and 1-bromopropane, and updates in PELs.[64] In the past four years, OSHA's chemical regulatory activity consisted of eliminating provisions from the beryllium standard for construction and shipyard workers that involved dermal and emergency exposures, and a Request for Information on expanding Table 1 of the silica standard for the construction industry. [65,66]

OSHA's system for addressing toxic substances is broken. Its standard-setting process has become unduly burdensome and lengthy, and the agency is not under strict timelines to establish protections from chemicals. The result of all of this is that OSHA does not regulate many serious chemical hazards at all, or some chemicals are subject to weak and out-of-date requirements, and people remain unprotected from chemical hazards at work.

Even where OSHA has regulated chemicals, OSHA protections alone are not sufficient to protect workers from dangerous chemicals. Many workers in the United States are not covered by the OSH Act. Currently, 8 million public sector workers, including many firefighters and teachers; 15 million self-employed workers; 350,000 workers in the mining industry; and many agricultural workers on small farms are not afforded safety and health protections under the OSH Act. Even where OSHA has coverage, OSHA is staffed with so few resources that it would take federal OSHA inspectors 162 years to visit every workplace in the country once. Unions have some ability to bring in OSHA to help investigate a chemical issue at work, but access to OSHA for unorganized workers, especially as it relates to chemical exposures, is much more difficult—and OSHA has not had a lot of success bringing forward enforcement cases on any unregulated chemical exposure in a union or nonunion setting.

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[63] See osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=24990.
[64] Current Regulatory Plan and the Unified Agenda of Regulatory and Deregulatory Actions, *available at* reginfo.gov/public/do/eAgendaMain.
[65] 85 Fed. Reg. 53910. See federalregister.gov/documents/2020/08/31/2020-18017/occupational-exposure-to-beryllium-and-beryllium-compounds-in-construction-and-shipyard-sectors.
[66] 84 Fed. Reg. 41667. See govinfo.gov/content/pkg/FR-2019-08-15/pdf/2019-17450.pdf.

Some states, including California and Washington, have done a better job updating exposure limits, and as a result, workers in those states have much better protection against exposure to toxic substances. California recently resumed activity on chemicals through its Health Effects Advisory Committee, prioritizing chemicals for which to establish PELs.[67]

EPA: Opportunity for Progress

The Toxic Substance Control Act passed by Congress in 1976 aimed to protect the public from dangerous chemical exposures and prevent disease by giving the Environmental Protection Agency authority to regulate chemicals throughout the environment and chemicals being newly manufactured. Lawmakers intended the original law to be a gap-filling statute, giving EPA co-existing and compatible authority with other agencies over chemical exposures. But court decisions thwarted EPA's efforts to regulate even the most dangerous chemicals, including asbestos, and left TSCA toothless and ineffective in protecting people from exposure to chemicals.

In 2016, Congress passed the Frank R. Lautenberg Chemical Safety for the 21st Century Act (LSCA), a bipartisan effort to update and address the deficiencies of the original TSCA. This update assigned EPA a specific mandate to include workers as a potentially vulnerable subpopulation at particular risk to disease from chemicals, and gave authority to EPA to eliminate or reduce that risk, through regulation or bans, for chemicals that have been in use for decades and for chemicals new to the market. Further, the revised act gives EPA authority to prioritize and evaluate chemicals that pose a danger to human health or the environment where: 1) other agencies cannot or will not adequately regulate a substance, or 2) the substance is already regulated, albeit ineffectively, by another agency, such as OSHA. Importantly, EPA must prioritize and assess unregulated or inadequately regulated chemicals on a strict timeline in order to protect people and prevent disease.

Soon after the law was passed, EPA was required to identify 10 priority chemicals to expedite through the risk evaluation and risk management processes since the agency already had done extensive work on these chemicals throughout the years. In December 2017, EPA identified these as:

- 1,4-Dioxane
- 1-Bromopropane
- Asbestos
- Carbon Tetrachloride
- Cyclic Aliphatic Bromide Cluster (Hexabromocyclododecane or HBCD)
- Methylene Chloride[1]
- N-Methylpyrrolidone (NMP)
- Pigment Violet 29 (Anthra[2,1,9-def:6,5,10-d'e'f]diisoquinoline-1,3,8,10(2H,9H)-tetrone)
- Tetrachloroethylene (PERC)
- Trichloroethylene (TCE)

[67] See dir.ca.gov/dosh/DoshReg/5155Meetings.html.

As the priority chemicals move through the evaluation and regulation process, EPA must continue rounds of 20 high-priority and 20 low-priority chemicals—once finalized, the high-priority chemicals will be further assessed through risk evaluation and risk management under TSCA. EPA must consult with other agencies throughout the process regarding relevant exposures, controls and regulatory action.

Before LSCA, EPA helped prevent chemical exposures in workplaces by requiring worker protections for new chemicals or new uses, including engineering and work practice controls such as ventilation requirements and changing processes, and some exposure limits. Under LSCA, EPA has authority that OSHA does not have, such as the ability to regulate, enforce or compel data from manufacturers; ban a chemical; and require substitution with a safer chemical or process.

TSCA Under the Trump Administration

Seven months after Congress passed LSCA, the Trump administration took office. While the Obama administration's EPA had been adhering to strict deadlines outlined in the law, the Trump administration has delayed issuing chemical assessments, weakened the protections proposed by the previous administration and narrowed the scope of uses that the agency will assess. The law specifically requires EPA to examine all uses of a chemical in its lifecycle and to make decisions based on health reasons only—not cost or impact on business—and to do so under strict timelines.

Since the Trump administration took office, EPA has weakened the two major framework rules on the methods for prioritizing and assessing chemicals, compared with the proposals issued under the Obama administration. These framework rules have will set the stage for all future implementation of the new chemical law. The agency issued risk assessments for its released scoping documents for its 10 priority chemicals that totally ignored major occupational uses and scenarios and shifted its responsibility to OSHA, despite EPA's responsibility under the law to address worker exposures throughout a chemical lifecycle.

For example, in its scoping document for asbestos, EPA removed legacy uses of asbestos from its regulatory scope, even though these uses are the major cause of occupational and public asbestos exposure in the United States today—they may be legacy uses, but are not legacy exposures. In November 2019, the 9th U.S. Circuit Court of Appeal's decision in *Safer Chemicals Healthy Families v. EPA* disagreed with the EPA's approach and ruled that the exclusion of legacy and disposal uses by the EPA was unlawful.[68]

The agency has made slow progress on regulating the 10 priority chemicals listed above, and limited the assessments to artificially minimize the risk for workers and the public. To date, the agency only has released a draft risk evaluation for one of these chemicals—Pigment Violet 29. Additionally, EPA recently issued a ban on consumer uses of methylene chloride, but not industrial uses. The agency is behind on deadlines for releasing the draft risk evaluations for the

[68] *Safer Chemicals, Healthy Families v U.S. EPA,* No. 17-72260 (9th Cir. Nov. 14, 2019).

remaining 10 priority chemicals. To date, it only has released three of the final risk evaluations: 1-bromopropane, methylene chloride and HBCD.[69]

The amended law gave EPA more authority to put in place more protections on new chemicals coming onto the market. Under the Trump administration, EPA so far has emphasized voluntary approaches by employers rather than using its enforcement authority to require employers to implement engineering controls as chemicals move through the supply and use chain. Specifically, EPA now allows employers to rely on warning statements in Safety Data Sheets that instruct workers to wear personal protective equipment, rather than issue enforceable orders to the company that require the use of more effective controls. Recently, EPA allowed a new chemical onto the market with risk of more than 25,000 times their acceptable risk level for workers, based solely on the warning statements about PPE in the Safety Data Sheets.[70] An effort by a coalition of chemical companies, called the New Chemicals Coalition, attempted to push EPA's longstanding authority on establishing workplace protections for new chemicals and new uses of chemicals onto OSHA, an agency with no ability to regulate chemicals not introduced yet to the market. EPA's claim that existing general OSHA standards will protect workers misses the mark.

Since 2011, OSHA only has issued 276 general duty clause citations for airborne exposures of (existing, not new) chemicals—there is no OSHA PEL for 2019 of these, and for the remaining seven there is only a PEL with no requirements for exposure monitoring or medical surveillance. In the rare case that general duty clause citations have been issued, four major conditions have been true:

- The cases involved clinical health effects experienced by workers at the cited facility, consistent with "serious physical harm."
- The majority of cases were symptoms with acute onset (minutes to hours) following inhalation that were anticipated to worsen with continued harmful exposure.
- The cases involved occupational exposures to a relatively well-studied chemical/chemical class at very high levels consistent with "recognized hazard."
- Violations were issued because evidence documented workers at the facility were physically harmed by a hazardous exposure to the chemical inhaled during workplace operations, and not because airborne exposure exceeded an occupational exposure limit.

OSHA does not have the ability to adequately regulate chemical exposures in the workplace, and virtually has no ability to regulate new chemicals—a major reason Congress gave EPA the authority and responsibility to do so under LSCA.

President Trump has filled high positions within the agencies with people closely tied to the chemical industry—at least one of whom actively worked for the chemical industry to derail LSCA implementation (Nancy Beck). President Trump also nominated a toxicologist (Michael Dourson) with a lifetime career paid by the chemical industry to push for higher chemical exposure levels than deemed acceptable by state and federal public health agencies. With

[69] See epa.gov/assessing-and-managing-chemicals-under-tsca/chemicals-undergoing-risk-evaluation-under-tsca.
[70] See blogs.edf.org/health/2020/08/27/under-the-trump-epa-no-risk-to-workers-is-too-high-to-impede-a-new-chemicals-unfettered-entry-into-the-market/.

pressure from environmental, labor and public health groups, Dourson was not confirmed. Subsequently, President Trump nominated Alexandra Dunn, an environmental lawyer and professor with experience at the state and local level to head the EPA toxic chemical program. Dunn, who was confirmed by the Senate in January 2019, has promised to fully and faithfully implement the toxic chemical reform law, but almost a year into her term to date, the regulations and policies issued under her leadership have continued to fail the intention of the law failed to do so.

The passage of the LSCA is a key opportunity to protect workers and the public from acute and chronic chemical exposures. Despite political setbacks and a current administration closely tied with the chemical industry, unions, public health professionals and other advocates are working to hold EPA to its legislative mandate and to enhance coordination between EPA and OSHA for effective chemical regulation. Unions have joined several lawsuits arguing that EPA has not adhered to its legislative mandate to assess and regulate toxic chemicals to protect workers as a vulnerable subpopulation. Working people deserve to be protected from dangerous chemicals and the enormous public health burden of work-related disease.

WORKPLACE INJURIES AND ILLNESSES ARE UNDERREPORTED AND COSTLY

Reported Cases Understate Problem

Over the past decade, there has been significant research documenting that the BLS Survey of Occupational Injuries and Illnesses fails to capture a large proportion of work-related injuries and illnesses—one-third to two-thirds of work-related injuries and illnesses are missed by the survey. Studies comparing injuries captured by the BLS survey with injuries reported to workers' compensation or other injury reporting systems have found that the BLS survey missed 33% to 69% of work-related injuries.[71, 72, 73, 74] A 2018 study of injury reporting in the mining industry found a similar result. Two-thirds of the injuries among miners in Illinois that were reported to workers' compensation were not reported to MSHA by mine operators as required by the law.[75] A study that compared state fatality rates in the construction industry with rates of injuries that result in lost-time or job restriction found there was little correlation between the two, and in some cases there was a negative correlation.[76] The study observed that multiple factors impacted

[71] Boden, L.I., and Ozonoff, A., "Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses," Annals of Epidemiology, Vol. 18, No. 6 (2008).
[72] Rosenman, K.D., Kalush, A., Reilly, M.J., Gardiner, J.C., Reeves, M., and Luo, Z., "How Much Work-Related Injury and Illness is Missed by the Current National Surveillance System?," Journal of Occupational and Environmental Medicine, Vol. 48, No. 4, pp. 357–67, April 2006.
[73] Davis, L., Grattan, K., Tak, S., Bullock, L., Ozonoff, A., and Boden, L., "Use of Multiple Data Sources for Surveillance of Work-Related Amputations in Massachusetts, Comparisons with Official Estimates and Implications for National Surveillance," American Journal of Industrial Medicine, Vol. 57, No. 10, (2014).
[74] Wuellner, S., and Bonauto, D., "Injury Classification Agreement in Linked Bureau of Labor Statistics and Workers' Compensation Data," American Journal of Industrial Medicine, Vol. 57, No. 10, (2014).
[75] Almberg, K.S., Friedman, L.S., Swedler, D., and Cohen, R. A., "Mine Safety and Health Administration's Part 50 program does not fully capture chronic disease and injury in the Illinois mining industry," American Journal of Industrial Medicine, Vol. 61, pp. 436–443, (2018).
[76] Mendeloff, J., and Burns, R., "States with low non-fatal injury rates have high fatality rates and vice-versa," Am. J. Ind. Med., 56: 509–519. doi:, *available at* 10.1002/ajim.22047 (2013).

the reporting and recording of injuries, and concluded that fatality rates are a much more valid measure of risk.

Some of the undercount in the BLS survey is due to injuries excluded from the BLS survey's scope, including injuries among self-employed individuals, and the design of the survey.[77] But other factors, including employees' reluctance to report injuries due to fear of retaliation, incentive programs that penalize workers who report injuries and drug testing programs for workplace injuries suppress reporting.[78] In addition, there are disincentives for employers to report injuries, which include concern about increased workers' compensation costs for increased reports of injuries; fear of being denied government contracts due to high injury rates; concern about being targeted by OSHA for inspection if a high injury rate is reported; and the promise of monetary bonuses for low injury rates. A 2020 study by BLS investigating additional causes of underreporting indicated that keeping of injury and illness logs was not widely prevalent, and that small establishments were less likely than midsize and large establishments to keep records.[79]

BLS also has recognized the need to make changes in its program in order to collect more complete and accurate injury and illness statistics. BLS has launched a pilot of a Household Survey on Occupational Injuries and Illnesses to collect information on work-related injuries and illnesses through interviews with workers, with the results expected in 2019.[80] This household survey is intended to be a supplement to the existing employer-based injury and illness survey. A 2018 report from the National Academies of Sciences, Engineering and Medicine on occupational safety and health surveillance strongly endorsed BLS conducting this new household survey.[81] Hopefully, if the pilot is successful, Congress will provide the necessary funding to continue and expand this important work.

Cost of Occupational Injuries and Deaths

The cost of occupational injuries and deaths in the United States is staggering, estimated at $250 billion to $330 billion a year, according to two recent studies.

The 2019 Workplace Safety Index, published by Liberty Mutual Insurance, estimated the cost of the most disabling workplace injuries to employers at more than $55 billion a year—more than $1 billion per week.[82] This analysis, based on 2016 data from Liberty Mutual, BLS and the National Academy of Social Insurance, estimated direct costs to employers (medical and lost-

[77] Wiatrowski, W.J., "Examining the Completeness of Occupational Injury and Illness Data: An Update on Current Research," Monthly Labor Review, June 2014.
[78] United States Government Accountability Office, "Enhancing OSHA's Records Audit Process Could Improve the Accuracy of Worker Injury and Illness Data," GAO-10-10, October 2009, *available at* gao.gov/products/GAO-10-10.
[79] Rogers, E., "The Survey of Occupational Injuries and Illnesses Respondent Follow-Up Survey," Monthly Labor Review, U.S. Bureau of Labor Statistics, May 2020, available at doi.org/10.21916/mlr.2020.9.
[80] Bureau of Labor Statistics, Research on the Completeness of the Injury and Illness Counts from the Survey of Occupational Injuries and Illnesses, *available at* bls.gov/iif/undercount.htm.
[81] National Academies of Sciences, Engineering, and Medicine, *A Smarter National Surveillance System for Occupational Safety and Health for the 21st Century*, Washington, D.C.: The National Academies Press, 2018.
[82] 2019 Liberty Mutual Workplace Safety Index, *available at* business.libertymutualgroup.com/business-insurance/Documents/Services/DS200.pdf.

wage payments) of injuries resulting in cases involving five or more days of lost time. If indirect costs also are taken into account, the overall costs are much higher. Based on calculations used in the previous Liberty Mutual Safety Index, the data indicate that businesses pay between $165 billion and $330 billion annually in direct and indirect (overtime, training and lost productivity) costs on workers' compensation losses for the most disabling injuries (indirect costs are estimated to be two to five times direct costs).[83] It is important to note that the safety index excludes a large number of injury cases (those resulting in less than five days of lost time). In addition, Liberty Mutual bases its cost estimates on BLS injury data. Thus, all of the problems of underreporting in the BLS system apply to the Liberty Mutual cost estimates as well.

A 2011 comprehensive study examined a broad range of data sources, including data from the BLS, the Centers for Disease Control and Prevention, the National Council on Compensation Insurance and the Healthcare Cost and Utilization Project, to determine the cost of fatal and nonfatal occupational injuries and illnesses for 2007. This study estimated the medical and indirect (productivity) costs of workplace injuries and illnesses at $250 billion annually, more than the cost of cancer.[84] A follow-up analysis found that workers' compensation covered only 21% of these costs, with 13% borne by private health insurance, 11% by the federal government and 5% by state and local governments. The majority of the costs—50%—were borne by workers and their family members.[85]

A 2015 report by OSHA—"Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job"—outlined how work-related injuries have devastating impacts on workers and their families. According to the report, workers who are injured on the job suffer great economic loss. Even after receiving workers' compensation benefits, injured workers' incomes are, on average, nearly $31,000 lower over 10 years than if they had not suffered an injury.[86]

One of the major contributors to the severe loss of income is the gross deficiencies and inequities in the workers' compensation system, which continues to be governed by 50 different state laws. A 2015 multipart series by Pro Publica and National Public Radio exposed the failure of the workers' compensation system to provide fair and timely compensation for workers hurt on the job.[87] The series—"Insult to Injury: America's Vanishing Worker Protections"—was based on a yearlong investigation, which found that over the previous decade there had been a systematic effort by insurers and employers to weaken workers' compensation benefits for injured workers. Since 2003, legislators in 33 states have passed legislation reducing benefits or limiting eligibility. The benefits provided to workers vary widely across different states. For example, the maximum compensation for loss of an eye is $261,525 in Pennsylvania, but only $27,280 in

[83] Liberty Mutual Research Institute for Safety, news release, April 16, 2002.
[84] Leigh, J.P., "Economic Burden of Occupational Injury and Illness in the United States," The Milbank Quarterly, Vol. 89, No. 4, (2011).
[85] Leigh, J.P., and Marcin, J., "Workers' Compensation Benefits and Shifting Costs for Occupational Injuries and Illnesses," Journal of Occupational and Environmental Medicine, Vol. 54, No. 4, (2012).
[86] U.S. Department of Labor, Occupational Safety and Health Administration, "Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job," 2015, *available at* osha.gov/Publications/inequality_michaels_june2015.pdf.
[87] Pro Publica and National Public Radio, "Insult to Injury: America's Vanishing Worker Protections," March 2015, *available at* propublica.org/series/workers-compensation.

Alabama. In many states, employers have great control over medical decisions. Workers are not allowed to pick their own doctors, and employers can demand review by "independent medical examiners" picked by employers who can challenge medical determinations regarding the work-relatedness of the condition, the degree of disability and prescribed medical treatment. According to Pro Publica, all of these factors have contributed to the demolition of the workers' compensation system and left injured workers and their families, and society at large, bearing the costs of their injuries.

WHAT NEEDS TO BE DONE

Over time, there has been significant progress made toward improving working conditions, and protecting workers from job injuries, illnesses and deaths. The Obama administration issued important regulations on silica, coal dust and other hazards, strengthened enforcement and expanded worker rights. These initiatives made workplaces safer and saved lives.

But President Trump has not only threatened this progress, he has begun dismantling existing workplace safety protections and the structures for issuing future protections for working people. The Trump administration has carried out an all-out assault on regulations—targeting job safety rules on beryllium, mine examinations and injury reporting, and cutting agency budgets and staff—and has totally failed to lead and respond to the COVID-19 pandemic that the nation's workers need to survive.

With the Democrats in the majority in the House of Representatives, there has been greater opportunity to oppose these anti-worker attacks, hold the Trump administration accountable and push forward to win stronger worker protections, but the Republican-controlled Senate has blocked much-needed protections. The pandemic has exploited the weakened regulatory safety and health structures that have been assaulted by the Trump administration; these need to be strengthened to protect workers across the country from disease, injuries and death.

After years of starvation budgets, funding and staffing for the job safety agencies must be substantially increased to protect workers, and address ongoing and emerging safety and health problems.

OSHA needs to immediately issue an emergency standard to protect workers from COVID-19; needs to fully enforce the standard and other workplace safety laws by developing a proactive enforcement plan, fully investigating complaints, performing onsite inspections, issuing penalties that reflect the size and scope of the real problem (serious, willful, egregious) and that deter other employers; and expand workers' rights to report unsafe working conditions, refuse dangerous work and use their own PPE when not provided by the employer, as required by law. MSHA also needs to develop a proactive plan to keep mine workers safe from COVID-19 hazards. OSHA needs to revive its rulemaking efforts on a permanent infectious disease standard, and swiftly issue a proposed permanent rule.

These core workplace protections are intertwined with sound public health measures needed to ensure workplace infection cases can be identified and addressed early, including: required employer COVID-19 case and outbreak reporting within 24 hours, increased rapid and reliable

testing, and swift contact tracing. President Trump needs to use the full force of the Defense Production Act to produce and allocate adequate respiratory protection and other PPE and testing to equip our nation's workers with the protections they need to combat and mitigate the spread of this virus.

The Trump administration's revisions to OSHA's standard on electronic injury reporting must be reversed, with more of the data collected made publicly available. The new anti-retaliation protections for workers who report injuries must be fully enforced.

Workplace violence is a growing and serious threat, particularly to women workers and in the health care and social services sectors. OSHA must develop and issue a workplace violence standard and Congress should pass the Workplace Violence Prevention for Health Care and Social Service Workers Act to make sure this is done.

A combustible dust standard is needed. OSHA standards for chemical hazards are obsolete and must be updated. EPA must fully implement the new toxic chemicals reform law, taking action to address the risks to both the public and to workers.

Initiatives to address the safety and health risks posed by changes in the workforce and employment arrangements must continue. The serious safety and health problems, and increased risk of fatalities and injuries, faced by Latino and immigrant workers should be given increased attention, and efforts to protect temporary and contract workers enhanced.

At MSHA, initiatives to focus increased attention on mines with a record of repeated violations and stronger enforcement action against mines with patterns of violations must continue. The new coal dust rule must be fully maintained and enforced, and the promised rules on silica and proximity detection for mobile equipment must be issued. Congress must strengthen job safety laws to prevent tragedies like the Massey Upper Big Branch mining disaster. Improvements in the Mine Safety and Health Act are needed to give MSHA more authority to shut down dangerous mines and to enhance enforcement against repeat violators.

The Occupational Safety and Health Act now is nearly 50 years old and is out of date. Congress must pass the Protecting America's Workers Act (H.R. 1074) to extend the law's coverage to workers currently excluded, strengthen civil and criminal penalties for violations, and strengthen the rights of workers, unions and victims. Improvements to update and strengthen the Occupational Safety and Health Act's anti-retaliation provisions are particularly needed, so workers can report job hazards and injuries, and exercise safety and health rights without fear.

The nation must renew its commitment to protect workers from injury, disease and death, and make this a high priority. We must demand that employers meet their responsibilities to protect workers and hold them accountable if they put workers in danger. Only then can the promise of safe jobs for all of America's workers be fulfilled.

TRUMP ADMINISTRATION'S

WORKER SAFETY AND HEALTH RECORD

Trump Administration's Worker Safety and Health Record
Rollbacks and Repeals
Repealed OSHA rule requiring employers to keep accurate injury records (H.J.Res. 83).
Repealed Fair Pay and Safe Workplaces rule to hold federal contractors accountable for obeying safety and labor laws (H.J.Res. 37).
Issued Executive Order 13771 requiring that for every new protection, two existing safeguards must be repealed.
Issued Executive Order 13777 requiring agencies to identify regulations that are burdensome to industry that should be repealed or modified.
Revoked most of the requirements of the Environmental Protection Agency's RMP rule to prevent chemical accidents, putting workers, the public and first responders in danger, after delaying the original implementation for more than two years.
Proposed federal budgets that would slash the Department of Labor's budget; cut coal mine enforcement; eliminate worker safety and health training programs; eliminate the Chemical Safety Board; and reduce NIOSH's job safety research under CDC.
Eliminated protections against dermal and emergency exposures in OSHA's beryllium standard for shipyard and construction workers, after delaying the effective date and enforcement of the rule in all sectors. This rollback followed a previously unsuccessful attempt to eliminate all non-PEL protections for these workers while keeping them for others, which ultimately was deemed to be "inconsistent with OSHA's statutory mandate to protect workers."
Weakened key provisions of MSHA's mine examination rule for metal and nonmetal mines after delaying the rule for months.
Delaying and Abandoning Protections
Delayed enforcement of OSHA's silica standard in construction for 90 days until Sept. 23, 2017, and full enforcement until Oct. 23, 2017, allowing continued high exposures to deadly silica dust.
Revoked the requirement for large employers to report detailed injury data to OSHA, after delaying the requirement for all employers to submit summary injury data to the agency.
Abandoned work on more than a dozen new OSHA rules, including rules on styrene, combustible dust and noise in construction.
Suspended work on new OSHA standards on infectious diseases, process safety management, workplace violence to protect workers in health care and social assistance, and emergency planning to protect first responders.
Withdrew OSHA's walkaround policy that gave nonunion workers the right to have a representative participate in OSHA inspections.
Reviewing MSHA's coal dust standard to determine whether it should be modified to be less burdensome on industry.
Abandoned work on new MSHA rules for civil penalties and refuge alternatives in coal mines, and suspended work on new standards on proximity detection systems for mobile mining equipment and on the crisis silica-related lung disease among miners.
Proposed to revoke child labor protections for 16- and 17-year-olds working in health care that restricted the operation of powered patient lifting devices.
Undermined the federal risk assessment process in order to issue weaker protections for workers against chemicals, despite Congress' bipartisan mandate to treat workers as a vulnerable group that needed enhanced protections.
Refused to address worker exposures to asbestos, methylene chloride and other hazards in implementing the new toxic chemicals control law.
Refused to include exposures to "legacy" asbestos in its risk assessment, until directed by a scientific committee to do so.

Limiting Access to Information and Input and Undermining Workplace Safety Agencies
Replaced OSHA's inspection weighting system, discouraging complex and serious inspections, such as investigating chronic health exposures to chemicals, ergonomics, heat and workplace violence.
Stopped posting information on all worker fatalities reported to OSHA.
Refused to make public employer injury data reported to OSHA, even though similar data has been posted on OSHA's website for years, until a court ordered it to do so.
Proposed strict data limitations on all scientific studies used to create EPA standards under the disguise of transparency.
Disbanded OSHA's Federal Advisory Council on Occupational Safety and Health Safety and Health and Whistleblower Protection Advisory Committee.
Issued a final rule on “Promoting Regulatory Openness Through Good Guidance,” which adds internal layers of DOL review and public notice and comment for the release of non-rulemaking information and guidance.
Failed to fill head OSHA position and four of five seats on the U.S. Chemical Safety Board.

Prepared by the AFL-CIO, September 2020

Trump Administration's Worker Safety and Health Record on COVID-19
Rollbacks Before the Outbreak
Suspended work on a new OSHA standard to protect workers from infectious diseases, initiated during the Obama administration, which would have required employers to prepare for and control infectious disease exposures, like COVID-19.
Slashed the pandemic preparedness plans and infrastructure created by the Bush administration.
Fired and never replaced the epidemic monitoring and command group inside the National Security Council and Department of Homeland Security created by the Obama administration.
Failed to fill the head OSHA position for his entire presidency, leaving the agency in charge of protecting worker health and safety and enforcing rules rudderless.
Did not adequately supply the National Strategic Stockpile, leaving our nation with less than 1% of the estimated supply of respirators needed to combat a pandemic; many of the supplies in the stockpile were expired.
Refusal to Act
Refused to issue any federal emergency temporary standards for infectious diseases. This would have created a strong enforceable standard that would require employers to provide the tools needed to protect workers from COVID-19 infection.
Refused to use the full authority of the Defense Production Act to produce and allocate adequate protective equipment and medical supplies where they were needed the most, saying the states and hospitals were on their own to find supplies.
Allowed price gouging of PPE and other needed supplies by manufacturers and distributors so that states and other purchasers were competing against each other on the price of the equipment.
Took months after the disease entered the United States to put someone in charge of coronavirus testing, leaving exposed workers and sick patients without a clear diagnosis to better target prevention measures. Widespread and priority testing for front-line and other essential workers still is not available.
Waited months to appoint someone to oversee allocation and distribution of personal protective equipment (PPE) and medical supplies, allowing the for-profit market full control of desperately needed supplies in outbreak hotspots. This led to U.S.-made equipment being shipped overseas in the midst of our national crisis, and individual facilities hoarding equipment and withholding it from front-line workers. The level of production needed to keep workers safe remains totally inadequate.
Refused to implement strong case surveillance systems in real time and collect industry and occupation status for COVID-19 cases, preventing case, outbreak and exposure information from reaching health and labor authorities who could respond and coordinate for effective public health prevention to slow the spread.
Refused to acknowledge airborne transmission of the virus that causes COVID-19 disease, in addition to contact and droplet forms of transmission. Revoked brief recognition of airborne transmission from its website, ignoring scientific evidence and silencing government experts.

Weakening Protections
Weakened Centers for Disease Control and Prevention (CDC) guidance that recommended respiratory protection and other controls for health care workers performing aerosol-generating procedures and other high-risk tasks, making N95 respirators the ceiling level of protection instead of the floor.
Authorized employers to use ineffective and harmful procedures to "decontaminate" and have workers reuse PPE meant to be disposable, instead of ensuring the availability of disposable and reusable respirators and other PPE.
Issued dangerous CDC guidance recommending workers who are exposed to COVID-19 continue to work unless they have COVID-19 symptoms. This ignores firmly established science on asymptomatic and presymptomatic transmission and places corporate profits over the safety of workers and the public.
Allowed meat-processing employers to develop their own CDC safety guidelines and weaken protections recommended by federal experts, ignoring the continued outbreaks in meat-processing facilities and allowing corporate interests to directly prevent safer practices.
Allowed the business of reopening schools to roll back expert recommendations in CDC guidance, placing staff, students and families at risk as schools and universities began in-person education.
Pulled back CDC's COVID-19 testing recommendations for exposed, but asymptomatic, individuals, preventing members of the public or workers who are exposed to the virus on the job from knowing their infectious status, which helps them take isolation precautions and prevent the spread of the virus.
Limited employer recording of COVID-19 cases to health care facilities, rather than the full scope of workplaces, leaving us with an inaccurate picture of workplace exposures and outbreaks, limited accountability and little information to implement prevention measures.
Encouraged businesses to reopen before safety protections were in place and widespread testing is available, ignoring recommendations by public health professionals and working people.
Paltry Enforcement Efforts
Early into the pandemic, informed all employers they do not need to comply with provisions of any OSHA standard related to training, audits, assessments, inspections or testing.
Restricted OSHA enforcement for the first months of the pandemic to treat all complaints as informal, meaning OSHA only sent a letter or called the employer, rather than conducting onsite inspections.
Refused to enforce existing safety rules for more than a month in the beginning of the pandemic, leaving front-line health care and other essential workers to fend for themselves.
Issued only 9 federal OSHA citations seven months into the pandemic with a median of $11,567 penalties—nothing more than a slap on the wrist for employers in violation of the law, refusing to send a deterrent message to other employers, and leaving workers without an agency holding employers accountable for protecting them.

Prepared by the AFL-CIO, October 2020

Trump Administration's OSHA Regulatory Agenda, Spring 2020[1]

Regulatory Actions	Regulatory Actions	Withdrawn from Obama Administration (Spring 2017) Agenda
Tree Care Standard—Complete SBREFA 5/20	Powered Industrial Trucks—NPRM 6/20	Combustible Dust
Agency Practice Concerning OSHA Access to Employee Medical Records—Final 6/20	Workplace Violence in Health Care and Social Services - Initiate SBREFA 12/20	Bromopropane (1-BP) standard
Powered Industrial Trucks Design Standard Update—NPRM 6/20	Communications Towers—NPRM 12/20	Chemicals Management and PELs
Codifying MACOSH—Direct Final 6/20	Procedures for Handling of Retaliation Complaints Under the Whistleblower Protection Statutes—Interim Final 1/21	Backover Injuries
Walking Working Surfaces (clarity)—NPRM 6/20	Silica- Update Table 1 (Construction)—NPRM 3/21	Bloodborne Pathogens: 610 Review
Cranes and Derricks in Construction: Exemption Railroad Roadway Work—Final 6/20	Lock-Out Tag-Out Update—NPRM 4/21	Noise in Construction
Beryllium: General Industry Revisions—Final 7/20	Silica—Addressing the Lack of Medical Removal Protections—NPRM 4/21	Styrene
Beryllium: Delay and Proposed Weakening (Construction and Maritime)—Final 7/20	**Long-Term Actions**	Injury and Illness Prevention Programs
Welding in Construction- Confined Spaces—NPRM 7/20	Process Safety Management and Chemical Safety	Subpart Q (Welding) Update
Amendments to the Cranes and Derricks in Construction Standard—NPRM 7/20	Infectious Disease	Updating Requirements for Hearing Protection Devices
Mechanical Power Press Update—RFI 7/20	MSD Column	Revocation of Obsolete PELs
Update to Hazard Communication—NPRM 8/20	Shipyards Subpart E—Scaffolds, Ladders and other Working Surfaces	
Personal Protective Equipment in Construction—NPRM 8/20	Medical Surveillance Provisions for Medical Removal Protection	
Update Blood Lead Level Removal—ANPRM 9/20		
Emergency Response—Initiate SBREFA 10/20		
Drug Testing and Safety Incentive Rule—NPRM 11/20		
Procedures for Handling of Retaliation Complaints Under the Taxpayer First Act—Interim Final 11/20		

Source: Office of Information and Regulatory Affairs. Issued on June 30, 2020.

[1]The dates on the regulatory agenda are projections set by the administration and may not have occurred by this date.

Trump Administration's MSHA Regulatory Agenda, Spring 2020[1]

Regulatory Actions	Long-Term Actions	Withdrawn from Obama Administration (Spring 2017) Agenda
Testing, Evaluation, & Approval of Electric Motor-Driven Mine Equipment—NPRM 6/20	Retrospective Review Coal Dust Standard—RFI Comment 7/18–7/22	Criteria and Procedures for Assessment of Civil Penalties
Written Safety Program for Surface Mobile Equipment, Powered Haulage Equipment—NPRM 7/20		Refuge Alternatives Underground Coal Mines
Respirable Crystaline Silica—NPRM 8/20		Preventing Coal Mine Accidents—RFI, Response to UBB
Underground Mines Diesel Exhaust—RFI (Reopen Comment period) 3/19–9/20		
Alternatives to Petitions for Modification: Non-permissible Surveying Equipment—NPRM 9/20		
Refuge Alternatives for Underground Coal Mines—Final 10/20		
Regulatory Reform of Existing Standards: Electronic Detonators—Direct Final Rule/NPRM 12/19		

Source: Office of Information and Regulatory Affairs. Issued on June 30, 2020.

[1]The dates on the regulatory agenda are projections set by the administration and may not have occurred by this date.

COVID-19 WORKER HEALTH AND SAFETY

OVERVIEW AND STATE COMPARISIONS

Federal OSHA COVID-19 Enforcement Cases[1]

Company Name	Date Citation(s) Issued	State	Inspection Number(s)	Number of Violations	Standards Cited	Total Initial Penalty	Total Current Penalty
Winder Nursing Inc.	5/18/20	GA	1474760	1	1904.39	$6,506	WITHDRAWN
Ohnh Emp LLC dba Salem North Healthcare Center and its successors[3]	7/13/20 7/13/20 7/13/20	OH	1475615 1472885 1472894	1 1 1	1910.134 1910.134 1910.134	$13,494 $13,494 $13,494	$9,446 $9,446 $9,446
Georgetown Dental LLC	8/20/20	MA	1479181	7	1910.134 1910.151 1910.1030 1910.1200	$24,569	$9,500
Hackensack Meridian Health Residential Care Inc., The Harborage and its successors[2]	9/4/20	NJ	1476465	5	1910.134	$28,070	$28,070
Natchaug Hospital Inc.[2]	9/8/20	CT	1476019	3	1904.04	$13,494	$13,494
Department of Veterans Affairs[2,4]	9/8/20 9/8/20	IN	1472527 1472413	2 2	1910.132 1910.134 1910.132 1910.134	N/A N/A	N/A N/A
CarePlus Bergen Inc.[2]	9/8/20	NJ	1472923	2	1910.134	$9,639	$9,639
Smithfield Packaged Meats Corp.[2]	9/8/20	SD	1472736	1	5(a)(1)	$13,494	$13,494
Christus Shereveport-Bossier Health System–Highland[2]	9/9/20	LA	1472630	1	1910.132	$13,494	$13,494
JBS Foods Inc. dba Swift Beef Company[2,3]	9/11/20	CO	1475131	2	5(a)(1) 1904.35	$15,615	$15,615

Sources: Occupational Safety and Health Administration, OIS database, press releases and citation reports. Accessed Oct. 1, 2020.

[1]There currently is no way to comprehensively search for COVID-19 enforcement cases without submitting a request under the Freedom of Information Act. The cases in this table are known cases, but may not be complete.

[2]This inspection is currently listed as still open. The violations and penalties may change.

[3]dba = "doing business as."

[4]OSHA does not issue penalties to federal agencies.

State OSHA COVID-19 Enforcement Cases[1]

Company Name	State	Date Citation(s) Issued	Standards Cited[2]	Total Initial Penalty	Total Current Penalty
DL Poultry Inc.	CA	8/4/20	-	$51,190	-
Uni-Kool Partners	CA	8/4/20	-	$5,850	-
Olson Meat Company	CA	8/4/20	-	$9,000	-
Sutter Bay Medical Foundation	CA	8/4/20	5199	$6,750	-
Serve Max Farm Labor Contractor[3]	CA	8/4/20	-	$11,250	-
Ruiz Farm Labor[3]	CA	8/4/20	-	$4,500	-
Michel Labor Services Inc.[3]	CA	8/4/20	-	$11,700	-
Sierra-Cascade Nursery Inc.	CA	8/4/20	-	$4,050	-
Planasa LLC[3]	CA	8/4/20	-	$5,400	-
Duncan Family Farms[3]	CA	8/4/20	-	$5,060	-
M & J Williams Inc. dba Grocery Outlet Bargain Market[4]	CA	8/4/20	-	$2,025	-
Ararat Home of Los Angeles Inc.	CA	8/6/20	3380F	$560	-
Overhill Farms[5] Job Source[6]	CA	8/9/20 8/9/20	- -	$222,075 $214,080	- -
Santa Rosa Police Department	CA	8/22/20	5199 1910.134 1904.39	$32,000	-
Gateway Care and Rehabilitation Center	CA	8/22/20	5199 1910.132 1910.134	$23,430	-
Sutter Bay Hospitals dba CPMC Davies Campus	CA	8/22/20	5199 1910.134	$15,000	-
Santa Clara Valley Medical Center (North Jackson Ave.)	CA	8/22/20	5199 Training	$7,650	-
Santa Clara Valley Medical Center (South Bascom Ave.)	CA	8/22/20	5199 1910.134 Training	$2,060	-
Canyon Springs Post-Acute	CA	8/22/20	5199	$13,500	-

Company Name	State	Date Citation(s) Issued	Standards Cited[2]	Total Initial Penalty	Total Current Penalty
The Ridge Post-Acute	CA	8/22/20	5199	$15,400	-
Mid-Step Services Inc.	IA	7/1/20	1910.134 1904.29	$5,059	$3,600
Iowa Premium Beef Plant	IA	9/24/20	1904	$1,914	$957
Will County—Sunny Hill Nursing Home	IL	7/15/20	1910.134	$0	$0
Riverfront Animal Hospital	MI	8/18/20	408.1011(a)[7]	$2,100	-
Fresh Pak	MI	8/20/20	408.1011(a)[7]	$4,900	-
United Shore Financial Services LLC	MI	8/21/20	408.1011(a)[7]	$6,300	-
UPS distribution facility	MI	8/21/20	408.1011(a)[7]	$7,000	-
Speedway LLC	MI	8/21/20	408.1011(a)[7]	$6,300	-
Coop's Iron Works	MI	8/21/20	408.1011(a)[7]	$2,100	-
Dan Freed	MI	8/21/20	408.1011(a)[7]	$6,400	-
Hills Roofing LLC	MI	8/21/20	408.1011(a)[7]	$5,300	-
Pilot Company	MI	8/24/20	408.1011(a)[7]	$3,500	-
A&S Warren Foods Inc., Shoppers Market Warren	MI	8/24/20	408.1011(a)[7]	$1,500	-
American Eagle Home Improvement	MI	8/25/20	408.1011(a)[7]	$2,100	-
Dave's Glass Service Inc.	MI	8/25/20	408.1011(a)[7]	$2,100	-
Belle Tire	MI	8/26/20	408.1011(a)[7]	$7,000	-
Amircus Grill	MI	8/26/20	408.1011(a)[7]	$400	-
Home Depot	MI	8/27/20	408.1011(a)[7]	$4,000	-
Kauffman Construction Inc.	MI	8/27/20	408.1011(a)[7]	$2,100	-
B D Construction	MI	8/28/20	408.1011(a)[7]	$2,100	-

Company Name	State	Date Citation(s) Issued	Standards Cited[2]	Total Initial Penalty	Total Current Penalty
Gillespie Roofing	MI	8/28/20	408.1011(a)[7]	$2,100	-
GVC Painting Co. Inc.	MI	8/31/20	408.1011(a)[7]	$2,100	-
Daniel Sanchez	MI	9/1/20	408.1011(a)[7]	$2,100	-
Valentin Roofing LLC	MI	9/1/20	408.1011(a)[7]	$2,100	-
ABSR Inc., Story Roofing Company Inc.	MI	9/2/20	408.1011(a)[7]	$4,200	-
D&D Roofing 4G LLC	MI	9/2/20	408.1011(a)[7]	$2,800	-
Nain Construction	MI	9/15/20	408.1011(a)[7]	$2,100	-
West Olive Nursery Inc.	MI	UNKNOWN	408.1011(a)[7]	$2,100	-
Pilgrams Pride Inc.	MN	6/1/20	182.653(02)[7]	$28,000	$28,000
Swift Port Company dba JBS USA LLC	MN	6/29/20	182.653(02)[7] 1910.134	$35,000	$35,000
North Memorial Health Care dba North Memorial Medical	MN	7/15/20	1910.134	$2,100	$1,470
National Frozen Foods Corporation	OR	5/11/20	437-001-0760[7]	$2,000	-
Old Trapper Smoked Products Inc.	OR	6/17/20	437-001-0760[7]	$700	$700
Café 22 West	OR	8/18/20	437-001-0760[7]	$8,900	-
Howard's Pharmacy	OR	9/1/20	437-001-0760[7]	$9,400	-
Unger Farms Inc.[9]	OR	-	437-001-0749[8]	-	-
Dillon & Associates dba NW Office Liquidation[9]	OR	-	EO Closure	-	-
S&J Entertainment LLC[9]	OR	-	EO Closure	-	-
Cabela's Wholesale LLC[9]	OR	-	437-001-0760[7]	-	-
City Liquidators Inc.[9]	OR	-	EO Closure	-	-
Barenbrug USA Inc.[9]	OR	-	437-001-0760[7]	-	-

Company Name	State	Date Citation(s) Issued	Standards Cited[2]	Total Initial Penalty	Total Current Penalty
Masterbrand Cabinets[9]	OR	-	437-001-0760[7]	-	-
Glamour Salon[9]	OR	-	EO Closure	-	-
Mounts Enterprises dba Casey's Restaurant[9]	OR	-	EO prohibition	-	-
Dalin LLP[9]	OR	-	EO prohibition	-	-
I&N Inc.[9]	OR	-	437-001-0760[7]	-	-
Laui Life Coffee LLC dba Kevista Coffee[9]	OR	-	EO face coverings	-	-
Gold Standard Investment Group LLC[9]	OR	-	437-001-0749[8]	-	-
Kelli Bieber[9]	OR	-	437-001-0749[8]	-	-
Cal Farms Inc.[9]	OR	-	437-001-0749[8]	-	-
Oregon Berry Packing Inc.[9]	OR	-	437-001-0749[8]	-	-
McCoy Memorial Nursing Center	SC	7/17/20	1910.134	$18,000	$4,500
Gallatin Center for Rehabilitation and Health LLC	TN	6/1/20	800-01-03-05	$700	$700
Marty W. Lindahl, D.D.S., P.C.	TN	6/23/20	1910.134	$0	$0
Sentara Healthcare	VA	6/29/20	1910.134	$7,715	$5,401
4 Frendz LLC	WA	6/25/20	296-800-14005	$0	$0
Central Washington Health Services Association	WA	7/23/20	296-842-14005	$0	$0

Sources: Occupational Safety and Health Administration, OIS database, state OSHA press releases and media.

[1]There currently is no way to comprehensively search for COVID-19 enforcement cases without submitting a request under the Freedom of Information Act. The cases in this table are known cases, but may not be complete.

[2]Standards cited are not always included in press releases.

[3]Includes penalties from heat stress violations.

[4]dba = "doing business as."

[5]Overhill Farms was also cited $14,450 for non-COVID-19 violations found during the inspection.

[6]Job Source is a tempoary staffing agency. Cal/OSHA issued a joint-employer citation to Job Source and Overhill Farms.

[7]Equivalent to federal OSHA's general duty clause (5(a)(1)).

[8]Oregon OSHA's emergency temporary COVID-19 rule for agriculture.

[9]COVID-19-related citations issued sometime between March and September 2020. Penalties ranged from $100–$14,000.

Federal OSHA and State Plan OSHA Inspection/Enforcement Activity, COVID-19

	FEDERAL OSHA	STATE PLAN OSHA
Complaints, Referrals and Closed Cases		
Complaints	9,051	27,684
Referrals	1,215	3,248
Closed	8,470	20,912
Inspections Opened		
Accidents	0	242
Complaints	198	1,111
Fatality/Catastrophe	633	297
Referrals	85	602
Referral-Employer Reported	71	19
Unprogrammed Related	73	132
Program Planned	0	358
Program Related	1	9
Percent of Complaints with Inspections Open	2.2%	4.0%
Percent of Referrals with Inspections Open	12.8%	19.1%
Complaints by Industry[1]		
Health Care	2,222	-
Retail Trade	1,006	-
Grocery Stores	148	-
Construction	273	-
General Warehousing and Storage	173	-
Restaurants and Other Eating Places	537	-
Automotive Repair	66	-

Source: Occupational Safety and Health Administration, COVID Response Summary. Enforcement data April 20–Sept. 24, 2020. Updated Sept. 25, 2020, 10:15 a.m. ET. (Accessed Sept. 25, 10:30 p.m. ET). https://www.osha.gov/enforcement/covid-19-data

[1]Complaints by industry data were not provided for state plan OSHA.

Nursing Home Resident and Staff COVID-19 Cases, Suspected Cases and Deaths by State

State	Residents			Staff		
	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths
Alabama	6,366	2,726	967	5,168	3,439	20
Alaska	69	369	2	43	114	0
Arizona	2,758	1,564	590	2,171	1,719	4
Arkansas	2,413	2,057	442	2,045	1,622	5
California	21,055	25,502	3,939	16,901	11,411	98
Colorado	1,434	1,151	491	1,277	1,266	5
Connecticut	6,672	2,748	1,890	3,022	1,401	14
District of Columbia	490	289	101	309	104	6
Delaware	784	420	252	529	339	1
Florida	15,145	7,000	2,866	17,175	5,941	43
Georgia	8,741	4,773	1,643	5,682	3,374	17
Hawaii	117	390	14	96	463	2
Idaho	618	356	86	578	712	1
Illinois	11,401	6,021	3,001	8,048	5,358	45
Indiana	4,859	2,535	1,670	3,822	2,398	21
Iowa	2,245	2,757	618	1,948	4,606	18

Nursing Home Resident and Staff COVID-19 Cases, Suspected Cases and Deaths by State

State	Residents			Staff		
	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths
Kansas	1,012	1,299	200	1,118	2,351	1
Kentucky	2,793	1,274	548	2,039	1,637	9
Louisiana	7,455	1,298	1,803	5,687	1,374	30
Maine	262	515	46	202	775	0
Maryland	5,314	1,683	1,272	3,652	1,515	29
Massachusetts	10,530	4,269	3,687	6,271	2,029	30
Michigan	4,155	2,646	1,571	4,349	6,831	31
Minnesota	2,307	2,228	721	2,251	5,029	12
Mississippi	4,508	2,459	932	3,355	2,383	27
Missouri	4,791	2,305	848	3,219	2,781	17
Montana	90	179	11	64	474	2
Nebraska	665	791	207	729	2,020	5
Nevada	1,222	1,196	168	1,003	987	8
New Hampshire	956	861	256	524	1,068	2
New Jersey	12,740	3,805	4,129	7,528	2,094	109
New Mexico	593	119	154	516	168	1

Nursing Home Resident and Staff COVID-19 Cases, Suspected Cases and Deaths by State

State	Residents			Staff		
	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths
New York	12,774	7,066	4,556	14,503	3,865	56
North Carolina	5,512	3,173	1,098	3,857	3,027	22
North Dakota	321	210	62	666	1,116	3
Ohio	7,756	4,510	1,855	5,728	3,692	22
Oklahoma	1,925	1,208	296	1,344	1,721	9
Oregon	342	668	65	348	856	0
Pennsylvania	12,927	9,342	3,925	7,653	7,168	24
Rhode Island	1,900	655	582	1,143	499	7
South Carolina	4,843	2,385	884	3,069	2,366	15
South Dakota	252	358	58	378	950	1
Tennessee	2,924	1,643	412	3,706	1,765	4
Texas	19,134	6,401	3,573	14,688	5,866	65
Utah	622	497	121	674	611	1
Vermont	99	299	33	63	395	0
Virginia	3,951	2,924	925	2,749	2,810	14
Washington	1,747	1,488	470	1,405	1,816	7

Nursing Home Resident and Staff COVID-19 Cases, Suspected Cases and Deaths by State

State	Residents			Staff		
	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths	Confirmed with COVID-19	Suspected to have COVID-19	COVID-19 Deaths
West Virginia	784	812	113	591	726	1
Wisconsin	1,163	1,602	263	1,310	3,612	4
Wyoming	17	72	5	46	197	0
Total:	**223,553**	**132,898**	**54,421**	**175,242**	**120,841**	**868**

Source: Center for Medicare and Medicaid Services. Division of Nursing Homes/Quality, Safety, and Oversight Group/Center for Clinical Standards and Quality. Data collected May 24–Sept. 6, 2020. Last updated Sept. 17, 2020. (Accessed Sept. 18, 2020.)

COVID-19 Outbreaks, Cases and Deaths in the Food Industry by State[1]

State	Meatpacking			Food Processing			Farming			Total		
	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths
Alabama	3	85	1	N/A	N/A	N/A	N/A	N/A	N/A	3	85	1
Alaska	N/A	N/A	N/A	18	624	N/A	N/A	N/A	N/A	18	624	N/A
Arizona	1	162	N/A	N/A	N/A	N/A	1	5	N/A	2	167	N/A
Arkansas	36	5,249	22	6	354	N/A	N/A	N/A	N/A	42	5,603	22
California	7	1,098	9	35	1,227	1	15	2,916	2	57	5,241	12
Colorado	9	517	14	25	547	8	5	83	N/A	39	1,147	22
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	1	31	N/A	1	31	N/A
Delaware	6	336	4	N/A	N/A	N/A	N/A	N/A	N/A	6	336	4
Florida	4	210	2	N/A	N/A	N/A	N/A	N/A	N/A	4	210	2
Georgia	14	509	6	2	2	N/A	N/A	N/A	N/A	16	511	6
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	3	84	N/A	18	349	1	N/A	N/A	N/A	21	433	1
Illinois	50	1,146	10	62	1,533	19	1	110	N/A	113	2,789	29
Indiana	4	1,298	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	1,298	N/A
Iowa	16	3,819	10	1	N/A	1	N/A	N/A	N/A	17	3,819	11
Kansas	17	3,483	23	6	283	N/A	N/A	N/A	N/A	23	3,766	23

COVID-19 Outbreaks, Cases and Deaths in the Food Industry by State[1]

State	Meatpacking			Food Processing			Farming			Total		
	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths
Kentucky	7	726	3	N/A	N/A	N/A	N/A	N/A	N/A	7	726	3
Louisiana	1	2	N/A	12	558	N/A	4	100	N/A	17	660	N/A
Maine	N/A	N/A	N/A	3	85	N/A	3	23	N/A	6	108	N/A
Maryland	3	570	6	2	50	N/A	N/A	N/A	N/A	5	620	6
Massachusetts	33	263	N/A	1	3	N/A	N/A	N/A	N/A	34	266	N/A
Michigan[2]	1	88	1	1	2	N/A	8	340	N/A	16	430	1
Minnesota	13	2,013	1	4	133	N/A	N/A	N/A	N/A	17	2,146	1
Mississippi	27	137	1	N/A	N/A	N/A	N/A	N/A	N/A	27	137	1
Missouri	7	1,292	2	4	52	N/A	2	10	N/A	13	1,354	2
Montana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	13	4,914	21	3	15	N/A	N/A	N/A	N/A	16	4,929	21
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	N/A	N/A	N/A	N/A	N/A	N/A	13	395	2	13	395	2
New Mexico	2	78	N/A	2	7	N/A	N/A	N/A	N/A	4	85	N/A
New York	N/A	N/A	N/A	2	138	N/A	1	176	N/A	3	314	N/A

COVID-19 Outbreaks, Cases and Deaths in the Food Industry by State[1]

State	Meatpacking			Food Processing			Farming			Total		
	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths
North Carolina	38	3,554	2	2	47	N/A	14	535	N/A	54	4,136	2
North Dakota	N/A	N/A	N/A	1	1	N/A	N/A	N/A	N/A	1	1	N/A
Ohio	10	324	4	2	296	N/A	1	50	N/A	13	670	4
Oklahoma	1	641	1	1	181	N/A	N/A	N/A	N/A	2	822	1
Oregon	N/A	N/A	N/A	52	1,345	N/A	20	354	N/A	72	1,699	N/A
Pennsylvania	30	1,251	10	2	155	N/A	N/A	N/A	N/A	32	1,406	10
Rhode Island	6	78	N/A	2	180	N/A	N/A	N/A	N/A	8	258	N/A
South Carolina	29	141	N/A	2	2	N/A	N/A	N/A	N/A	31	143	N/A
South Dakota	5	2,088	5	1	1	N/A	N/A	N/A	N/A	6	2,089	5
Tennessee	7	640	5	N/A	N/A	N/A	4	322	N/A	11	962	5
Texas	13	1,518	9	3	53	2	3	45	3	19	1,616	14
Utah	5	406	1	N/A	N/A	N/A	N/A	N/A	N/A	5	406	1
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	15	1,224	10	2	8	N/A	N/A	N/A	N/A	17	1,232	10
Washington	7	482	4	33	770	1	25	1,548	3	65	2,800	8
West Virginia	1	18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	18	N/A

COVID-19 Outbreaks, Cases and Deaths in the Food Industry by State[1]

State	Meatpacking			Food Processing			Farming			Total		
	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths	Out-breaks	Cases	Deaths
Wisconsin[2]	13	478	2	5	570	N/A	N/A	N/A	N/A	92	1,527	8
Wyoming	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	N/A
Total:	**458**	**40,923**	**189**	**315**	**9,571**	**33**	**121**	**7,043**	**10**	**974**	**58,016**	**238**

Source: Food and Environment Reporting Network; https://thefern.org/2020/04/mapping-covid-19-in-meat-and-food-processing-plants/.

[1]Data used represents best available information and primarily were collected from local news reports, state health authorities, and companies. Data collected from April 22–Sept. 18, 2020.

[2]Totals include numbers of outbreaks, cases or deaths categorized as "other" within the food industry.

COVID-19 Infections and Deaths Among Health Care Personnel[1,2]

Available Data	Number
Data with Health Care Personnel Status	1,238,489
Percentage of Data with Health Care Personnel Status[3]	24%
COVID-19 Cases Among Health Care Personnel	163,193
Health Care Personnel Data with Death Status	117,702
Percentage of Health Care Personnel Status Data with Death Status	72%
COVID-19 Deaths Among Health Care Personnel	713

Source: Centers for Disease Control and Prevention. Updated Sept. 24, 2020. https://covid.cdc.gov/covid-data-tracker/#health-care-personnel.

[1]The CDC provides states with a Person Under Investigation (PUI) form used for COVID-19 case reporting (https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf). The form includes a field to indicate whether the individual was a health care worker and where they had been exposed.

[2]The PUI form does not specify the type of health care worker, but nursing home staff are included as health care personnel. According to the Center for Medicare and Medicaid Services, the number of nursing home staff reported to be confirmed with COVID-19 was 175,242, and the number of staff reported to have died from COVID-19 was 868, from May 24, 2020, to Sept. 6, 2020.

[3]All fields on PUI forms related to employment are voluntary and many states do not collect or report this information.

COVID-19 Cases and Deaths in U.S. Correctional and Detention Facilities by State

State	Incarcerated Persons		Staff		Total		
	Cases	Deaths	Cases	Deaths	Affected Facilities	Cases	Deaths
Alabama	401	21	375	2	30	776	23
Alaska	57	0	11	0	2	68	0
Arizona	4,178	27	694	0	17	4,872	27
Arkansas	5,748	5	399	5	1	6,147	10
California	20,182	66	4,236	0	57	24,418	66
Colorado	888	3	117	0	10	1,005	3
Connecticut	1,500	7	380	0	14	1,880	7
Delaware	530	11	170	0	1	700	11
District of Columbia	217	1	108	1	2	325	2
Florida	15,947	51	2,912	1	63	18,859	52
Georgia	1,752	56	820	2	72	2,572	58
Hawaii	310	0	0	0	2	310	0
Idaho	1,651	2	122	0	18	1,773	2
Illinois	1,921	34	1,212	4	37	3,133	38
Indiana	1,162	24	455	2	21	1,617	26
Iowa	842	4	130	0	9	972	4

COVID-19 Cases and Deaths in U.S. Correctional and Detention Facilities by State

State	Incarcerated Persons		Staff		Total		
	Cases	Deaths	Cases	Deaths	Affected Facilities	Cases	Deaths
Kansas	1,750	4	238	3	10	1,988	7
Kentucky	896	13	152	1	11	1,048	14
Louisiana	2,263	26	547	8	9	2,810	34
Maine	5	0	5	0	4	10	0
Maryland	767	10	672	1	20	1,439	11
Massachusetts	425	0	110	0	14	535	0
Michigan	5,423	70	493	3	32	5,916	73
Minnesota	603	2	142	0	13	745	2
Mississippi	555	2	4	0	16	559	2
Missouri	1,128	1	438	0	23	1,566	1
Montana	11	0	1	0	5	12	0
Nebraska	188	4	62	0	10	250	4
Nevada	21	0	114	0	10	135	0
New Hampshire	1	0	11	0	3	12	0
New Jersey	2,893	51	941	0	26	3,834	51
New Mexico	514	4	0	0	7	514	4

COVID-19 Cases and Deaths in U.S. Correctional and Detention Facilities by State

State	Incarcerated Persons		Staff		Total		
	Cases	Deaths	Cases	Deaths	Affected Facilities	Cases	Deaths
New York	1,017	20	2,741	14	28	3,758	34
North Carolina	2,389	11	0	0	44	2,389	11
North Dakota	24	0	36	0	7	60	0
Ohio	5,192	94	1,119	5	28	6,311	99
Oklahoma	774	4	70	0	18	844	4
Oregon	904	0	227	0	10	1,131	0
Pennsylvania	915	11	288	1	29	1,203	12
Rhode Island	56	0	19	0	2	75	0
South Carolina	1,993	0	461	0	23	2,454	0
South Dakota	16	0	13	0	6	29	0
Tennessee	5,199	16	723	0	16	5,922	16
Texas	21,945	163	4,806	20	135	26,751	183
Utah	63	0	4	0	5	67	0
Vermont	240	0	22	0	6	262	0
Virginia	3,132	19	101	0	29	3,233	19
Washington	462	2	167	1	20	629	3

COVID-19 Cases and Deaths in U.S. Correctional and Detention Facilities by State

State	Incarcerated Persons		Staff		Total		
	Cases	Deaths	Cases	Deaths	Affected Facilities	Cases	Deaths
West Virginia	384	0	384	0	7	768	0
Wisconsin	953	0	259	0	32	1,212	0
Wyoming	15	0	13	0	3	28	0
Total:	**120,402**	**839**	**27,524**	**74**	**1,017**	147,926	913

Source: Centers for Disease Control and Prevention. Cumulative data from March 31–Sept. 15, 2020. https://covid.cdc.gov/covid-data-tracker/#correctional-facilities (accessed Sept. 25, 2020). Cases and deaths are reported to the CDC by the state departments of corrections and the Federal Bureau of Prisons.

NATIONAL SAFETY AND HEALTH OVERVIEW

Workplace Fatalities 1970–2007[1,2]

(Employment-Based Fatality Rates)

Year	Work Deaths	Employment (000)[3]	Fatality Rate[4]
1970	13,800	77,700	18
1971	13,700	78,500	17
1972	14,000	81,300	17
1973	14,300	84,300	17
1974	13,500	86,200	16
1975	13,000	85,200	15
1976	12,500	88,100	14
1977	12,900	91,500	14
1978	13,100	95,500	14
1979	13,000	98,300	13
1980	13,200	98,800	13
1981	12,500	99,800	13
1982	11,900	98,800	12
1983	11,700	100,100	12
1984	11,500	104,300	11
1985	11,500	106,400	11
1986	11,100	108,900	10
1987	11,300	111,700	10
1988	10,800	114,300	9
1989	10,400	116,700	9
1990	10,500	117,400	9
1991	9,900	116,400	9
1992[2]	6,217	117,000	5.2
1993	6,331	118,700	5.2
1994	6,632	122,400	5.3
1995	6,275	126,200	4.9
1996	6,202	127,997	4.8
1997	6,238	130,810	4.8
1998	6,055	132,684	4.5
1999	6,054	134,666	4.5
2000	5,920	136,377	4.3
2001	5,915[5]	136,252	4.3
2002	5,534	137,700	4.0
2003	5,575	138,928	4.0
2004	5,764	140,411	4.1
2005	5,734	142,894	4.0
2006	5,840	145,501	4.0
2007	5,657	147,215	3.8

[1]Fatality information for 1971 to 1991 from National Safety Council Accident Facts, 1994.

[2]Fatality information for 1992 to 2007 is from the Bureau of Labor Statistics, Census of Fatal Occupational Injuries. In 1994, the National Safety Council changed its reporting fatalities and adopted the BLS count. The earlier NSC numbers are based on an estimate; the BLS method for workplace numbers are based on an actual census.

[3]Employment is an annual average of employed civilians 16 years of age and older from the Current Population Survey, adjusted to include data for resident and armed forces from the Department of Defense.

[4]Deaths per 100,000 workers are based on annual average of employed civilians 16 years of age and older from 1992 to 2007. In 2008, CFOI switched from an employment-based fatality rate to an hours-based fatality rate calculation. Employment-based fatality rates should not be compared with hours-based fatality rates.

[5]Excludes fatalities from the events of September 11, 2001.

Workplace Fatalities 2006−2018[1]

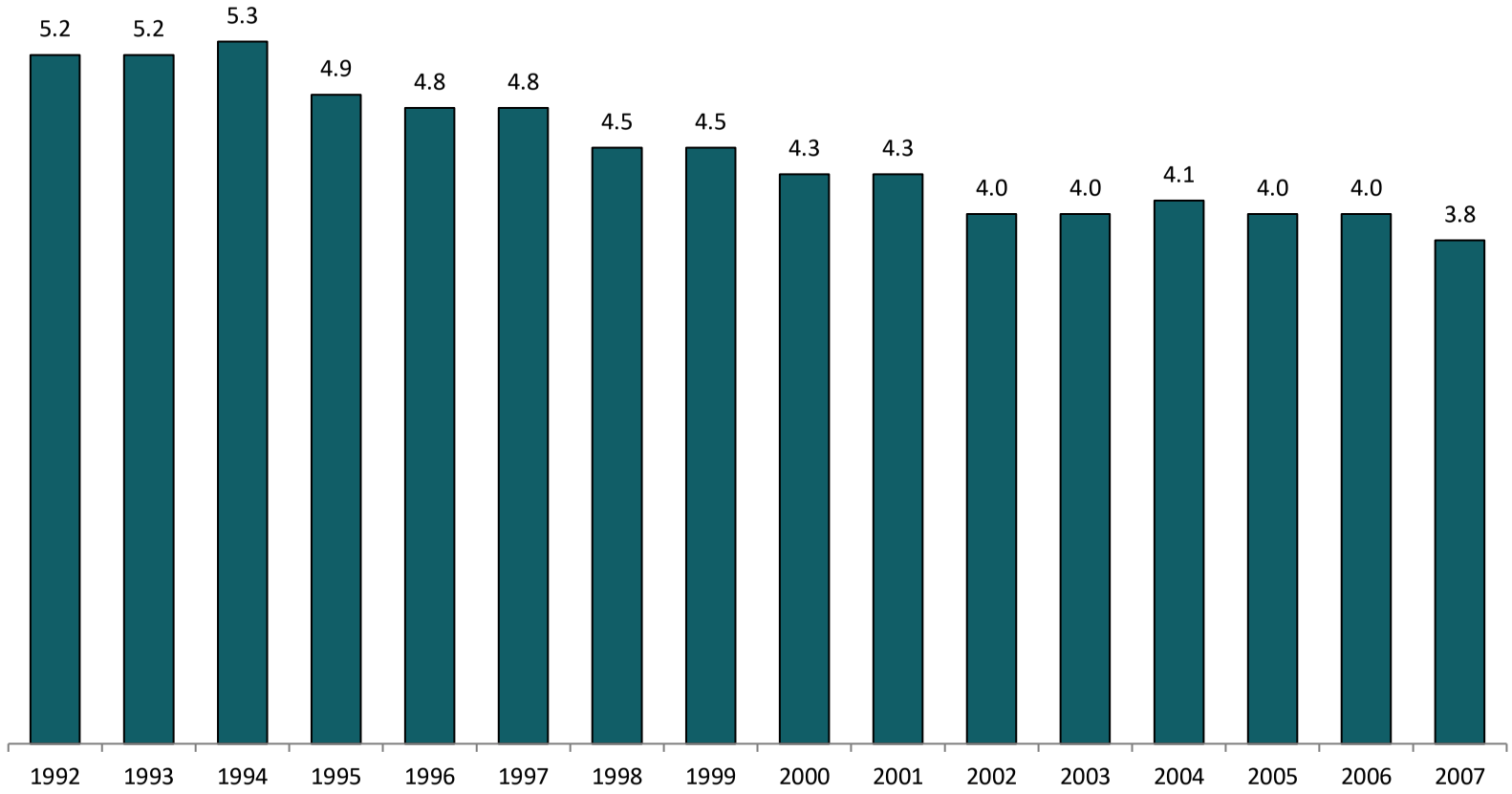
(Hours-Based Fatality Rates)

Year	Work Deaths	Total Hours Worked (Millions)[2]	Fatality Rate[3]
2006	5,840	271,815	4.2
2007	5,657	275,043	4.0
2008	5,214	271,958	3.7
2009	4,551	254,771	3.5
2010	4,690	255,948	3.6
2011	4,693	258,293	3.5
2012	4,628	264,374	3.4
2013	4,585	268,127	3.3
2014	4,821	272,663	3.4
2015	4,836	277,470	3.4
2016	5,190	283,101	3.6
2017	5,147	285,977	3.5
2018	5,250	292,528	3.5

[1]Fatality information is from the U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.
[2]The total hours worked figures are annual average estimates of total persons at work multiplied by average hours for civilians, 16 years of age and older, from the Current Population Survey, U.S. Bureau of Labor Statistics.
[3]Deaths per 100,000 workers. In 2008, CFOI switched to an hours-based fatality rate calculation from an employment-based calculation used from 1992 to 2007. Fatality rates for 2006 and 2007 were calculated by CFOI using both approaches during the transition to hours-based rates beginning exclusively in 2008. Hours-based fatality rates should not be compared directly with the employment-based rates CFOI calculated for 1992 to 2007.

Rate of Fatal Work Injuries Per 100,000 Workers, 1992–2007[1]

(Employment-Based Rates)

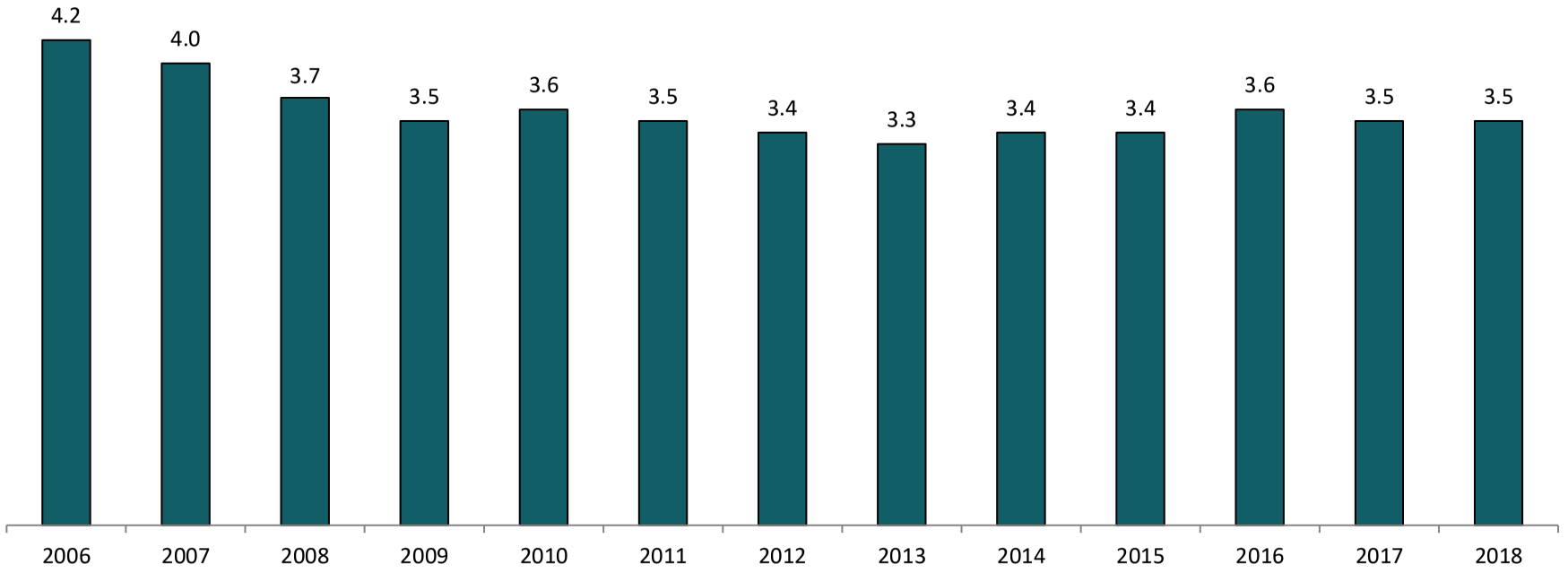


Sources: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries; U.S. Bureau of the Census; and U.S. Department of Defense.

[1]Incidence rate represents the number of fatalities per 100,000 workers. Fatality rate is an employment-based calculation using employment figures that are annual average estimates of employed civilians, 16 years of age and older, from the Current Population Survey, U.S. Bureau of of Labor Statistics. In 2008, CFOI switched to an hours-based fatality rate calculation. Employment-based fatality rates should not be compared directly with hours-based rates.

Rate of Fatal Work Injuries Per 100,000 Workers, 2006–2018[1]

(Hours-Based Rates)



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Incidence rate represents the number of fatalities per 100,000 workers. Fatality rate is an hours-based calculation using total hours worked figures that are annual average estimates of total persons at work multiplied by average hours for civilians, 16 years of age and older, from the Current Population Survey, U.S. Bureau of Labor Statistics. Hours-based fatality rates should not be compared directly with the employment-based rates CFOI calculated for 1992 to 2007.

Workplace Fatality Rates by Industry Sector, 1970–2002[1,2]

Year	All Ind.	Mfg.	Const.	Mining	Gov't	Agri.	Trans/Util.	Ret. Trade	Service	Finance
1970	18.0	9	69	100	13	64	N/A	N/A	N/A	N/A
1971	17.0	9	68	83	13	63	N/A	N/A	N/A	N/A
1972	17.0	9	68	100	13	58	N/A	N/A	N/A	N/A
1973	17.0	9	56	83	14	58	38	8	11	N/A
1974	16.0	8	53	71	13	54	35	7	10	N/A
1975	15.0	9	52	63	12	58	33	7	10	N/A
1976	14.0	9	45	63	11	54	31	7	9	N/A
1977	14.0	9	47	63	11	51	32	6	8	N/A
1978	14.0	9	48	56	11	52	29	7	7	N/A
1979	13.0	8	46	56	10	54	30	6	8	N/A
1980	13.0	8	45	50	11	56	28	6	7	N/A
1981	13.0	7	42	55	10	54	31	5	7	N/A
1982	12.0	6	40	50	11	52	26	5	6	N/A
1983	12.0	6	39	50	10	52	28	5	7	N/A
1984	11.0	6	39	50	9	49	29	5	7	N/A
1985	11.0	6	40	40	8	49	27	5	6	N/A
1986	10.0	5	37	38	8	55	29	4	5	N/A
1987	10.0	5	33	38	9	53	26	5	6	N/A
1988	10.0	6	34	38	9	48	26	4	5	N/A
1989	9.0	6	32	43	10	40	25	4	5	N/A
1990	9.0	5	33	43	10	42	20	4	4	N/A
1991	8.0	4	31	43	11	44	18	3	4	N/A
1992	5.2	4	14	27	4	24	13	4	2	2
1993	5.2	4	14	26	3	26	13	4	2	2
1994	5.3	4	15	27	3	24	13	4	3	1
1995	4.9	3	15	25	4	22	12	3	2	2
1996	4.8	3.5	13.9	26.8	3.0	22.2	13.1	3.1	2.2	1.5
1997	4.8	3.6	14.1	25.0	3.2	23.4	13.2	3.0	2.0	1.2
1998	4.5	3.3	14.5	23.6	3.0	23.3	11.8	2.6	2.0	1.1
1999	4.5	3.6	14.0	21.5	2.8	24.1	12.7	2.3	1.9	1.2
2000	4.3	3.3	12.9	30.0	2.8	20.9	11.8	2.7	2.0	0.9
2001	4.3	3.2	13.3	30.0	3.1	22.8	11.2	2.4	1.9	1.0
2002	4.0	3.1	12.2	23.5	2.7	22.7	11.3	2.1	1.7	1.0

[1]Data for 1970–1991 is from the National Safety Council, Accident Facts, 1994. Fatality information for 1992–2002 is from the Bureau of Labor Statistics, Census of Fatal Occupational Injuries. In 1994, the National Safety Council changed its reporting method for workplace fatalities and adopted the BLS count. The earlier NSC numbers are based on an estimate; the BLS numbers are based on an actual census. Beginning with 2003, CFOI began using the North American Industry Classification for industries. Prior to 2003, CFOI used the Standard Industrial Classification system. The substantial differences between these systems result in breaks in series for industry data.

[2] Deaths per 100,000 workers.

Workplace Fatality Rates by Industry Sector, 2003–2007[1,2]

(Employment-Based Rates)

Industry Sector	2003	2004	2005	2006	2007
All Industries	**4.0**	**4.1**	**4.0**	**4.0**	**3.8**
Agriculture, Forestry, Fishing and Hunting	31.2	30.5	32.5	30.0	27.9
Mining	26.9	28.3	25.6	28.1	25.1
Construction	11.7	12.0	11.1	10.9	10.5
Manufacturing	2.5	2.8	2.4	2.8	2.5
Wholesale Trade	4.2	4.5	4.6	4.9	4.7
Retail Trade	2.1	2.3	2.4	2.2	2.1
Transportation and Warehousing	17.5	18.0	17.7	16.8	16.9
Utilities	3.7	6.1	3.6	6.3	4.0
Information	1.8	1.7	2.0	2.0	2.3
Finance, Insurance, Real Estate	1.4	1.2	1.0	1.2	1.2
Professional and Administrative	3.3	3.3	3.5	3.2	3.1
Educational and Health Services	0.8	0.8	0.8	0.9	0.7
Leisure and Hospitality	2.4	2.2	1.8	2.3	2.2
Other Services, Except Public Administration	2.8	3.0	3.0	2.6	2.5
Government	2.5	2.5	2.4	2.4	2.5

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Deaths per 100,000 workers.

[2]Fatality rate is an employment-based calculation using employment figures that are annual average estimates of employed civilians, 16 years of age and older, from the Current Population Survey. In 2008, CFOI switched to an hours-based fatality rate calculation. Employment-based fatality rates should not be compared directly with hours-based rates.

Note: Beginning with the 2003 reference year, both CFOI and the Survey of Occupational Injuries and Illnesses began using the 2002 North American Industry Classification System (NAICS) for industries. Prior to 2003, the surveys used the Standard Industrial Classification (SIC) system. The substantial differences between these systems result in breaks in series for industry data.

Workplace Fatality Rates by Industry Sector, 2008–2018[1,2]
(Hours-Based Rates)

Industry Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
All Industries	3.7	3.5	3.6	3.5	3.4	3.3	3.4	3.4	3.6	3.5	3.5
Agriculture, Forestry, Fishing and Hunting	30.4	27.2	27.9	24.9	22.8	23.2	25.6	22.8	23.2	23.0	23.4
Mining, Quarrying, and Oil and Gas Extraction	18.1	12.4	19.8	15.9	15.9	12.4	14.2	11.4	10.1	12.9	14.1
Construction	9.7	9.9	9.8	9.1	9.9	9.7	9.8	10.1	10.1	9.5	9.5
Manufacturing	2.5	2.3	2.3	2.2	2.2	2.1	2.3	2.3	2.0	1.9	2.2
Wholesale Trade	4.4	5.0	4.9	4.9	5.4	5.3	5.1	4.7	4.8	4.8	5.3
Retail Trade	2.0	2.2	2.2	1.9	1.9	1.9	1.9	1.8	1.9	2.0	1.9
Transportation and Warehousing	14.9	13.3	13.7	15.3	14.6	14	14.1	13.8	14.3	15.1	14.0
Utilities	3.9	1.7	2.8	4.2	2.5	2.6	1.7	2.2	2.8	2.6	2.6
Information	1.5	1.1	1.5	1.9	1.5	1.5	1.2	1.5	1.7	1.6	1.2
Financial Activities	1.1	1.2	1.3	1.1	0.9	0.9	1.2	0.9	1.2	1.0	1.1
Professional and Business Services	2.8	3.1	2.6	2.9	2.7	2.8	2.7	3.0	3.1	3.0	3.3
Educational and Health Services	0.7	0.8	0.9	0.8	0.7	0.7	0.7	0.7	0.7	0.8	0.7
Leisure and Hospitality	2.2	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.6	2.2	2.2
Other Services, Except Public Administration	2.6	2.8	3.0	3.0	2.7	2.7	2.7	3.0	3.2	2.9	2.6
Government[3]	2.4	1.9	2.2	2.2	2.0	2.0	1.9	1.9	2.2	2.0	1.8

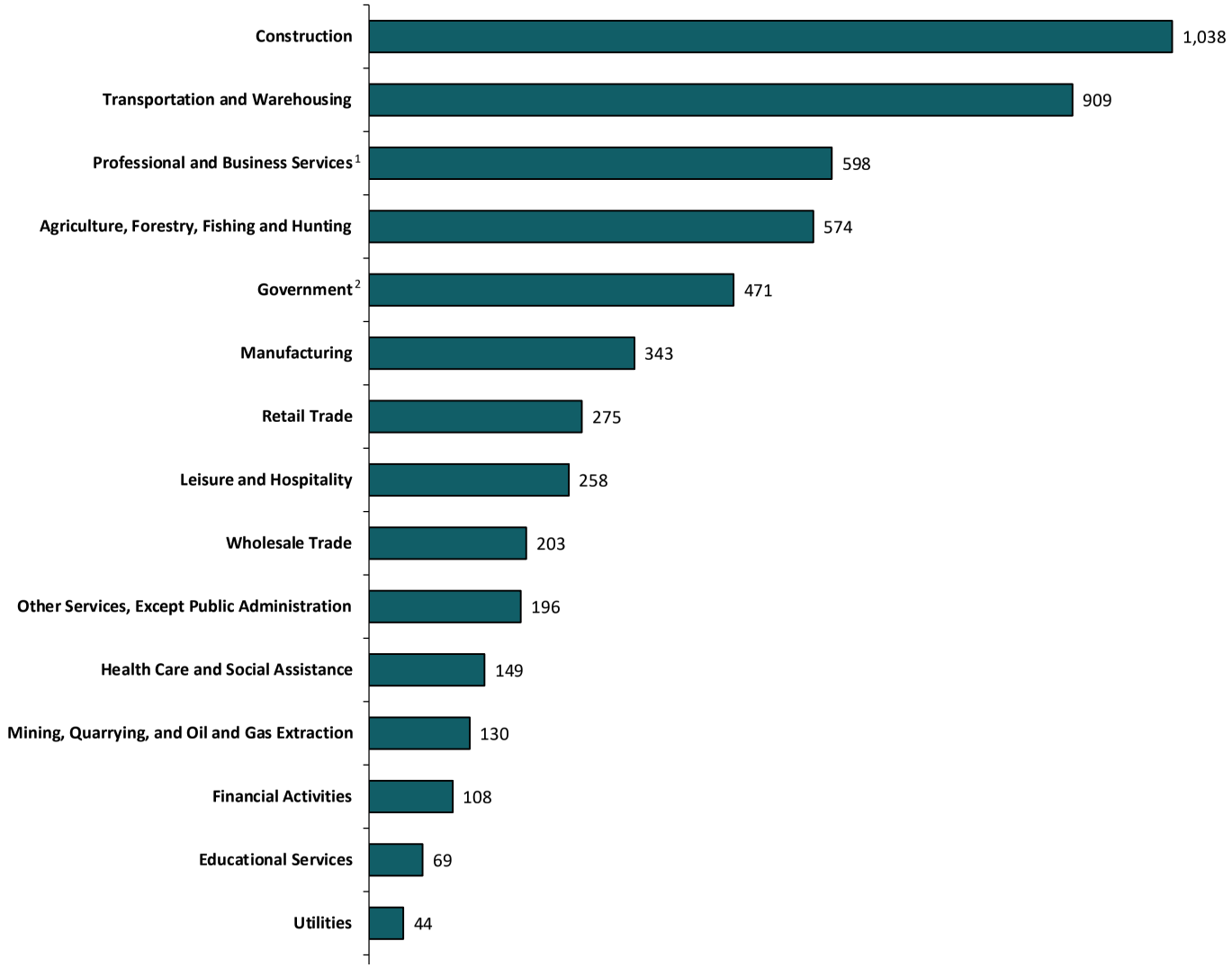
Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Deaths per 100,000 workers.

[2]Fatality rate is an hours-based calculation uisng total hours worked figures that are annual average estimates of total persons at work multiplied by average hours for civilians, 16 years of age and older, from the Current Population Survey. Hours-based fatality rates should not be compared directly with employment-based rates that CFOI calculated for 1992 to 2007.

[3]Government fatalities may overlap with specific industry sectors listed.

Occupational Fatalities by Industry Sector, 2018
(Total Fatalities 5,250)

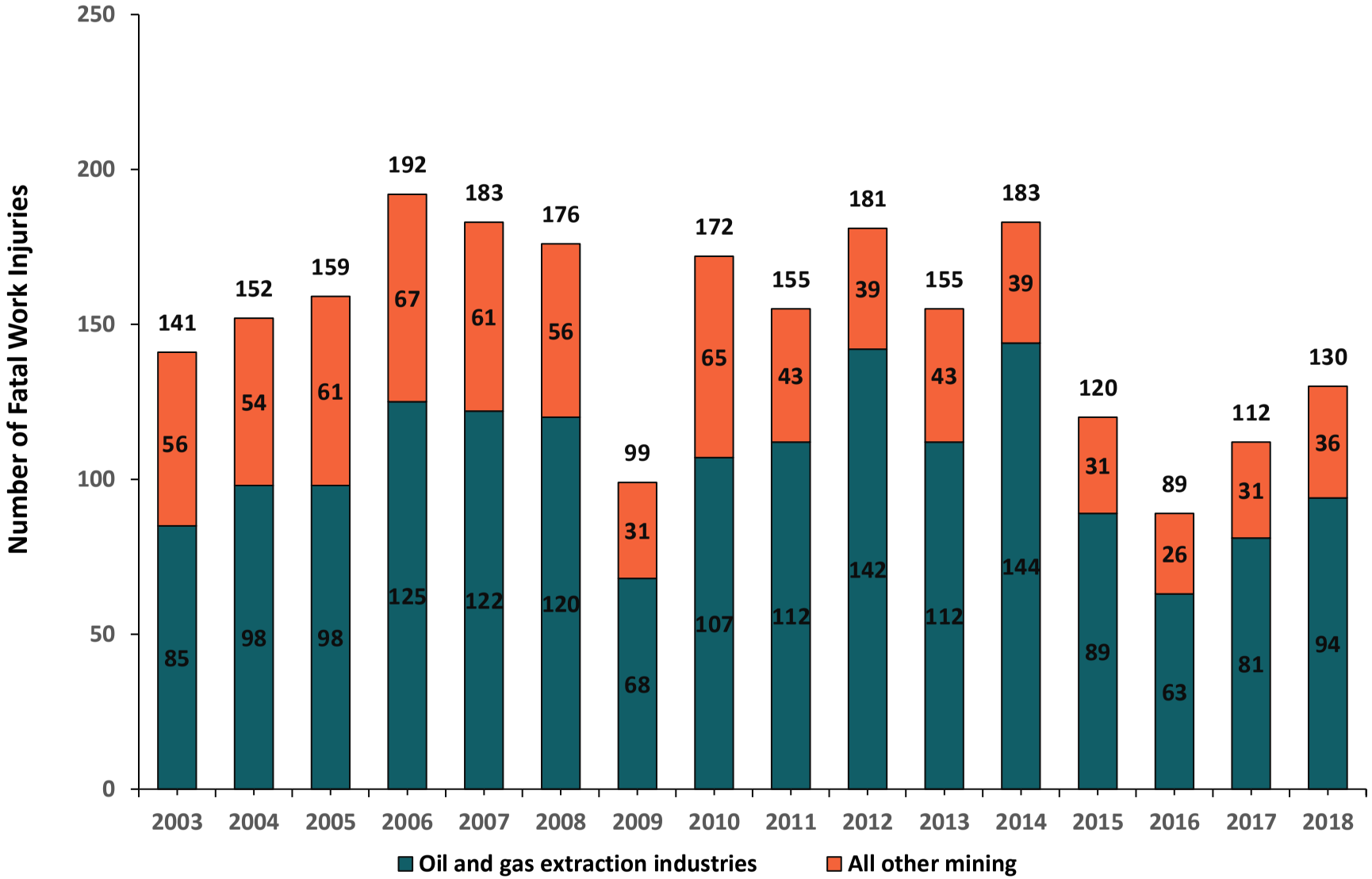


Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Landscaping services accounted for 244 of these deaths.

[2]Government fatalities may overlap with specific industry sectors listed.

Fatal Occupational Injuries in the Private-Sector Mining, Quarrying, and Oil and Gas Extraction Industries, 2003–2018



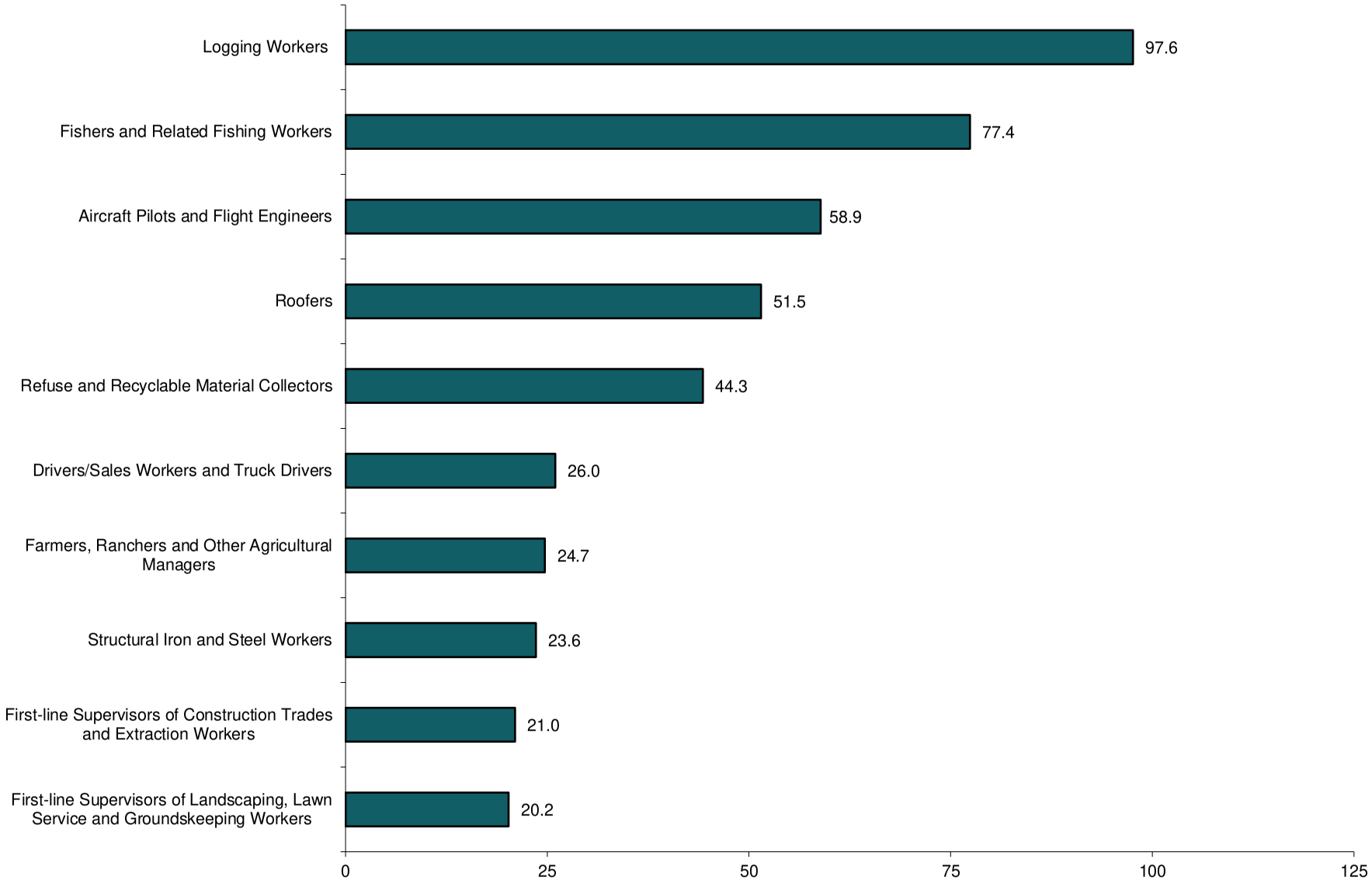
Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor.

Note: Oil and gas extraction industries include oil and gas extraction (NAICS 21111), drilling oil and gas wells (NAICS 213111), and support activities for oil and gas operations (NAICS 213112).

Selected Occupations with High Fatality Rates, 2018

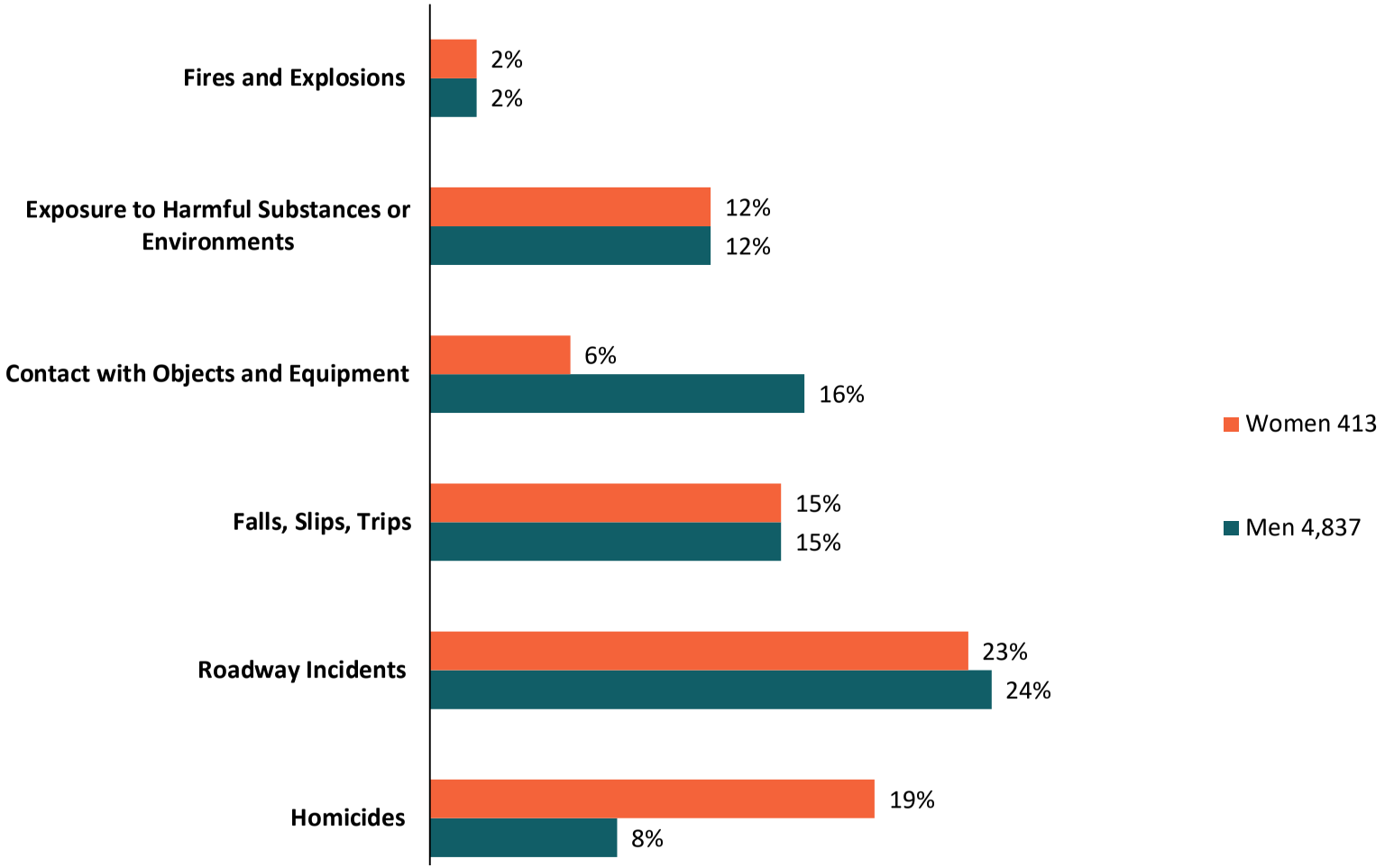
(Per 100,000 Workers)

National Fatality Rate = 3.5



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

Distribution of Fatal Injury Events by Gender of Worker, 2018



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

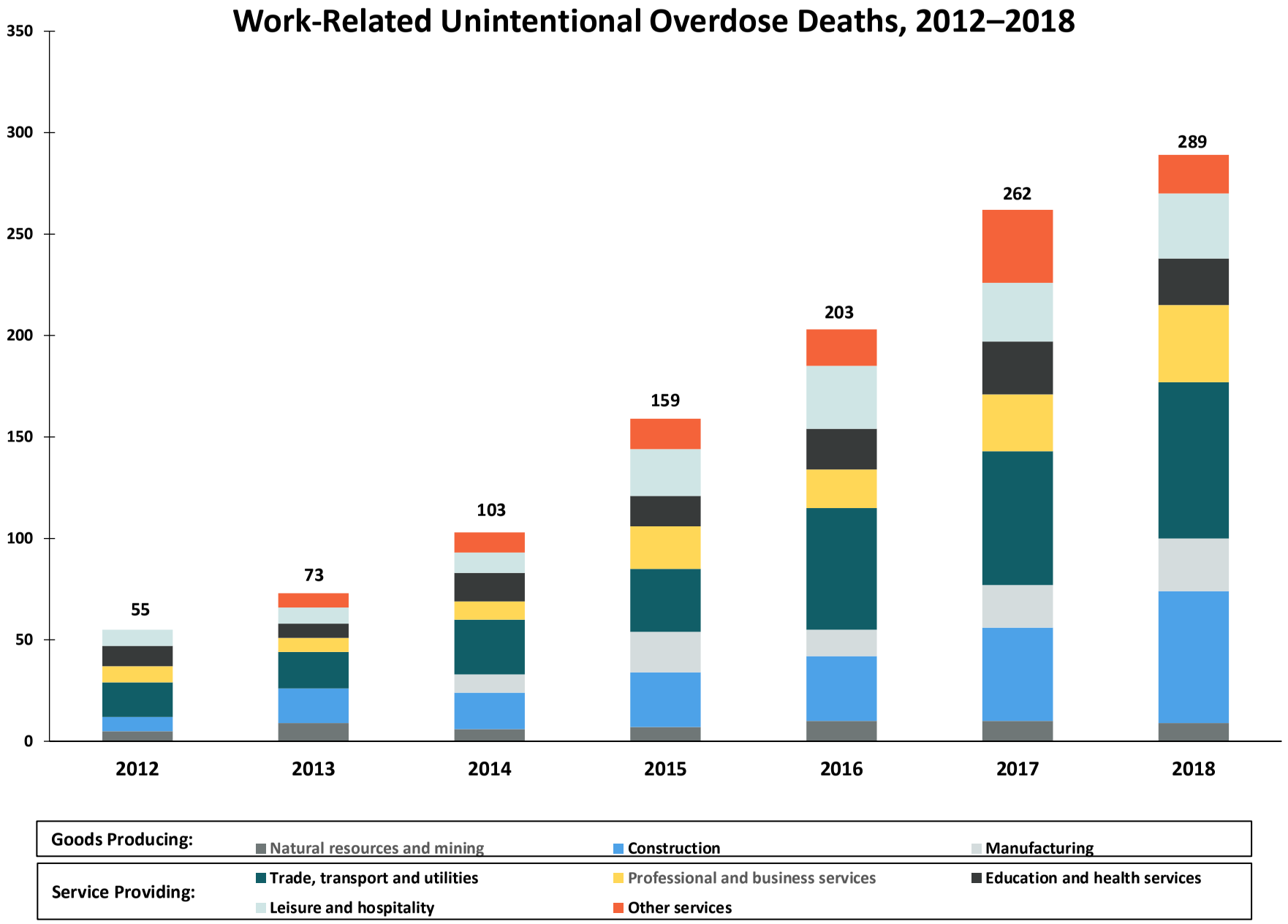
Profile of Workplace Homicides, 2018

Characteristic	Subcharacteristics	Deaths
Total Homicides[1]		453
Gender	Men	373
	Women	80
Employee Status	Wage and salary workers	351
	Self employed	102
Race	White	215
	Black	97
	Hispanic or Latino	84
Leading Primary Source	Assailant, suspect	221
	Co-worker or work associate	77
	Other client or customer	39
	Relative or domestic partner of injured or ill worker	33
Leading Secondary Source	Firearm	354
	Knives	35
Leading Worker Activity	Tending a retail establishment	128
	Protective service activities	95
	Vehicular and transportation operations	38
Leading Location	Public building	194
	Private residence	66
	Street or highway	58
Leading Occupations	Law enforcement workers	55
	Retail sales workers	46
	Supervisors of sales workers	37
Leading Industries	Retail trade	91
	Accommodations and food services	71
	Local government[2]	60
	Administrative and support services and waste mangagement and remediation services	37

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

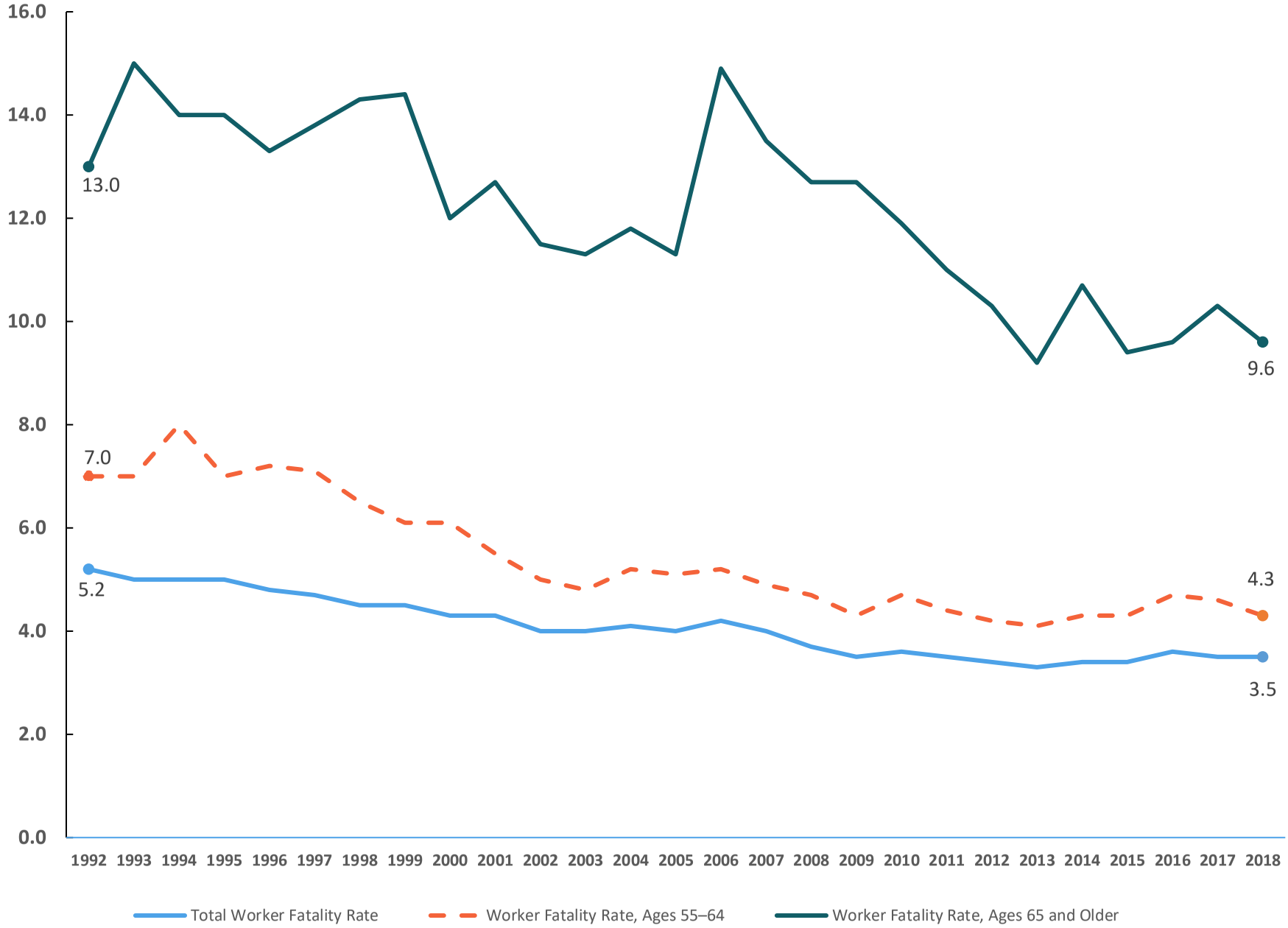
[1]This does not include 304 workplace suicides.

[2]Police protection accounted for 51 of these deaths.



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

Total Worker Fatality Rates Compared with Aging Worker Fatality Rates, 1992–2018[1]



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]All rates per 100,000 workers.

Fatal Work Injuries by Race, 1999–2018

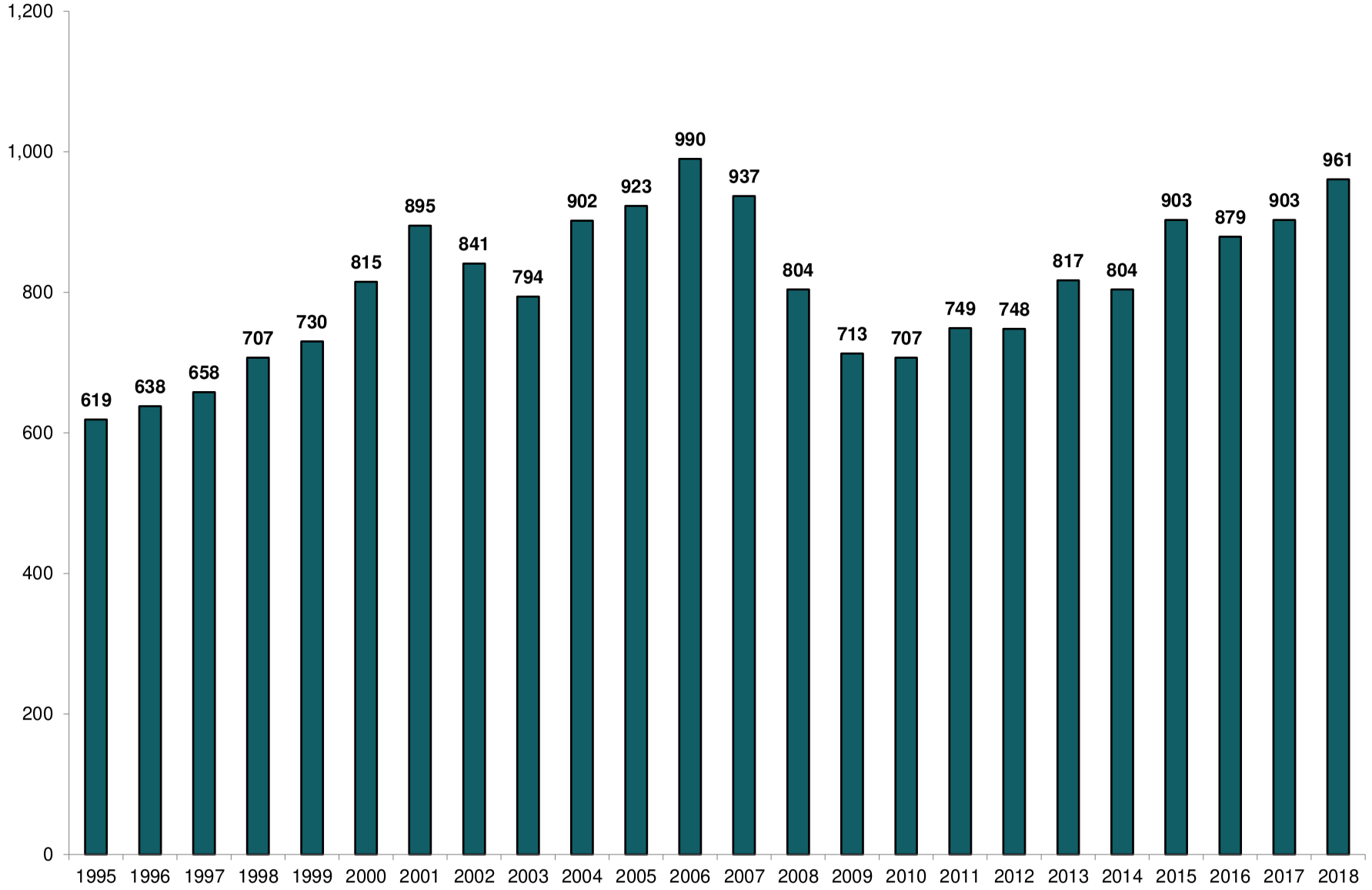
	1999	2000	2001[1]	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017[2]	2018[2]
Total Fatalities	6,054	5,920	5,915	5,534	5,575	5,764	5,734	5,840	5,657	5,214	4,551	4,690	4,693	4,628	4,585	4,821	4,836	5,190	5,147	5,250
White	4,410	4,244	4,175	3,926	3,988	4,066	3,977	4,019	3,867	3,663	3,204	3,363	3,323	3,177	3,125	3,332	3,241	3,481	3,449	3,405
Black or African American	616	575	565	491	543	546	584	565	609	533	421	412	440	486	439	475	495	587	530	615
Hispanic or Latino	730	815	895	841	794	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961
Asian or Pacific Islander	180	185	182	140	158	180	163	159	172	152	148	149	124	154	132	142	123	167	161	163
American Indian or Alaskan Native	54	33	48	40	42	28	50	46	29	32	33	32	30	37	35	34	36	38	38	42
Other Races/Not Reported	64	68	50	96	50	42	37	61	43	30	32	27	27	26	37	34	38	38	57	50

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Excludes fatalities from the September 11 terrorist attacks.

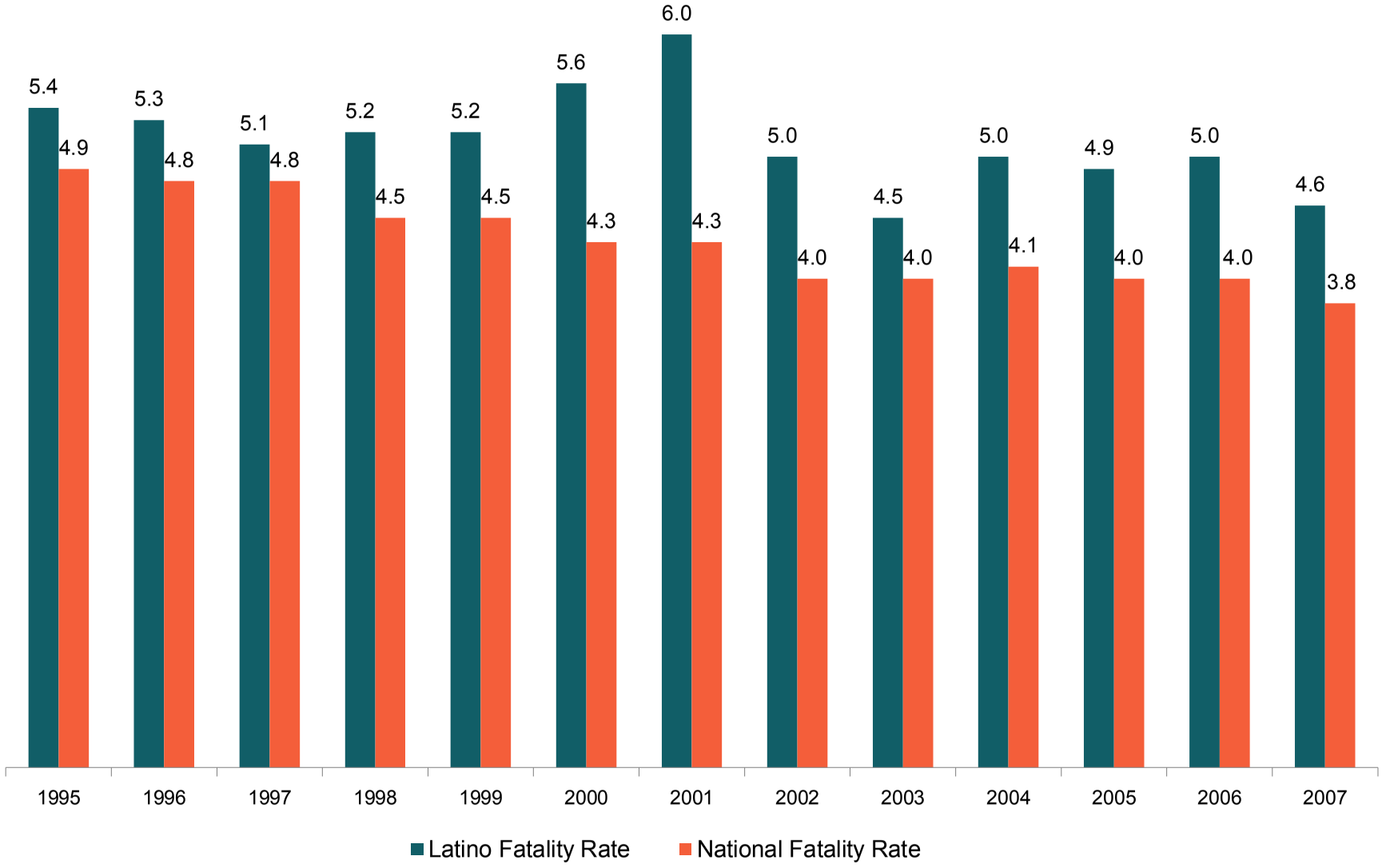
[2]Multiple races reported for nine fatalities in 2017 and 14 in 2018 .

Number of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2018



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

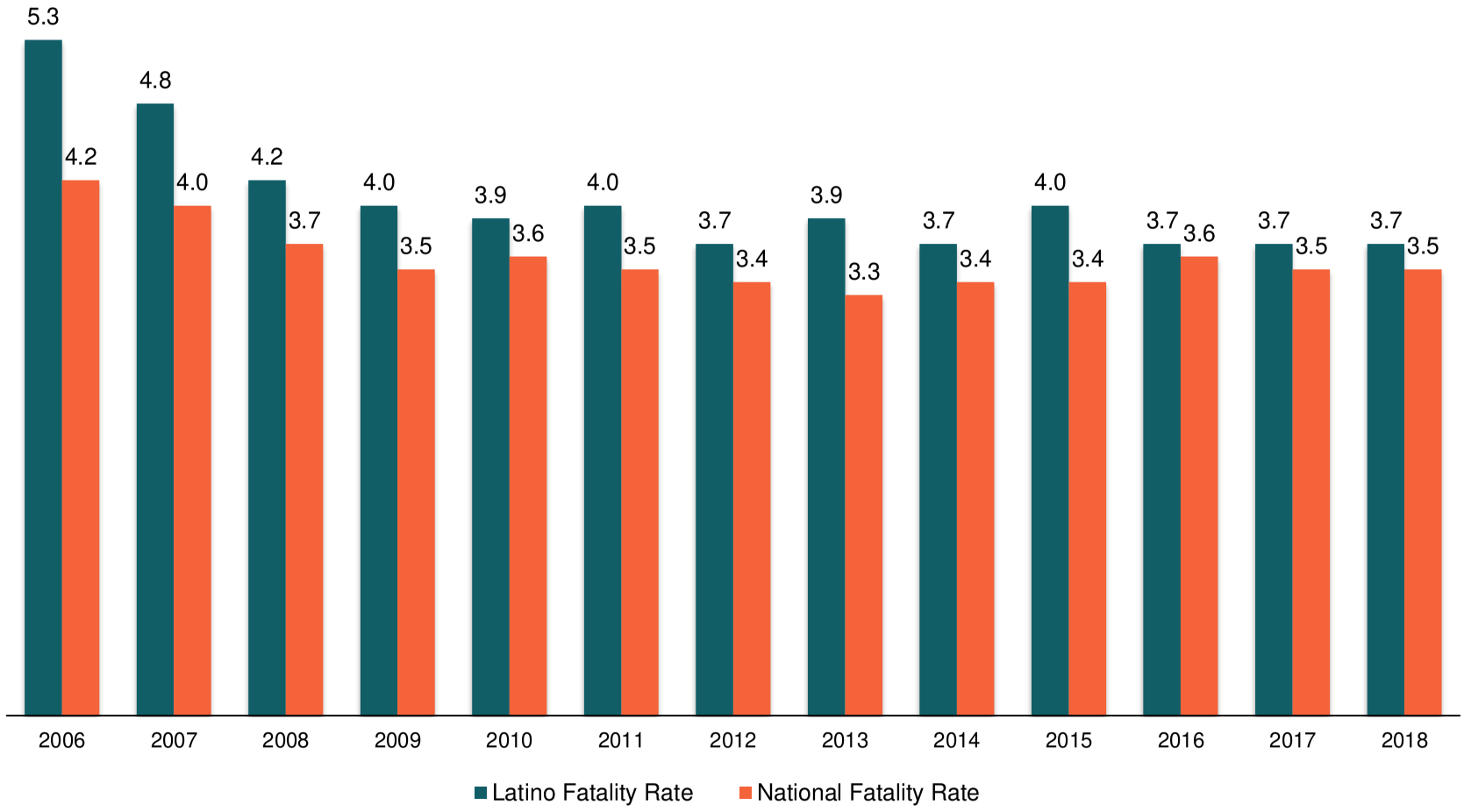
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2007[1]
(Employment-Based Rates)



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Incidence rate represents the number of fatalities per 100,000 workers. Fatality rate is an employment-based calculation. In 2008, CFOI switched to an hours-based fatality rate calculation. Employment-based fatality rates should not be compared directly with hours-based rates.

Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 2006–2018[1]
(Hours-Based Rates)



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Incidence rate represents the number of fatalities per 100,000 workers. In 2008, CFOI switched to an hours-based calculation from an employment-based calculation it used from 1992 to 2007. Fatality rate is an hours-based calculation using total hours worked figures that are annual average estimates of total persons at work multiplied by average hours for civilians, 16 years of age and older, from the Current Population Survey. Fatality rates for 2006 and 2007 were calculated by CFOI using both employment-based and hours-based calculations during the transition to hours-based rates beginning exclusively in 2008.

Profile of Hispanic and Latino Worker Fatalities, 2018

Characteristic	Subcharacteristics	Deaths
Total Fatalities		961
Country of Birth	Foreign-born	641
	Native-born	320
Leading Birthplace Countries	Mexico	403
	United States	320
	El Salvador	56
Employee Status	Wage and salary workers	836
	Self employed	125
Gender	Men	906
	Women	55
Leading Occupations	Construction trades workers	235
	Motor vehicle operators[1]	178
	Grounds maintenance workers	71
	Agricultural workers	60
Leading Industries	Construction	294
	Administration and support and waste management and remediation services[2]	114
	Transportation and warehousing[3]	164
Leading Event or Exposure	Transportation incidents	337
	Fall, slip, trip	190
	Contact with object/equipment	175
	Violence[4]	132

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Heavy and tractor-trailer truck drivers accounted for 152 of these deaths.

[2]Landscaping services accounted for 74 of these deaths.

[3]Truck transportation accounted for 120 of these deaths.

[4]Excludes animal- and insect-related incidents.

Profile of Foreign-Born Worker Fatalities, 2018

Characteristic	Subcharacteristics	Number
Total Fatalities		1,028
Leading Birthplace Countries	Mexico	406
	El Salvador	56
	Guatemala	43
	India	43
Employee Status	Wage and salary workers	865
	Self employed	163
Gender	Men	966
	Women	62
Leading Occupations	Motor vehicle operators[1]	221
	Construction trades workers	209
	Grounds maintenance workers	67
	Agricultural workers	59
	Material moving workers	41
Leading Industries	Construction	262
	Transportation and warehousing[2]	217
	Administrative and support and waste management and remediation services[3]	102
	Agriculture, forestry, fishing and hunting	85
Leading Event or Exposure	Transportation incidents	365
	Fall, slip, trip	205
	Violence[4]	175
	Contact with object/equipment	168

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Heavy and tractor-trailer truck drivers accounted for 182 of these deaths.

[2]Truck transportation accounted for 156 of these deaths.

[3]Landscaping services accounted for 69 of these deaths.

[4]Excludes animal- and insect-related incidents.

Workplace Injury and Illness Incidence Rates, Private Sector, 1974–2018 (Per 100 Workers)

Year	Total Case Rate	Cases with Days Away from Work, Job Transfer or Restriction		
		Total	Cases with Days Away from Work	Cases with Job Transfer or Restriction[1]
1974	10.4	3.5	N/A	N/A
1975	9.1	3.3	N/A	N/A
1976	9.2	3.5	3.3	0.2
1977	9.3	3.8	3.6	0.2
1978	9.4	4.1	3.8	0.3
1979	9.5	4.3	4.0	0.3
1980	8.7	4.0	3.7	0.3
1981	8.3	3.8	3.5	0.3
1982	7.7	3.5	3.2	0.3
1983	7.6	3.4	3.2	0.3
1984	8.0	3.7	3.4	0.3
1985	7.9	3.6	3.3	0.3
1986	7.9	3.6	3.3	0.3
1987	8.3	3.8	3.4	0.4
1988	8.6	4.0	3.5	0.5
1989	8.6	4.0	3.4	0.6
1990	8.8	4.1	3.4	0.7
1991	8.4	3.9	3.2	0.7
1992	8.9	3.9	3.0	0.8
1993	8.5	3.8	2.9	0.9
1994	8.4	3.8	2.8	1.0
1995	8.1	3.6	2.5	1.1
1996	7.4	3.4	2.2	1.1
1997	7.1	3.3	2.1	1.2
1998	6.7	3.1	2.0	1.2
1999	6.3	3.0	1.9	1.2
2000	6.1	3.0	1.8	1.2
2001	5.7	2.8	1.7	1.1
2002	5.3	2.8	1.6	1.2
2003	5.0	2.6	1.5	1.1
2004	4.8	2.5	1.4	1.1
2005	4.6	2.4	1.4	1.0
2006	4.4	2.3	1.3	1.0
2007	4.2	2.1	1.2	0.9
2008	3.9	2.0	1.1	0.9
2009	3.6	2.0	1.1	0.8
2010	3.5	1.8	1.1	0.8
2011	3.5	1.8	1.1	0.7
2012	3.4	1.8	1.0	0.7
2013	3.3	1.7	1.0	0.7
2014	3.2	1.7	1.0	0.7
2015	3.0	1.6	0.9	0.7
2016	2.9	1.6	0.9	0.7
2017	2.8	1.5	0.9	0.7
2018	2.8	1.6	0.9	0.7

Source: Department of Labor, Bureau of Labor Statistics.

[1]Through 2001, this column includes cases involving restricted activity only.

Workplace Injury and Illness Rates by Industry Sector, 1973–2002[1]

Per 100 Full-Time Workers

	Total Case Rate								
Year	**All Ind.**	**Mfg.**	**Const.**	**Mining**	**Finance**	**Agri.**	**Trans./Util.**	**Trade**	**Service**
1973	11.0	15.3	19.8	12.5	2.4	11.6	10.3	8.6	6.2
1974	10.4	14.6	18.3	10.2	2.4	9.9	10.5	8.4	5.8
1975	9.1	13.0	16.0	11.0	2.2	8.5	9.4	7.3	5.4
1976	9.2	13.2	15.3	11.0	2.0	11.0	9.8	7.5	5.3
1977	9.3	13.1	15.5	10.9	2.0	11.5	9.7	7.7	5.5
1978	9.4	13.2	16.0	11.5	2.1	11.6	10.1	7.9	5.5
1979	9.5	13.3	16.2	11.4	2.1	11.7	10.2	8.0	5.5
1980	8.7	12.2	15.7	11.2	2.0	11.9	9.4	7.4	5.2
1981	8.3	11.5	15.1	11.6	1.9	12.3	9.0	7.3	5.0
1982	7.7	10.2	14.6	10.5	2.0	11.8	8.5	7.2	4.9
1983	7.6	10.0	14.8	8.4	2.0	11.9	8.2	7.0	5.1
1984	8.0	10.6	15.5	9.7	1.9	12.0	8.8	7.2	5.2
1985	7.9	10.4	15.2	8.4	2.0	11.4	8.6	7.4	5.4
1986	7.9	10.6	15.2	7.4	2.0	11.2	8.2	7.7	5.3
1987	8.3	11.9	14.7	8.5	2.0	11.2	8.4	7.4	5.5
1988	8.6	13.1	14.6	8.8	2.0	10.9	8.9	7.6	5.4
1989	8.6	13.1	14.3	8.5	2.0	10.9	9.2	8.0	5.5
1990	8.8	13.2	14.2	8.3	2.4	11.6	9.6	7.9	6.0
1991	8.4	12.7	13.0	7.4	2.4	10.8	9.3	7.6	6.2
1992	8.9	12.5	13.1	7.3	2.9	11.6	9.1	8.4	7.1
1993	8.6	12.1	12.2	6.8	2.9	11.2	9.5	8.1	6.7
1994	8.4	12.2	11.8	6.3	2.7	10.0	9.3	7.9	6.5
1995	8.1	11.6	10.6	6.2	2.6	9.7	9.1	7.5	6.4
1996	7.4	10.6	9.9	5.4	2.4	8.7	8.7	6.8	6.0
1997	7.1	10.3	9.5	5.9	2.2	8.4	8.2	6.7	5.6
1998	6.7	9.7	8.8	4.9	1.9	7.9	7.3	6.5	5.2
1999	6.3	9.2	8.6	4.4	1.8	7.3	7.3	6.1	4.9
2000	6.1	9.0	8.3	4.7	1.9	7.1	6.9	5.9	4.9
2001	5.7	8.1	7.9	4.0	1.8	7.3	6.9	5.6	4.6
2002	5.3	7.2	7.1	4.0	1.7	6.4	6.1	5.3	4.6

Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1]Beginning with the 2003 reference year, the Survey of Occupational Injuries and Illnesses began using the North American Industry Classification System for industries. Prior to 2003, the survey used the Standard Industrial Classification system. The substantial differences between these systems result in breaks in series for industry data.

Workplace Injury and Illness Rates by Industry Sector, 2004–2018[1,2]

	2004	2005	2006	2007	2008[3]	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total case rate, private industry	**4.8**	**4.6**	**4.4**	**4.2**	**3.9**	**3.6**	**3.5**	**3.5**	**3.4**	**3.3**	**3.2**	**3.0**	**2.9**	**2.8**	**2.8**
State and local government	**-**	**-**	**-**	**-**	**6.3**	**5.8**	**5.7**	**5.7**	**5.6**	**5.2**	**5**	**5.1**	**4.7**	**4.6**	**4.8**
State government	-	-	-	-	4.7	4.6	4.6	4.6	4.4	3.9	4.1	3.7	3.7	3.6	3.6
Local government	-	-	-	-	7.0	6.3	6.1	6.1	6.1	5.7	5.4	5.6	5.0	5.0	5.3
Natural resources and mining	**5.3**	**5.1**	**4.9**	**4.4**	**4.1**	**4.0**	**3.7**	**4.0**	**3.8**	**3.9**	**3.8**	**3.7**	**4.2**	**3.6**	**3.7**
Agriculture, forestry, fishing and hunting	6.4	6.1	6.0	5.4	5.3	5.3	4.8	5.5	5.5	5.7	5.5	5.7	6.1	5.0	5.3
Mining, quarrying, and oil and gas extraction	3.8	3.6	3.5	3.1	2.9	2.4	2.3	2.2	2.1	2.0	2	1.4	1.5	1.5	1.4
Construction	**6.4**	**6.3**	**5.9**	**5.4**	**4.7**	**4.3**	**4.0**	**3.9**	**3.7**	**3.8**	**3.6**	**3.5**	**3.2**	**3.1**	**3.0**
Construction (local gov.)	-	-	-	-	12.7	13.0	9.5	8.7	10.2	7.9	8.6	8.0	9.1	-	-
Manufacturing	**6.8**	**6.3**	**6.0**	**5.6**	**5.0**	**4.3**	**4.4**	**4.4**	**4.3**	**4.0**	**4**	**3.8**	**3.6**	**3.5**	**3.4**
Trade, transportation and utilities	**5.5**	**5.2**	**5.0**	**4.9**	**4.4**	**4.1**	**4.1**	**3.9**	**3.9**	**3.8**	**3.6**	**3.6**	**3.4**	**3.4**	**3.5**
Wholesale trade	4.5	4.5	4.1	4.0	3.7	3.3	3.4	3.2	3.3	3.1	2.9	3.1	2.8	2.8	2.9
Retail trade	5.3	5.0	4.9	4.8	4.4	4.2	4.1	3.9	4.0	3.8	3.6	3.5	3.3	3.3	3.5
Transportation and warehousing	7.3	7.0	6.5	6.4	5.7	5.2	5.2	5.0	4.9	4.7	4.8	4.5	4.6	4.6	4.5
Utilities	5.2	4.6	4.1	4.0	3.5	3.3	3.1	3.5	2.8	2.1	2.4	2.2	2.1	2.0	1.9
Information	**2.0**	**2.1**	**1.9**	**2.0**	**2.0**	**1.9**	**1.8**	**1.6**	**1.4**	**1.5**	**1.4**	**1.3**	**1.3**	**1.3**	**1.3**
Financial activities	**1.6**	**1.7**	**1.5**	**1.4**	**1.5**	**1.5**	**1.3**	**1.4**	**1.3**	**1.3**	**1.2**	**1.1**	**1.1**	**1.0**	**1.0**
Professional and business services	**2.4**	**2.4**	**2.1**	**2.1**	**1.9**	**1.8**	**1.7**	**1.7**	**1.6**	**1.6**	**1.5**	**1.4**	**1.4**	**1.3**	**1.3**
Educational and health services	**5.8**	**5.5**	**5.4**	**5.2**	**5.0**	**5.0**	**4.8**	**4.7**	**4.5**	**4.4**	**4.2**	**4.0**	**3.9**	**3.8**	**3.7**
Hospitals (private)	8.3	8.1	8.1	7.7	7.6	7.3	7.0	6.8	6.6	6.4	6.2	6.0	5.9	5.7	5.6
Hospitals (state gov.)	-	-	-	-	11.9	11.0	11.8	9.2	9.2	7.7	8.7	8.1	8.2	7.7	8.1
Nursing and Residential Care (private)	9.7	9.1	8.9	8.8	8.4	8.4	8.3	7.8	7.6	7.3	7.1	6.8	6.4	6.3	6.1
Nursing and Residential Care (state gov.)	-	-	-	-	12.5	-	15.1	13.1	13.6	13.7	12.6	12.0	13.7	10.9	11.9
Leisure and hospitality	**4.7**	**4.7**	**4.6**	**4.5**	**4.2**	**3.9**	**3.9**	**4.0**	**3.9**	**3.8**	**3.6**	**3.5**	**3.4**	**3.4**	**3.3**
Other services, except public administration	**3.2**	**3.2**	**2.9**	**3.1**	**3.1**	**2.9**	**2.7**	**2.6**	**2.5**	**2.5**	**2.5**	**2.3**	**2.3**	**2.1**	**2.2**

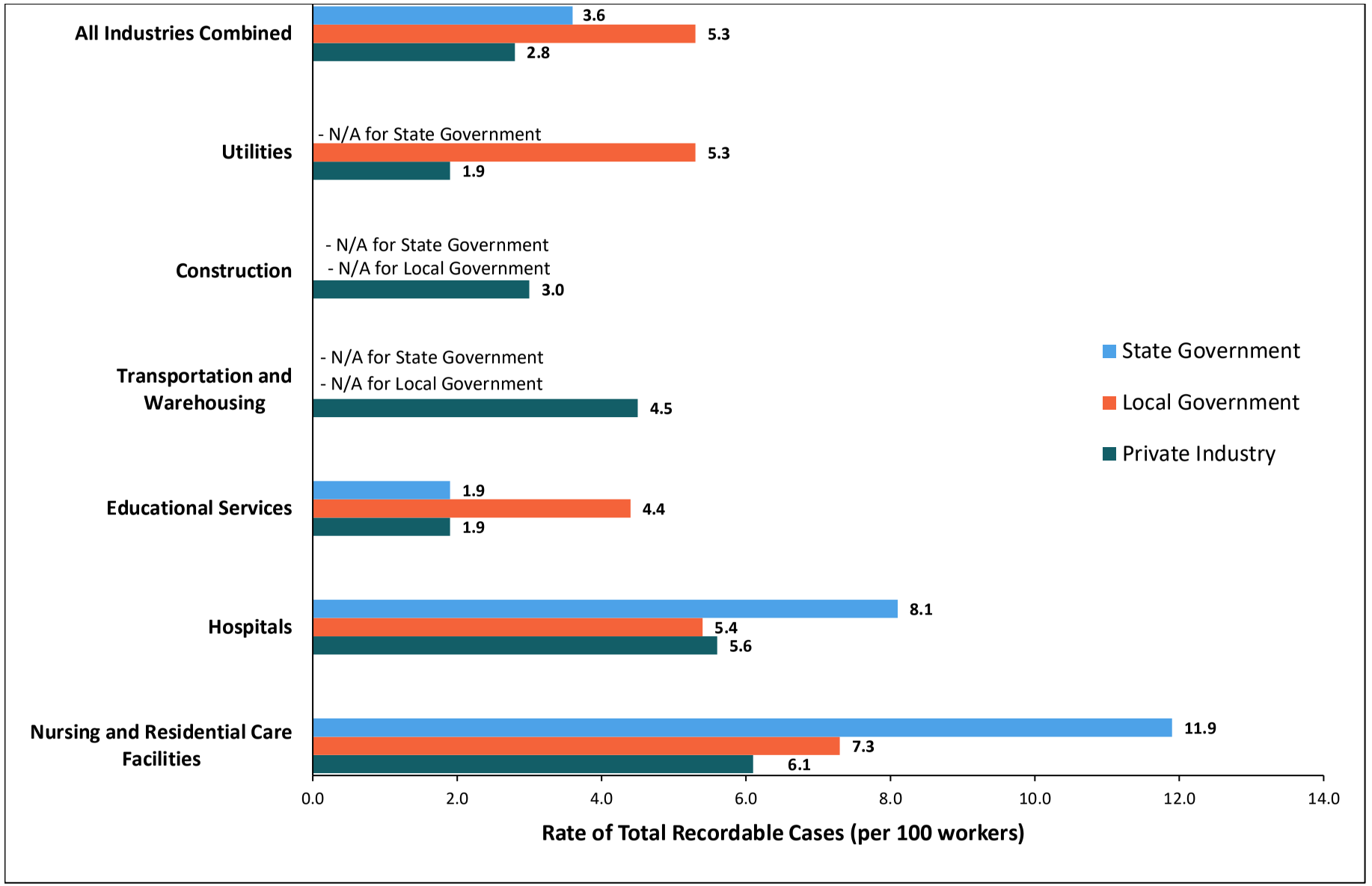
Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1]Total recordable cases per 100 workers.

[2]Private industry, unless otherwise noted.

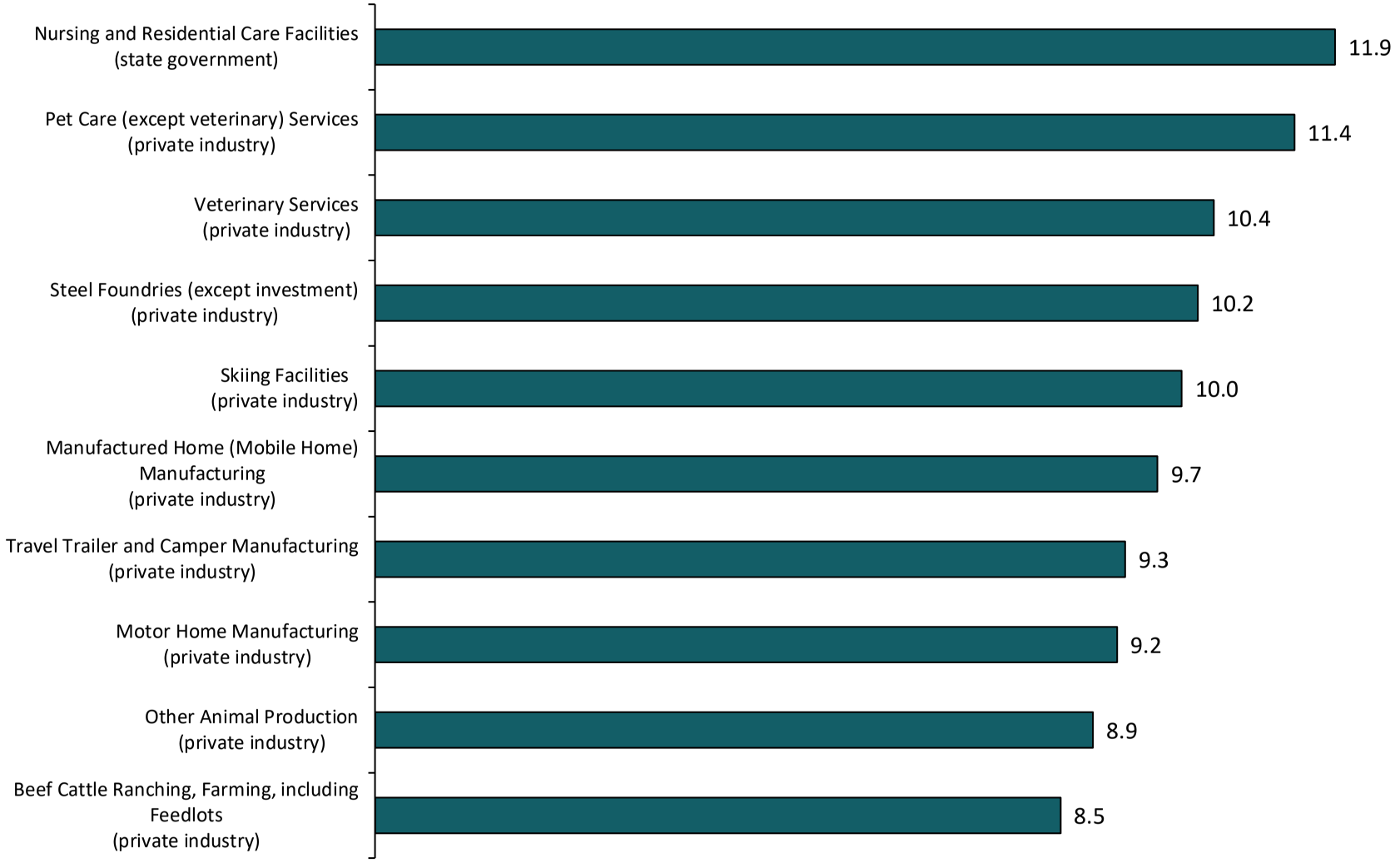
[3]Beginning in 2008, the Bureau of Labor Statistics provided national public sector estimates for state and local government workers.

Rate of Workplace Injuries and Illnesses for Selected Industries in State Government, Local Government and Private Industry, 2018



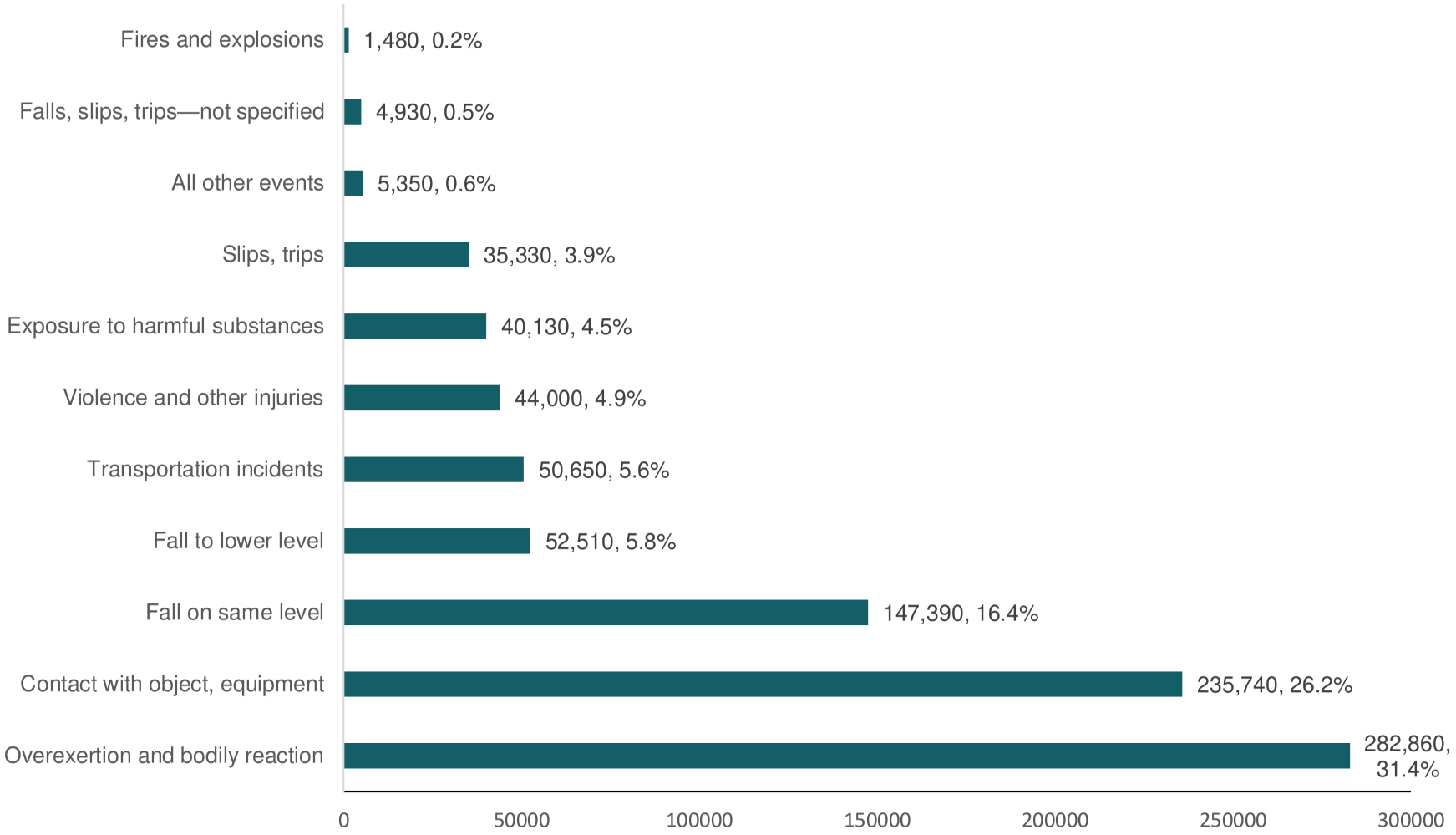
Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

Industries with the Highest Total Nonfatal Injury and Illness Rates, 2018
(Per 100 Workers)
Private Industry = 2.8
State Government = 3.6
Local Government = 5.3



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

Nonfatal Occupational Injuries and Illnesses with Days Away from Work by Event or Exposure, Private Industry, 2018[1]
Total = 900,370



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

Number of Injury and Illness Cases in Private Industry with Days Away from Work Among Hispanic and Latino Workers, 1995–2018[1]

Year	Number of Hispanic and Latino Worker Cases	Percent of Total Injury and Illness Cases
1995	191,665	9.4
1996	169,300	9.0
1997	187,221	10.2
1998	179,399	10.4
1999	182,896	10.7
2000	186,029	11.2
2001	191,959	12.5
2002[2]	180,419	12.6
2003[3]	161,330	12.3
2004[3]	164,390	13.1
2005[3]	163,440	13.2
2006[3]	159,440	13.5
2007[3]	157,320	13.6
2008[3]	145,870	13.5
2009[3]	125,790	13.0
2010[3]	122,970	13.2
2011[3]	117,210	12.9
2012[3]	118,940	13.1
2013[3]	124,330	13.6
2014[3]	124,280	13.6
2015[3]	125,360	13.9
2016[3]	127,490	14.3
2017[3]	122,220	13.8
2018[3]	123,390	13.7

Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1]Days away from work include those that result in days away from work with or without restricted work activity. They do not include cases involving only restricted work activity.

[2]Days away from work cases include those that result in days away from work with or without job transfer or restriction.

[3]Classification of workers by race and ethnicity was revised in 2003 to conform to other government data. One result of this revision is that individuals may be categorized in more than one race or ethnic group. Cases reflected here are for those who reported Hispanic or Latino only and Hispanic or Latino and other race. Race and ethnicity data reporting is not mandatory in the BLS Survey of Occupational Injuries and Illnesses. As a result, 30-40% of cases do not report race and ethnicity.

Workplace Injuries and Illnesses to Women Involving Days Away from Work, Private Industry, 2018

Characteristic	Subcharacteristics	Number
Total Number of Injuries and Illnesses with Days Away from Work		353,440
Leading Industries	Hospitals	41,160
	Nursing and residential care facilities	39,520
	Food service and drinking places	29,980
Leading Occupations	Nursing, psychiatric and home health aides	35,290
	Building cleaning workers	22,440
	Laborers and material movers	19,310
	Registered nurses	18,190
Leading Nature	Sprains, strains, tears	125,370
	Soreness, pain, hurt, unspecified	70,800
	Bruises, contusions	39,660
Leading Event or Exposure	Falls, slips, trips	115,430
	Overexertion and bodily reaction	109,130
	Contact with objects and equipment	66,640
Leading Source	Bodily motion or position of injured, ill worker	47,510
	Floors[1]	50,040
	Patient	39,150
Median Days Away from Work	Total cases	8
	Women	7

Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]This category accounts for floors only. Floors, walkways and ground surfaces combined accounted for 83,140 injuries and illnesses involving days away from work for women.

Workplace Injuries and Illnesses to Men Involving Days Away from Work, Private Industry, 2018

Characteristic	Subcharacteristics	Number
Total Number of Injuries and Illnesses with Days Away from Work		541,330
Leading Industries	Specialty trade contractors	49,810
	Truck transportation	28,190
	Food service and drinking places	28,030
Leading Occupations	Driver/sales workers and truck drivers	71,440
	Laborers and material movers	55,450
	Maintence and repair workers	20,300
	Construction laborers	19,390
Leading Nature	Sprains, strains, tears	180,850
	Soreness, pain, hurt, unspecified	88,020
	Cuts, lacerations	60,830
Leading Event or Exposure	Overexertion and bodily reaction	172,230
	Contact with objects and equipment	168,080
	Falls, slips, trips	123,550
Leading Source	Bodily motion or position of injured, ill worker	69,100
	Containers, nonpressurized	44,560
	Floors[1]	25,500
Median Days Away from Work	Total cases	8
	Men	9

Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]This category accounts for floors only. Floors, walkways and ground surfaces combined accounted for 63,000 injuries and illnesses involving days away from work for men.

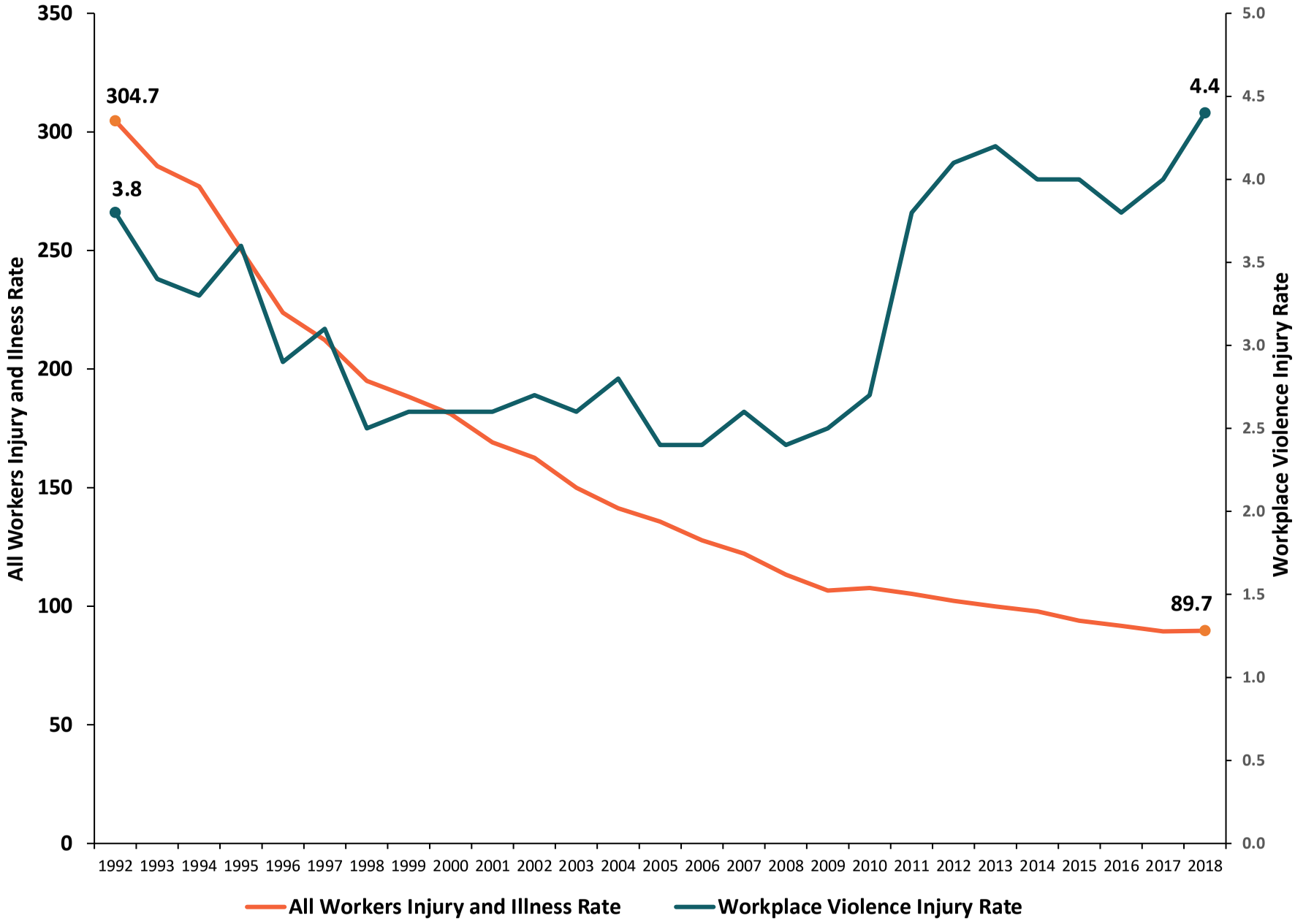
Number of Workplace Violence Events Leading to Injuries Involving Days Away from Work, Private Industry, 2018[1]

Characteristic	Subcharacteristics	Number
Total Events		30,450
Gender	Women	21,040
	Men	9,240
Race	White	9,060
	Black	4,670
	Hispanic or Latino	2,650
Leading Industries	Nursing and residential care facilities	7,710
	Hospitals	7,410
	Social assistance	4,170
	Ambulatory health care services	2,380
Leading Occupations	Nursing, psychiatric and home health aides	5,460
	Personal care aides	2,860
	Registered nurses	2,830
Leading Nature of Injury	Sprains, strains, tears	7,390
	Soreness, pain	7,330
	Bruises, contusions	5,400
Leading Source	Patient	16,010
	Other client or customer	4,930
	Student	4,310
Median Days Away from Work	Overall, all injuries and illnesses	8
	Intentional injury by person	5
	Injury by person—unintentional or intent unknown	7

Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Violence events in private industry include intentional injury by person and injury by person—unintentional or intent unknown, and exclude animal- and insect-related incidents.

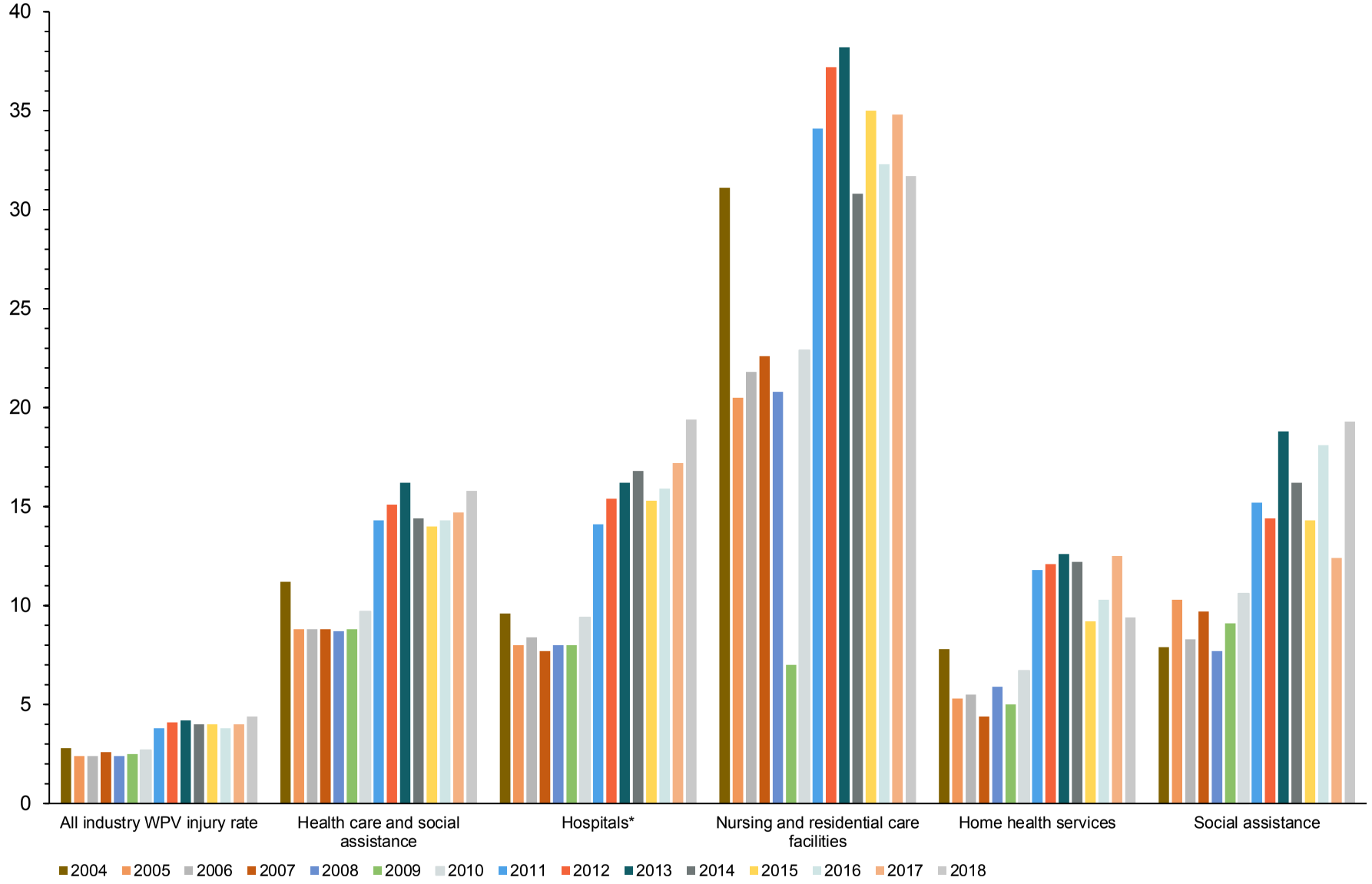
Total Injury and Illness Rates Compared with Workplace Violence Injury Rates, Private Industry, 1992–2018[1]



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Rate of injuries and illnesses leading to days away from work, per 10,000 workers.

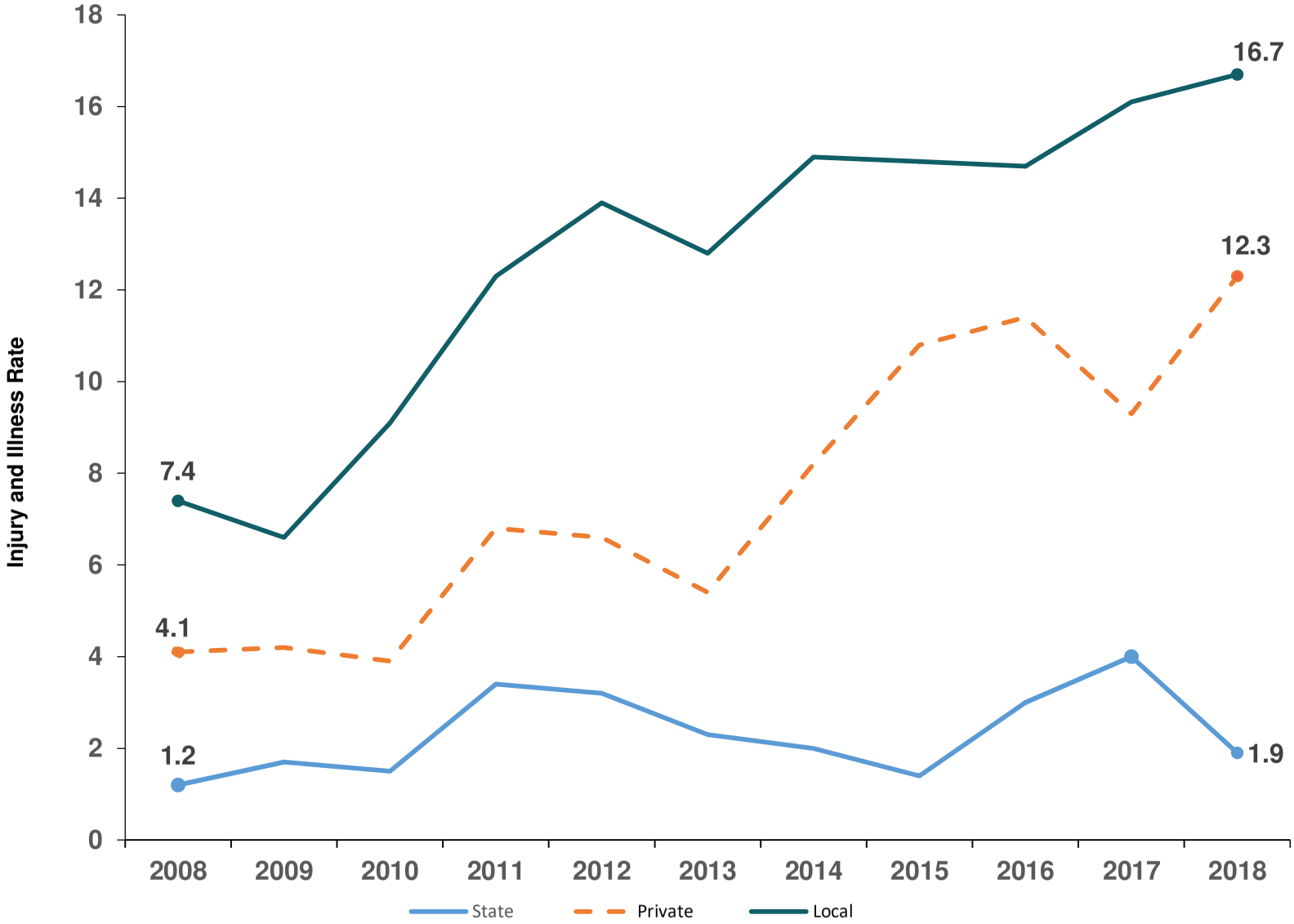
Workplace Violence (WPV) Rates for Injuries Leading to Days Away from Work in Selected Health Care Industries, Private Industry, 2004–2018[1]



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Rate per 10,000 workers.
*The subcategory "psychiatric and substance abuse hospitals" had a workplace violence injury rate of 175.0 per 10,000 workers in 2018; 181.1 in 2017; 123.6 in 2016; 133.4 in 2015; 170.2 in 2014; 134.6 in 2013; 111.7 in 2012; 111.7 in 2012; 117.6 in 2011; 77.0 in 2010; 77.9 in 2009; 70.2 in 2008; 60.1 in 2007; and 84.3 in 2006. Data not available for 2005 and 2004.

Workplace Violence Rates in Educational Services for Private Industy, State and Local Government, 2008–2018[1]



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Rate of injuries and illnesses leading to days away from work, per 10,000 workers.

Estimated and Reported Cases of Musculoskeletal Disorders, Private Industry, 1996–2018[1,2]

Year	Total MSD Cases[1]	MSD Cases with Days Away from Work, Job Transfer or Restriction[1,3]	MSD Cases with Job Transfer or Restriction[1,4]	MSDs Involving Days Away from Work[5]	Percent of Cases Involving MSDs
1996	2,146,182	974,380	327,025	647,355	34.4%
1997	2,101,795	980,240	353,888	626,352	34.2%
1998	2,025,598	950,999	358,455	592,544	34.2%
1999	1,951,862	938,038	355,698	582,340	34.2%
2000	1,960,585	954,979	377,165	577,814	34.7%
2001	1,773,304	870,094	347,310	522,500	34.0%
2002	1,598,204	848,062	359,788	487,915	34.0%
2003	1,440,516	759,627	325,380	435,180	33.0%
2004	1,362,336	712,000	309,024	402,700	32.0%
2005	1,264,260	655,440	285,030	375,540	30.0%
2006	1,233,791	638,609	281,192	357,160	30.2%
2007	1,152,778	586,368	252,634	333,760	28.8%
2008	1,086,653	558,835	241,844	317,440	29.4%
2009	963,644	490,216	206,506	283,800	29.4%
2010	934,337	487,421	202,795	284,340	30.5%
2011	1,018,397	534,697	214,966	309,940	34.1%
2012	1,032,811	539,793	225,515	314,470	34.7%
2013	1,015,212	522,988	215,348	307,640	33.5%
2014	955,072	507,382	208,922	298,460	32.3%
2015	954,501	509,067	222,717	286,350	31.7%
2016	921,394	508,355	222,405	285,950	31.8%
2017	879,667	471,250	188,500	282,750	31.2%
2018	848,649	484,942	212,162	272,780	30.3%

Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1]Total MSD cases, MSD days away, job transfer or restriction cases, and MSD job transfer or restriction cases are estimated based upon the percentage of MSD cases reported by BLS for the total days away from work cases involving MSD in private industry.

[2]These figures are based on employer-reported cases of MSDs provided to BLS. The number of cases shown here does not reflect the impact of under-reporting, which would significantly increase the true toll of MSDs occurring among workers. OSHA has estimated that for every reported MSD, two MSDs go unreported.

[3]Through 2001, this column was titled Total MSD Lost Workday Cases. The new title reflects the change in the recordkeeping standard that went into effect Jan. 1, 2002. Lost workday cases were defined as those that involve days away from work, days of restricted work activity, or both. They do not include cases involving only restricted work activity.

[4]Through 2001, this column was titled MSD Cases with Days of Restricted Activity. The new title reflects the change in the recordkeeping standard that went into effect Jan. 1, 2002.

[5]Days away from work cases include those that result in days away from work without job transfer or restriction. They do not include cases involving only restricted work activity. Prior to 2002, days away from work cases included those that resulted in days away from work with restricted activity.

Estimates of the True Toll of Workplace Injuries and Illnesses

	Estimated 2018 Figures Accounting for Impact of Undercounting Injuries and Illnesses[1]	2018 Data Reported by Bureau of Labor Statistics
Total Number of Nonfatal Injuries and Illnesses in Private Industry	**8.4 million**	**2.8 million**
Total Nonfatal Injury and Illness Case Rate in Private Industry (cases per 100 workers)	**8.4**	**2.8**
Total Number of Injuries and Illnesses Involving Days Away from Work in Private Industry	**2.70 million**	**900,380**
Case Rate for Nonfatal Injuries and Illnesses Involving Days Away from Work (cases per 100 workers) in Private Industry	**2.7**	**0.9**
Total Number of Musculoskeletal Disorders—Cases Involving Days Away from Work in Private Industry	**818,340**	**272,780**
Total Number of Estimated Cases of Musculoskeletal Disorders in Private Industry	**2,545,947**	**848,649**

Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1] A detailed comparison of individual injury and illness reports from various reporting systems found that only one in three workplace injuries and illnesses was reported on the OSHA Log and captured by the Bureau of Labor Statistics survey. This study did not address the number of injuries and illnesses that are not reported to any reporting system in the first place. Thus, this study represents a conservative estimate of under-reporting of the true toll of injuries and illnesses. For more details on the study, see the paper by Rosenman, et al., "How Much Work-Related Injury and illness is Missed by the Current National Surveillance System?," Journal of Occupational and Environmental Medicine, 48(4): 357–365, April 2006.

Federal OSHA Inspection/Enforcement Activity, FY 2010–2019

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Inspections	41,018	40,625	40,950	39,178	36,167	35,822	31,948	32,396	32,020	33,401
Safety	34,353	33,338	33,598	31,920	29,343	28,903	25,704	26,607	26,453	27,890
Health	6,665	7,287	7,352	7,258	6,824	6,917	6,244	5,789	5,567	5,511
Complaints	8,036	8,762	9,568	9,503	9,577	9,037	8,870	8,254	7,510	7,408
Programmed	24,752	23,319	23,082	22,170	19,207	16,527	12,731	14,396	13,980	14,910
Construction	24,441	22,624	22,507	20,430	18,223	17,549	15,610	16,921	16,729	17,500
Maritime	300	340	386	411	370	357	297	292	274	275
Manufacturing	7,921	8,566	8,399	7,945	7,602	8,051	7,450	7,043	6,863	7,046
Other	8,356	9,094	9,654	10,392	9,972	9,863	8,591	8,140	8,154	8,580
Average Case Hours/Inspections										
Safety	19.0	20.4	20.3	22.5	22.0	22.3	21.0	20.21	19.26	18.4
Health	33.8	33.9	34.6	40.1	45.2	39.7	33.4	33.58	32.00	29.34
Violations – Total	96,610	81,861	78,760	78,037	67,556	65,044	59,856	51,273	50,910	50,638
Willful	1,513	572	424	316	433	527	524	319	341	364
Repeat	2,749	3,029	3,031	3,119	2,954	3,088	3,146	2,771	2,593	2,471
Serious	74,721	59,547	57,155	58,234	49,416	47,934	42,984	36,802	36,645	36,447
Unclassified	2	7	1	-	1	1	1	-	1	1
Other	17,298	18,436	18,038	16,260	14,597	13,016	11,895	11,300	11,265	11,280
FTA	327	270	107	77	155	107	152	81	65	75
Penalties – Total ($)	181,391,692	178,289,800	168,842,092	149,994,488	143,535,247	156,525,585	162,872,470	196,837,526	196,598,571	207,960,691
Willful	81,906,139	22,737,340	15,053,400	12,484,996	17,474,793	21,581,025	21,794,276	20,808,006	21,108,034	21,611,925
Repeat	12,007,280	21,076,053	21,884,028	19,563,867	20,407,958	24,042,251	27,277,061	31,447,412	29,823,210	34,862,762
Serious	78,632,344	125,459,324	123,274,497	110,326,980	97,427,404	102,971,432	103,234,454	130,767,703	131,173,038	135,482,837
Unclassified	1,700	317,775	1,200	-	0	4,200	-	-	5,432	1,037
Other	5,018,568	7,299,625	7,829,960	6,855,744	6,500,117	7,222,074	8,537,920	12,183,280	12,926,576	14,876,315
FTA	3,825,661	1,399,683	797,507	762,901	1,724,976	704,143	2,028,758	1,631,125	1,561,970	1,125,815
Average Penalty/ Violation ($)	1,878	2,178	2,144	1,922	2,125	2,406	2,721	3,839	3,862	4,107
Willful	54,135	39,751	35,503	39,509	40,357	40,951	41,592	65,229	61,900	59,373
Repeat	4,368	6,958	7,220	6,272	6,909	7,786	8,670	11,349	11,501	14,109
Serious	1,052	2,107	2,157	1,895	1,972	2,148	2,402	3,553	3,580	3,717
Unclassified	850	45,396	1,200	-	0	4,200	-	-	5,432	1,037
Other	290	396	434	422	445	555	718	1,078	1,148	1,319
FTA	11,699	5,184	7,453	9,908	11,129	6,581	13,347	20,137	24,030	15,011
Percent Inspections with Citations Contested (%)	8.0%	10.8%	11.4%	6.0%	6.6%	7.4%	8.3%	8.5%	8.3%	8.0%

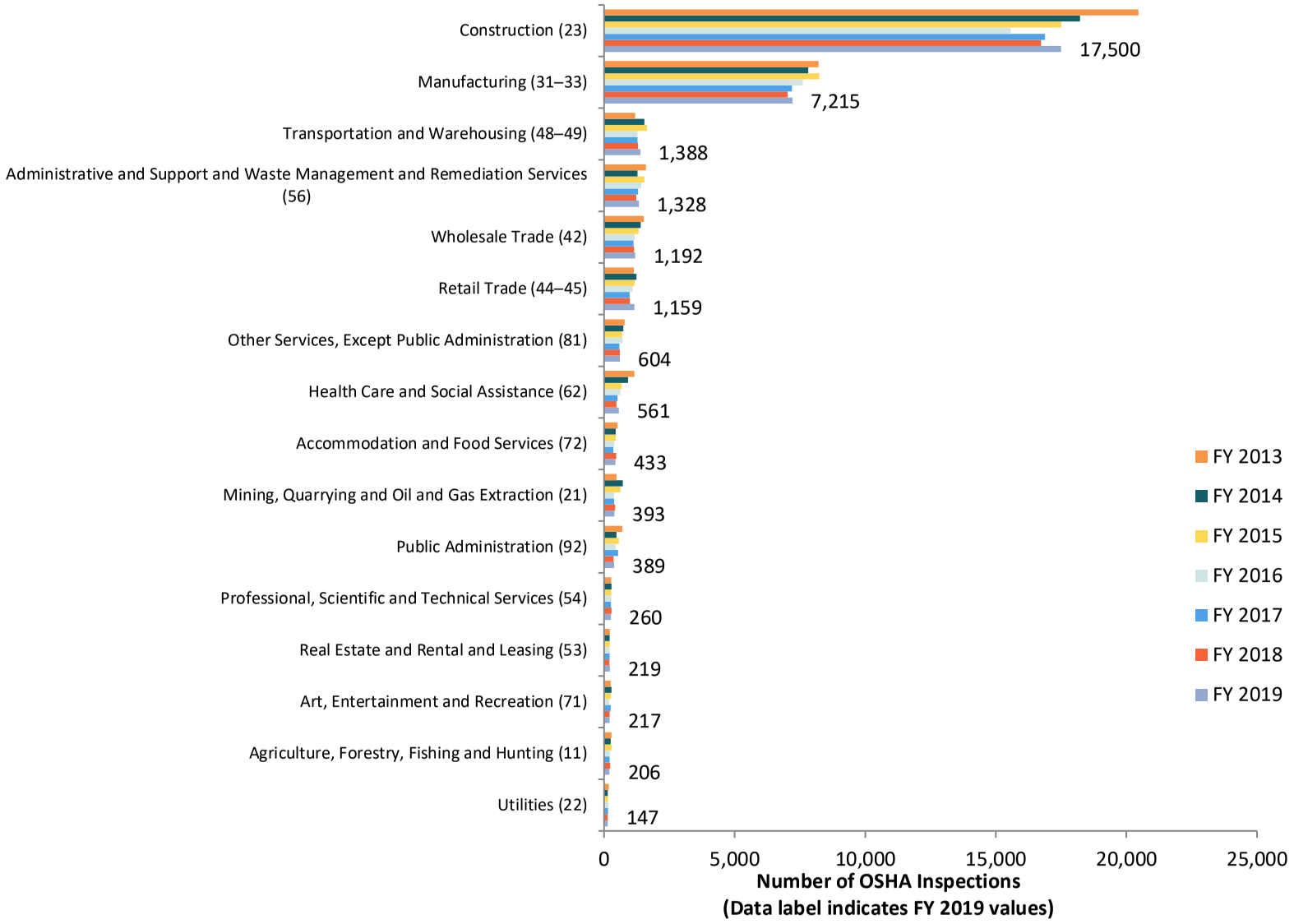
Sources: OSHA IMIS Inspection Reports, FY 2010–FY 2013, and OIS Federal Inspection Reports, FY 2012–FY 2019.

Federal OSHA and State Plan OSHA Inspection/Enforcement Activity, FY 2019

	FEDERAL OSHA	STATE PLAN OSHA
Inspections	33,401	42,028
Safety	27,890	32,662
Health	5,511	9,366
Complaints	7,408	9,260
Programmed	14,910	18,828
Construction	17,500	17,598
Maritime	275	85
Manufacturing	7,046	6,946
Other	8,580	17,399
Average Case Hours/Inspection		
Safety	18.40	22.03
Health	29.34	28.28
Violations – Total	50,638	84,258
Willful	364	267
Repeat	2,471	2,424
Serious	36,447	41,584
Unclassified	1	29
Other	11,280	39,728
FTA	75	226
Penalties – Total ($)	207,960,691	123,357,492
Willful	21,611,925	13,554,551
Repeat	34,862,762	12,876,238
Serious	135,482,937	84,489,831
Unclassified	1,037	161,061
Other	14,876,315	11,133,408
FTA	1,125,815	1,142,403
Average Penalty/Violation ($)	4,107	1,464
Willful	59,373	50,766
Repeat	14,109	5,312
Serious	3,717	2,032
Unclassified	1,037	5,554
Other	1,319	280
FTA	15,011	5,055
Percent Inspections with Citations Contested	8.0%	17.7%

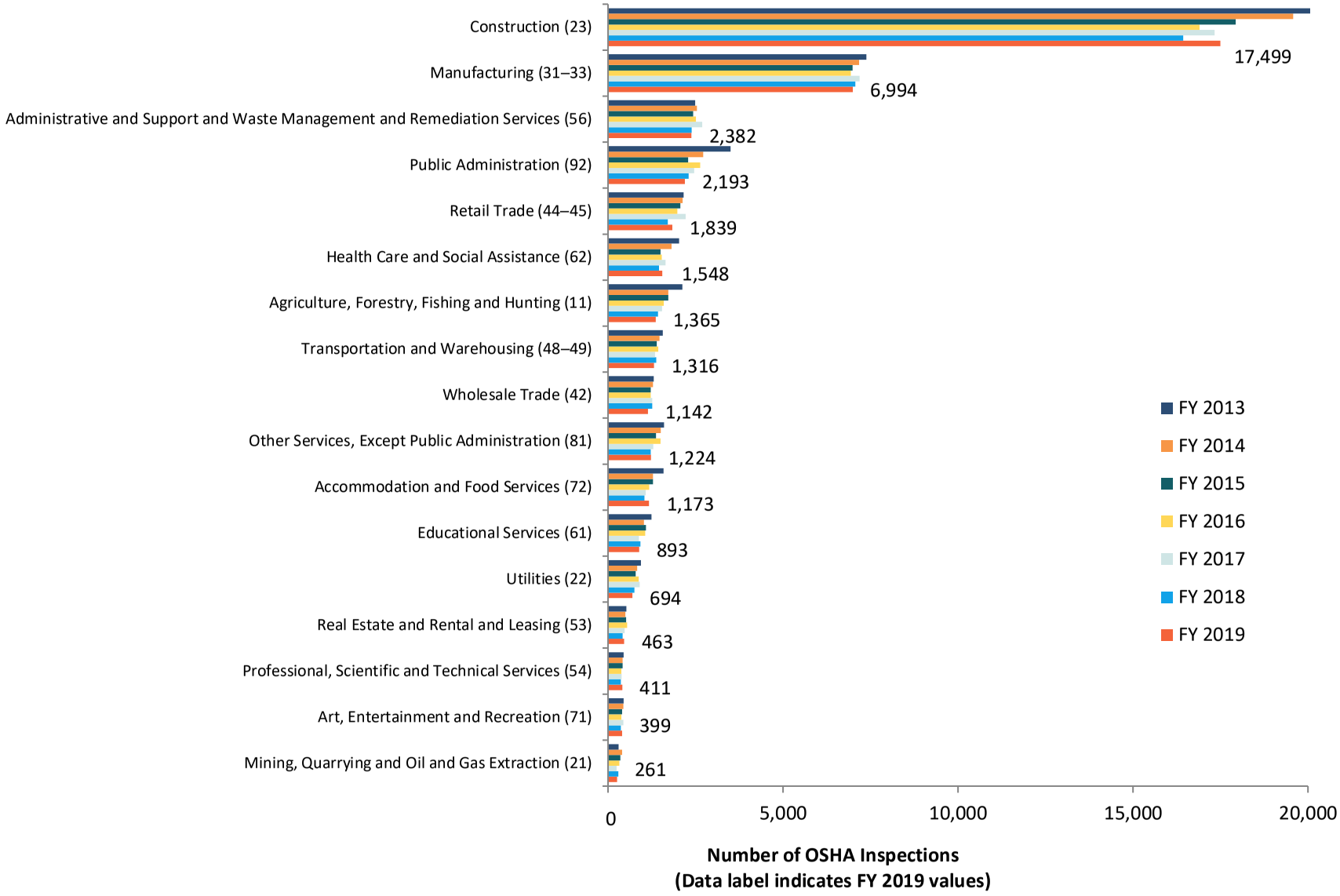
Source: Occupational Safety and Health Administration, OIS Federal Inspection Reports.

Number of Federal OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2013–2019



Source: OSHA OIS inspection reports, FY2013–FY2019. Most recent data received Jan. 17, 2020.

Number of State Plan OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2013–2019



Sources: OSHA IMIS inspection reports, FY2013–FY2015, and OIS inspection reports, FY2014–FY2019. Most recent data received Jan. 17, 2020.

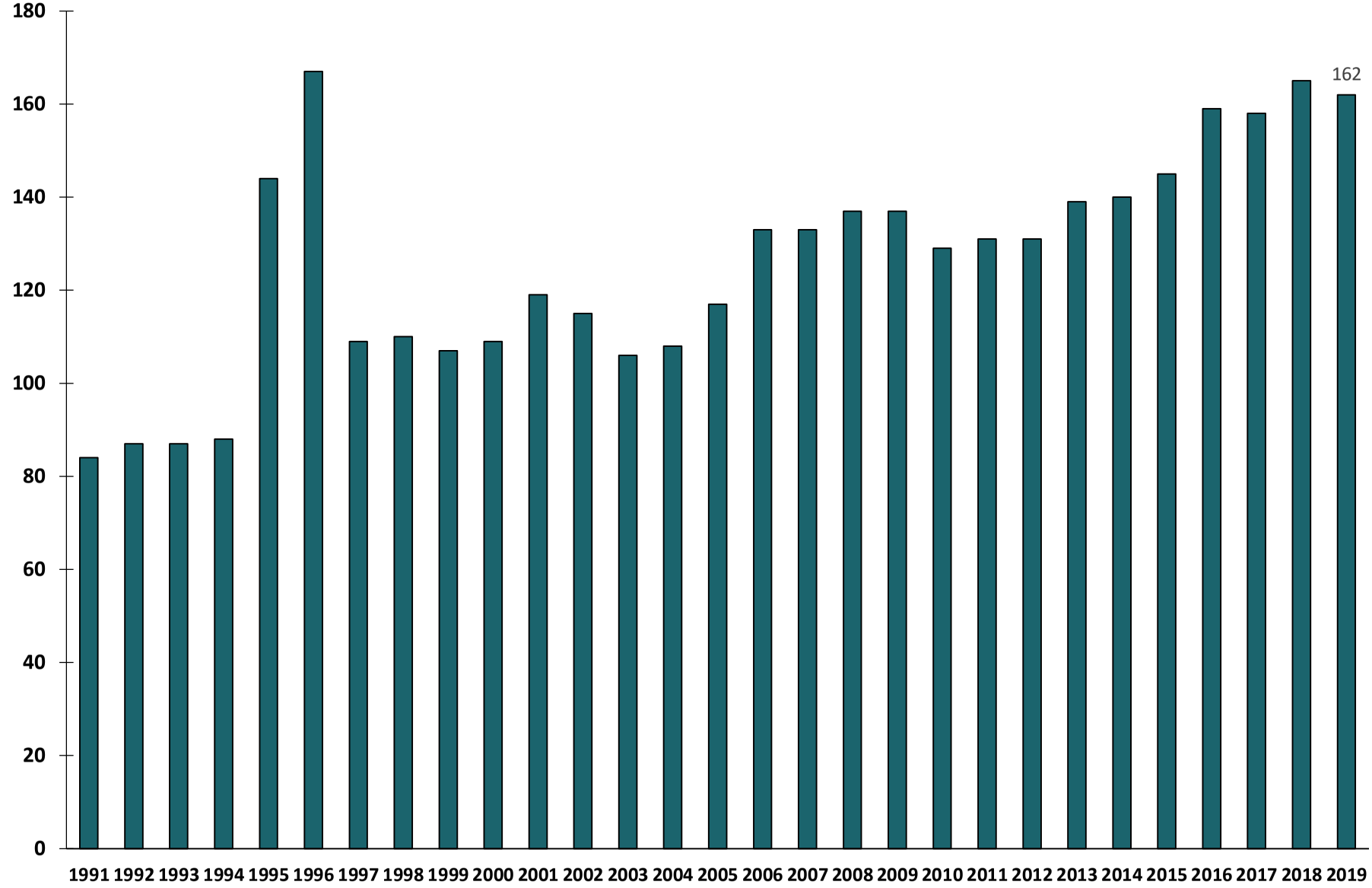
Inspections and Investigations Under OSHA's Enforcement Weighting System, FY 2016–2019[1]

		FY 2016	FY 2017	FY 2018	FY 2019	% Change FY 2016–2019
Total Inspections		31,948	32,396	32,020	33,401	5%
Total Enforcement Units		42,900	41,591	41,500	42,825	0%
With Inspections						
Significant Case	Number of Inspections	131	53	65	100	-24%
EU Value: 8	Number of EUs	1,048	424	520	800	-24%
Process Safety Management	Number of Inspections	234	140	232	172	-26%
EU Value: 7	Number of EUs	1,638	980	1,624	1,204	-26%
5a1 Ergonomics	Number of Inspections	69	44	19	31	-55%
EU Value: 5	Number of EUs	345	220	95	155	-55%
5a1 Heat	Number of Inspections	187	74	95	178	-5%
EU Value: 4	Number of EUs	748	296	380	712	-5%
Fatality/Catastrophe	Number of Inspections	866	825	910	885	2%
EU Value: 3	Number of EUs	2,598	2,475	2,730	2,655	2%
5a1 Non-PEL Overexposure	Number of Inspections	20	5	14	11	-45%
EU Value: 3	Number of EUs	60	15	42	33	-45%
			.			
5a1 Workplace Violence	Number of Inspections	49	40	41	35	-29%
EU Value: 3	Number of EUs	147	120	123	105	-29%
Federal Agencies	Number of Inspections	657	768	620	634	-4%
EU Value: 2	Number of EUs	1,314	1,536	1,240	1,268	-4%
Combustible Dust	Number of Inspections	491	419	397	372	-24%
EU Value: 2	Number of EUs	982	838	794	744	-24%
Personal Sampling	Number of Inspections	1,582	1,459	1,270	1,187	-25%
EU Value: 2	Number of EUs	3,164	2,918	2,540	2,374	-25%
All Other Inspections	Number of Inspections	27,662	28,569	28,357	29,794	8%
EU Value: 1	Number of EUs	27,662	28,569	28,357	29,794	8%
Without Inspections						
Phone/Fax	Number of Complaints	21,738	21,243	19,338	18,584	-15%
EU Value: 1/9	Number of EUs	2,410	2,355	2,144	2,060	-15%
Rapid Response	Number of Investigations	7,088	7,645	8,244	8,320	17%
EU Value: 1/9	Number of EUs	784	845	911	921	17%

Source: Occupational Safety and Health Administration, OIS Federal Inspection Reports.

[1]On Sept. 30, 2019, OSHA replaced its Enforcement Weighting System (EWS) implemented in FY 2015 with the OSHA Weighting System (OWS): https://www.osha.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf. The OWS took effect beginning FY 2020 (Oct. 1, 2019) and is not yet reflected in this table. The OWS places less emphasis on significant inspections and the two systems will not be comparable with each other.

Years for Federal OSHA to Inspect Each Workplace Once FY 1991–2019[1,2]



[1]Years to inspect is based on the number of establishments and the number of OSHA inspections for each fiscal year.

[2]FY 1995–1996 inspections declined significantly during the Clinton administration's "Reinventing Government" initiative.

Average Total Penalty per OSHA Fatality Inspection, FY 2012–2019

Fiscal Year	Number of Fatality Inspections Conducted	Total Current Penalties ($)	Average Total Penalty Per Inspection ($)
FY 2012[1]			
Federal States	945	9,270,422	9,810
State Plan States	599	4,713,458	7,869
Nationwide	1,544	13,983,880	9,057
FY 2013			
Federal States	797	7,744,931	9,718
State Plan States	635	6,131,773	9,656
Nationwide	1,432	13,876,704	9,751
FY 2014			
Federal States	900	11,912,254	13,236
State Plan States	697	6,393,686	9,173
Nationwide	1,597	18,305,940	11,463
FY 2015			
Federal States	967	11,412,315	11,802
State Plan States	842	5,358,100	6,364
Nationwide	1,809	16,770,415	9,271
FY 2016			
Federal States	945	13,941,452	14,753
State Plan States	583	6,363,471	10,915
Nationwide	1,528	20,304,923	13,289
FY 2017			
Federal States	906	17,351,501	19,152
State Plan States	790	7,389,944	9,354
Nationwide	1,696	24,741,445	14,588
FY 2018			
Federal States	873	14,608,527	16,734
State Plan States	732	8,232,798	11,247
Nationwide	1,605	22,841,324	14,231
FY 2019			
Federal States	826	18,522,711	22,425
State Plan States	693	8,561,263	12,354
Nationwide	1,519	27,083,974	17,830

Sources: OSHA IMIS Fatality Inspection Reports, FY 2012–2015, and OSHA OIS Fatality Inspection Reports, FY 2013–2019.

[1]OSHA OIS Fatality Inspection Report for FY 2012 may include inspections that did not involve a fatality.

Significant OSHA Enforcement Cases Based on Total Penalty Issued, FY 2019[1]

Company Name	State	Inspection Number(s)	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
Green Willow Trucking Inc.[2,3]	WA	1384804 1334899	8/23/2019 12/6/18	$2,128,000	$2,128,000
Anderson Dairy Inc.[2,3]	WA	1422566 1323151	8/23/2019 12/6/18	$2,128,000	$2,128,000
Shawn D. Purvis/Purvis Home Improvement Co. Inc.[2]	ME	1366396 1368053	6/11/19	$1,792,726	$1,792,726
Dowa THT America Inc.[2]	OH	1354512 1356576	3/21/19	$1,339,586	$1,332,934
Dollar Tree Store Inc.	ID	1391372 1391524 1391852 1392581	9/13/19	$898,682	$898,682
Stone Etc. Inc.[3]	CA	1374173 1376013	7/26/19 8/5/19	$893,745	$893,745
Choice Products USA LLC/Choice Bakery Products[2]	WI	1382880	8/15/19	$782,526	$782,526
Fuyao Glass America Inc.	OH	1375726 1375485	7/24/19	$724,380	$724,380
Champion Modular Inc.	PA	1361440 1361450	5/14/19	$687,650	$650,000
7 S Packing LLC dba Texas Packing Company[4]	TX	1358712	5/1/19	$615,640	$615,640
Custom Rubber LLC[2]	TX	1364268	5/22/19	$530,392	$530,392
T.D. Fraley & Sons Inc.[2,3]	VA	1335210	1/24/19	$528,692	$528,692
Kumho Tire Georgia Inc. Sae Joong Mold Inc. J-Brothers Inc.	GA	1364702 1381138 1381105	5/23/19	$523,895	$337,079
Dollar Tree Stores Inc.[2,3]	WA	1358146	4/23/19	$503,200	$293,200
Mills Well Service Inc. Lance Ruffell Oil & Gas LLC	OK	1307732 1328356 1307739	10/9/2018	$464,319	$171,260

Source: Occupational Safety and Health Administration.

[1]On Aug. 1, 2016, as a result of OSHA's new penalty structure, OSHA raised the threshold for significant enforcement cases from cases resulting in a total proposed penalty of more than $100,000 to cases with a total proposed penalty of more than $180,000. In FY 2019, OSHA brought 84 federal and 29 state significant enforcement cases; two of these were against the U.S. Postal Service.

[2]This significant case involved an egregious violation.

[3]This significant case was issued under an OSHA state plan, which may have different criteria for a significant case, but this case exceeds the federal threshold for a significant case.

[4]dba = "doing business as"

Largest-Ever OSHA Enforcement Cases Based on Total Penalty Issued

Company Name	Inspection Number(s)	Date Citations Issued	Total Penalty Issued	Penalty Amount Paid[1]
BP Products North America	311962674 308314640	10/29/2009	$81,340,000	$50,610,000 $14,567,000 $205,000 (Formal settlements)
BP Products North America	308314640 308314988	9/21/2005	$21,361,500	
IMC Fertilizer/Angus Chemical	107607863 107607871	10/31/1991	$11,550,000	$10,000,000
Imperial Suger	310988712 311522858	7/25/2008	$8,777,500	$6,050,000 (Formal settlement)
O&G Industries Inc.	109179937 314295460	8/3/2010	$8,347,000	$1,000,000 (Formal settlement)
Samsung Guam Inc.	107329740 106196801	9/21/1995	$8,260,000	$1,829,000 (Formal settlement)
CITGO Petroleum	110416880	8/29/1991	$8,155,000	$5,800,000
Dayton Tire	109061648	4/18/1994	$7,490,000	$7,490,000
USX (aka U.S. Steel Corp.)	100504950 018252858 102873288	10/26/1989 11/2/1989	$7,275,300	$3,268,845 (Formal settlement)
Keystone Construction Maintenance	109179952 314295445	8/3/2010	$6,623,000	$250,000* (Formal settlement)
Phillips 66/Fish Engineering	106612443 107365751	4/19/1990	$6,395,200	$410,000 (Formal settlement)
Hercules Inc.	108662420 100490705	9/8/1993	$6,328,000	$100,000 (ALJ decision)
Arcadian	102281292 102281128	1/27/1993	$5,085,000	$5,085,000
E. Smalis Painting	108753690	6/31/1994	$5,008,500	$1,092,750 (OSHRC decision)
John Morrell	101456325	10/28/1988	$4,330,000	$990,000 (Formal settlement)
Bath Iron Works	101450336 101450294	11/4/1987	$4,175,940	$650,000 (Formal settlement)

Largest-Ever OSHA Enforcement Cases Based on Total Penalty Issued

Company Name	Inspection Number(s)	Date Citations Issued	Total Penalty Issued	Penalty Amount Paid[1]
Fraser Paper	102749868 102750395	9/17/1991	$3,982,500	$1,286,233 (Formal settlement)
Decoster Egg Farms (aka Maine Contract Farming LLC)	122375512	7/12/1996	$3,555,500	$1,887,500 (Formal settlement)
Arco Chemical Co.	110318540	1/3/1999	$3,481,300	$3,481,300
Sunfield Inc.	1117773 1128049	6/29/2016	$3,426,900	$2,497,200 (Formal settlement)
The Budd Company	18252510	12/12/1989	$3,345,600	$1,528,000 (Formal settlement)
McCrory Stores	113919278	11/7/1991	$3,188,000	$500,000 (ALJ decision)
IBP	100059591	5/11/1998	$3,133,100	$532,030 (OSHRC decision)
BP North America Inc. and BP Husky Refining LLC	311611081	3/8/2010	$3,042,000	$3,042,000
Shell Oil Chemical Co.	103342093	11/22/1994	$3,017,000	$3,017,000
Union Carbide	110398310	9/12/1991	$2,803,500	$1,496,500 (Formal settlement)
Ajin USA Alliance Total Solutions LLC Joynus Staffing Group	1156866 1165706 1165707	12/12/2016	$2,565,621	Violations under contest
Dover Greens LLC (dba as Olivet Management LLC)	945519	3/31/2014	$2,359,000	$700,000 (Formal settlement)
Republic Steel	942971 942968	3/31/2014	$2,086,000	$240,614
Aluminum Shapes LLC	1206035	7/20/2017	$1,922,895	Violations under contest

Source: Occupational Safety and Health Administration.

[1]Penalty amount paid information comes from March 26, 2012, posting by Celeste Monforton on the Pump Handle blog at www:scienceblogs.com/thepumphandle/2012/03/26/federal-osha-penalties-101-a-l/ and from www.osha.gov/pls/imis/InspectionNr.html.

*Settlement called for Keystone Construction Maintenance also to pay 5% of its annual revenue above a set amount for each of the seven years following the settlement.

Disposition of Federal OSHA 11(c) Whistleblower Complaints, FY 2005–2019

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
2005	1,194	1,160	294	23	224	47	760	146	1,200
2006	1,195	1,229	293	14	213	66	787	196	1,276
2007	1,301	1,167	262	14	190	58	766	176	1,204
2008	1,381	1,255	261	14	202	45	830	227	1,318
2009	1,267	1,168	287	22	210	55	726	187	1,200
2010	1,402	1,144	334	24	244	66	672	177	1,183
2011	1,668	1,234	411	23	314	74	694	177	1,282
2012	1,745	1,653	400	18	294	88	977	340	1,717
2013	1,708	1,827	611	41	369	201	921	415	1,947
2014	1,751	1,794	483	13	309	161	957	426	1,866
2015	2,031	1,952	560	18	362	180	962	459	1,975
2016	2,030	2,035	581	29	342	210	1,043	472	2,096
2017	1,932	1,876	538	15	303	220	877	502	1,917
2018	1,870	1,740	510	20	269	221	870	377	1,757
2019	2,084	2,001	559	14	272	273	1,067	392	2,018

Source: Occupational Safety and Health Administration, Directorate of Whistleblower Protection Programs.

[1]Cases completed include cases received and backlog cases.

Disposition of OSHA State Plan 11(c) Whistleblower Complaints, FY 2009–2019

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit Finding	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
2009	1,043	882	158	31	94	33	654	121	933
2010	1,167	954	160	24	107	29	612	132	904
2011	1,462	839	168	24	125	19	626	135	929
2012	1,457	766	174	20	133	21	443	112	729
2013	1,192	1,059	248	58	139	51	655	215	1,118
2014	1,157	965	221	46	125	50	606	198	1,025
2015	1,060	1,120	219	27	145	47	606	300	1,125
2016	1,143	1,031	169	25	95	49	646	216	1,031
2017	1,183	1,222	259	66	115	78	766	206	1,231
2018	1,347	1,376	244	47	91	106	841	261	1,376
2019	1,176	1,274	201	39	67	95	826	262	1,289

Source: Occupational Safety and Health Administration, Directorate of Cooperative and State Programs.

[1]Cases completed include cases received and backlog cases.

Major OSHA Health Standards Since 1971

	Standard	Year Final Standard Issued
1.	Asbestos	1972
2.	Fourteen Carcinogens	1974
3.	Vinyl Chloride	1974
4.	Coke Oven Emissions	1976
5.	Benzene (vacated)	1978
6.	DBCP	1978
7.	Arsenic	1978
8.	Cotton Dust	1978
9.	Acrylonitrile	1978
10.	Lead	1978
11.	Cancer Policy	1980
12.	Access to Medical Records	1980
13.	Hearing Conservation	1981
14.	Hazard Communication	1983
15.	Ethylene Oxide	1984
16.	Asbestos (revised)	1986
17.	Field Sanitation	1987
18.	Benzene (revised)	1987
19.	Formaldehyde	1987
20.	Access to Medical Records (modified)	1988
21.	Permissible Exposure Limits (PELs) Update (vacated)	1989
22.	Chemical Exposure in Laboratories	1990
23.	Bloodborne Pathogens	1991
24.	4,4'-methylenedianiline	1992
25.	Cadmium	1992
26.	Asbestos (partial response to court remand)	1992
27.	Formaldehyde (response to court remand)	1992
28.	Lead (construction)	1993
29.	Asbestos (response to court remand)	1994
30.	1,3-Butadiene	1996
31.	Methylene Chloride	1998
32.	Respiratory Protection	1998
33.	Ergonomics (revoked under the Congressional Review Act)	2000
34.	Bloodborne Pathogens – Needlestick Injuries	2001
35.	Hexavalent Chromium (response to court order)	2006
36.	Hazard Communication – Globally Harmonized System	2012
37.	Crystalline Silica	2016
38.	Beryllium	2017

Source: Code of Federal Regulations.

Major OSHA Safety Standards Since 1971

Standard	Year Final Standard Issued
1. Cranes/Derricks (load indicators)	1972
2. Roll-over Protective Structures (construction)	1972
3. Power Transmission and Distribution	1972
4. Scaffolding, Pump Jack Scaffolding and Roof Catch Platform	1972
5. Lavatories for Industrial Employment	1973
6. Trucks, Cranes, Derricks and Indoor General Storage	1973
7. Temporary Flooring – Skeleton Steel Construction	1974
8. Mechanical Power Presses	1974
9. Telecommunications	1975
10. Roll-over Protective Structures of Agricultural Tractors	1975
11. Industrial Slings	1975
12. Guarding of Farm Field Equipment, Farmstead Equipment and Cotton Gins	1976
13. Ground-Fault Protection	1976
14. Commercial Diving Operations	1977
15. Servicing Multi-Piece Rim Wheels	1980
16. Fire Protection	1980
17. Guarding of Low-Pitched Roof Perimeters	1980
18. Design Safety Standards for Electrical Standards	1981
19. Latch-Open Devices	1982
20. Marine Terminals	1983
21. Servicing of Single-Piece and Multi-Piece Rim Wheels	1984
22. Electrical Safety in Construction (Part 1926)	1986
23. General Environmental Controls – TAGS (Part 1910)	1986
24. Marine Terminals – Servicing Single-Piece Rim Wheels (Part 1917)	1987
25. Grain Handling Facilities (Part 1910)	1987
26. Safety Testing of Certification of Certain Workplace Equipment and Materials	1988
27. Crane or Derrick Suspended Personnel Platforms (Part 1926)	1988
28. Concrete and Masonry Construction (Part 1926)	1988
29. Mechanical Power Presses (modified)	1988
30. Powered Platforms (Part 1910)	1989
31. Underground Construction (Part 1926)	1989
32. Hazardous Waste Operations (Part 1910) (mandated by Congress)	1989
33. Excavations (Part 1926)	1989
34. Control of Hazardous Energy Sources (lockout/tagout) (Part 1910)	1989
35. Stairways and Ladders (Part 1926)	1990
36. Concrete and Masonry Lift-Slab Operations	1990
37. Electrical Safety Work Practices (Part 1910)	1990
38. Welding, Cutting and Brazing (Part 1910) (revision)	1990
39. Chemical Process Safety	1992
40. Confined Spaces (general industry)	1993

Major OSHA Safety Standards Since 1971

Standard	Year Final Standard Issued
41. Fall Protection	1994
42. Electrical Power Generation	1994
43. Personal Protective Equipment	1994
44. Logging Operations	1995
45. Scaffolds	1996
46. PPE for Shipyards	1996
47. Longshoring and Marine Terminals	1997
48. Powered Industrial Truck Operator Training	1998
49. Steel Erection	2001
50. Electrical Equipment Installation	2007
51. Employer Payment for Personal Protective Equipment	2007
52. Cranes and Derricks in Construction	2010
53. General Working Conditions for Shipyard Employment	2011
54. Electric Power Generation, Transmission and Distribution	2014
55. Confined Spaces (construction)	2015
56. Walking-Working Surfaces and Personal Protective Equipment (Fall Protection Systems) (Part 1910)	2016

Source: Code of Federal Regulations.

Impact on Workers' Lives from Delays in Recent OSHA Standards

Hazard/Issue	Year Rulemaking Initiated	Year Rulemaking Completed	Years Elapsed Since Rulemaking Initiated	Lives Lost Per Year of Delay	Lives Lost Over Entire Rulemaking Period
Cranes and Derricks[1]	2002	2010	8	22	176
Hexavalent Chromium[2]	1993	2006	13	40 to 145	520 to 1,885
Silica[3]	1997	2016	19	642	12,198
Beryllium[4]	1998	2017	19	90	1,710

[1]In 2002, OSHA initiated negotiated rulemaking on the cranes and derricks standard. The negotiated rulemaking committee recommended a draft rule in 2004. The proposed rule was issued in 2008 and the final rule promulgated in 2010. According to OSHA, the cranes and derricks standard also will prevent 175 injuries per year. Fatalities and injuries prevented per year by the new standard were obtained from OSHA's preamble to the final rule for cranes and derricks published in the Federal Register on Aug. 9, 2010.

[2]In 1993, a petition for an Emergency Temporary Standard for the carcinogen hexavalent chromium was submitted to OSHA. In 1994, OSHA denied the ETS petition but put hexavalent chromium on the regulatory agenda for normal rulemaking. OSHA failed to issue a proposed rule. Lawsuits in 1997 and in 2002 seeking to compel rulemaking resulted in a court-ordered timetable to issue a final standard by Jan. 18, 2006. According to OSHA, the standard also will prevent 209 to 1,045 cases of dermatitis and 1,140 cases of nasal perforations/ulcerations from occurring annually. Lung cancer and silicosis deaths and illnesses avoided per year by the new standard were obtained from OSHA's preamble to the final rule published in the Federal Register on Feb. 28, 2006.

[3]In 1997, silica was put on OSHA's regulatory agenda. In 2003, a draft silica standard underwent a Small Business Regulatory Enforcement Fairness Act review, but the rule then stalled. Work on the standard was reactivated in 2009, and on Feb. 14, 2011, the draft proposed standard was submitted to the Office of Management and Budget for review under Executive Order 12866. OMB review of proposed rules is required to be completed within 120 days under the EO, but due to political pressure from industries opposed to the new rule, the draft proposed rule was held by OMB for two and one-half years. The proposed rule finally was issued on Sept.12, 2013; the final rule was issued on March 25, 2016. According to the preamble of the final rule, reducing the permissible exposure limit for silica to 50 $\mu g/m^3$ will prevent 642 deaths and 918 cases of silica-related disease each year (81 FR 16285).

[4]In 1998, beryllium was put on OSHA's regulatory agenda. A petition for an Emergency Temporary Standard for the carcinogen beryllium was submitted to OSHA in 1999 and again in 2001. In 2002, OSHA denied the petition for an ETS but kept beryllium on the regulatory agenda for normal rulemaking. In 2002, OSHA issued a Request for Information. In 2012, the United Steelworkers and Materion Brush jointly submitted a draft standard to OSHA. OSHA published the proposed rule in 2015 and the final rule on Jan. 9, 2017. According to the preamble of the final rule, reducing the permissible exposure limit for beryllium to 0.2 $\mu g/m^3$ will prevent 90 deaths and 46 cases of chronic beryllium disease each year (82 FR 2597). After a previous attempt to repeal the exposure monitoring, medical surveillance and other ancillary provisions of the beryllium standard for construction and maritime workers, on Oct. 8, 2019, the Trump adminstration proposed to revoke or otherwise alter the ancillary provisions for construction and maritime workers. The ancillary provisions have not yet been enforced in the construction and maritime industries.

Permissible Exposure Limits of OSHA Compared with Other Standards and Recommendations[1]

Chemical[2]	OSHA PEL	Cal/OSHA PEL	ACGIH TLV	NIOSH REL	Units
Acrylamide[3]	0.3	0.03	0.03	0.03	mg/m^3
Ammonia	50	25	25	25	ppm
Asphalt fume[3]	-	5.0	0.5	5.0 (s)	mg/m^3
Benzene[3]	1.0	1.0	0.5	0.1	ppm
1-Bromopropane[4]	-	5.0	0.1	-	ppm
n-Butanol	100	50 (c)	20	50 (c)	ppm
Carbon disulfide[5]	20	1.0	1.0	1.0	ppm
Carbon monoxide[5]	50	25	25	35	ppm
Chlorobenzene	75	10	10	-	ppm
Chlorodiphenyl (54% chlorine) (PCB)[3]	0.5	0.5	0.5	0.001	mg/m^3
Cobalt metal, dust and fume	0.1	0.02	0.02	0.05	mg/m^3
Dimethyl sulfate[3,5]	1.00	0.1	0.1	0.1	ppm
2-Ethoxyethanol (EGEE)	200	5.0	5.0	0.5	ppm
Ethyl acrylate[3]	25	5.0	5.0	-	ppm
Formaldehyde[3,4]	0.75	0.75	0.1	0.016	ppm
Gasoline[3]	-	300	300	-	ppm
Glutaraldehyde[5]	-	0.05 (c)	0.05 (c)	0.2 (c)	ppm
Manganese compounds	5.0 (c)	0.2	0.02	1.0	mg/m^3
Methylene bisphenyl isocyanate (MDI)	0.02 (c)	0.005	0.005	0.005	ppm
Styrene	100	50	10	50	ppm
Tetrachloroethylene (Perchloroethylene/PERC)[3,4,5]	100	25	25	-	ppm
Toluene[5]	200	10	20	100	ppm
Toluene-2,4-Diisocyanate (TDI)[3]	0.02 (c)	0.005	0.001	-	ppm
Triethylamine	25	1.0 (c)	0.5	-	ppm
Welding fume[3]	-	5.0	-	-	mg/m^3

[1](c) Ceiling level; (s) Short-term exposure limit.

[2]More available at www.osha.gov/dsg/annotated-pels/, OSHA Permissible Exposure Limits – Annotated Tables.

[3]NIOSH denotes carcinogenicity of chemicals according to Appendix A: www.cdc.gov/niosh/npg/nengapdxa.html. NIOSH does not always assign an exposure limit for carcinogens and, instead, recommends reducing exposure to the lowest feasible level.

[4]Designated or proposed by EPA as a high-priority chemical for regulation under the amended Toxic Substances Control Act.

[5]Chemicals identified by OSHA for updating permissible exposure limits but subsequently dropped from the agency's regulatory agenda.

5(a)(1) Citation for Airborne Chemical Exposures
Since 2011–2019–Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
Feb. 14, 2011 313878563, FL	Spray painting in construction	VM&P Naptha (No PEL)	Lung, skin irritation, chemical pneumonia	5,900 mg/m^3 15 minutes	1,800 mg/m^3 (C) REL NIOSH
April 8, 2011 314468745, MO	Construction work in sewer manhole	Hydrogen sulfide (10 ppm, 8 hour)	Lung, eye irritation, CNS, dizziness, coma	235 ppm (assume direct read)	100 ppm IDLH NIOSH
July 7, 2011 315638304, NC	Home furniture manufacture	1-Bromopropane (No PEL)	Liver damage, neurotoxicity, fetal	86 ppm 8 hours	25 ppm AEL EPA
Aug. 2, 2011 315447078, NC	Operating propane forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	278 ppm (assume direct read)	No reference (200 ppm-C NIOSH REL)
Aug. 10, 2011 315685123, NC	Operating forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	2,622 ppm (assume direct read)	200 ppm (C) REL NIOSH
Aug. 12, 2011 314677188, NJ	Applying adhesive in glass manufacturing	Ethyl cyanoacrylate (No PEL)	Respiratory illness, sensitization	0.5 ppm 8 hours	0.20 ppm TLV ACGIH
Aug. 25, 2011 313138430, WI	By furnace at steel foundry	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	492 ppm (assume direct read)	200 ppm (C) REL NIOSH
Sept. 7, 2011 29490, CO	Spray finishing auto body	HDIH[1] (No PEL)	Nausea, dizziness, cyanosis	2.34 mg/m^3 19 minutes	1 mg/m^3 STEL MSDS
Oct. 7, 2011 315121244, WI	Mixing and gluing ceramic fibers	Refractory ceramic fibers (No PEL)	Respiratory irritation, lung cancer, mesothelioma	0.87 fibers/cc 8 hours	0.5 f/cc REG HTIW
Nov. 7, 2011 62933, FL	Spray finishing auto body	HDIH[1] (No PEL)	Respiratory irritation, chemical asthma	1.23 mg/m^3 19 minutes	1mg/m^3 STEL MSDS
Feb. 28, 2012 315359471. FL	Roofer heating asphalt kettle	Asphalt fumes (No PEL)	Eye, upper respiratory irritation, cancer	0.93 mg/m^3 8 hours	5 mg/m^3 REL NIOSH
March 6, 2012 316337708, NC	Spraying glue	1-Bromopropane (No PEL)	Liver damage, neurotoxicity, fetal	90 ppm 8 hour TWA	25 ppm AEL EPA
March 16, 2012 316436021, NC	Operating forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	600 ppm (assume direct read)	200 ppm (C) REL NIOSH

5(a)(1) Citations for Airborne Chemical Exposures Since 2011–2019—Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
May 12, 2012 110849, WI	Handling molds in steel foundry	DMEA[2] (No PEL)	Headache, nausea, blurred vision, increased heart rate	17.7 ppm 8 hours	3 ppm MSDS
May 24, 2012 316528181, NC	Operating forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	300 ppm (assume direct read)	200 ppm (C) REL NIOSH
April 2, 2013 890719, NJ	Pouring food flavor chemical	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	0.094 ppm 15 minutes	0.02 STEL ACGIH
April 19, 2013 702499, TX	Spraying powder coat on metal part	TGIC[3] (No PEL)	Respiratory illness, sensitization, male	0.22 mg/m^3 8 hours	0.05 mg/m^3 TLV ACGIH
June 18, 2013 315840883, NV	Animal surgery	Isoflurance (No Pel)	Reproductive, CNS, liver, kidney	2.3 ppm (assume 60 minutes)	2 ppm (C) REL NIOSH
Sept. 19, 2013 897143, WI	Manual work with fiberglass molds	Styrene (100 ppm PEL)	Respiratory, skin and eye irritation, CNS, liver	65.2 ppm 10 hours	50 ppm REL NIOSH
Sept. 30, 2013 899582, FL	Disinfecting endoscopy equipment	Glutaraldehyde (no PEL)	Respiratory illness, skin and eye irritation, sensitization, asthma	0.13 ppm (assume 15 minutes)	0.05 ppm (C) TLV ACGIH
Feb. 3, 2014 925263, TX	Foam lamination for car seats	2,6-TDI[4] (No PEL)	Respiratory illness, asthma, sensitizer	0.08 mg/m^3 8 hours	0.036 mg/m^3 TLV ACGIH
March 21, 2014 947716, NV	Destruction of old munitions	TNT[5] (1.5 mg/m3 8 hour)	Respiratory, liver, kidneys CNS, eyes, skin	0.17 mg/m^3 8 hours	0.1 mg/m^3 TLV ACGIH
Oct. 24, 2014 317376770, NV	Animal Surgery	Isoflurance (No Pel)	Reproductive, CNS, liver, kidney	Above REL (not posted)	2ppm (C) REL NIOSH
Dec. 1, 2015 1068107, NJ	Fragrance manufacturing	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	80.1 ppm 15 minutes	0.02 STEL ACGIH
April 13, 2015 1055558, NJ	Fragrance manufacturing	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	5.8969 ppm 15 minutes	0.02 ppm STEL ACGIH
Jan. 17, 2017 1125064, PA	Travel trailer & camper manufacturing	TGIC[3] (No PEL)	Respiratory illness, sensitization, male reproduction	0.866 mg/m^3 8 hour TWA	0.05 mg/m^3 TLV ACGIH 0.025 mg/m^3 Mfg STEL

5(a)(1) Citations for Airborne Chemical Exposures Since 2011–2019—Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
Feb. 26, 2018 1260141, PA	Degreasing	1-Bromopropane (No PEL)	Nervous system damage, cancer, eye and respiratory irritation	88.53 ppm 8 hour TWA	0.1ppm TLV ACGIH 5.0ppm PEL CAL/OSHA
Feb. 26, 2019 1343291, WI	Aluminum manufacturing	Metalworking fluids	Respiratory illness, skin irritation, asthma	341 endotoxin units/m^3 8 hour TWA	90 endotoxin units/m^3 DECOS[6]

Source: Occupational Health and Safety Administration.

[1]HDIH is hexamethylene diisocyante homopolmer.

[2]DMEA is dimethylethylamine.

[3]TGIC is 1,3,5- triglycidyl isocyanurate, aka 1,3,5-triglycidl-s-trizainetrione.

[4]2,6–TDI is toluene diisocyanate.

[5]TNT is 2,4,6–Trinitrotoluene.

[6]Reference Occupational Exposure Limit from Dutch Expert Committee on Occupational Safety. Further information in this NIOSH Health Hazard Evaluation: www.cdc.gov/niosh/hhe/reports/pdfs/2010-0144-3164.pdf?id=10.26616/NIOSHHETA201001443164.

Federal OSHA Budget and Personnel
FY 1980–2020

Fiscal Year	Budget (in dollars – $)	Positions (Staff Full-Time Equivalent Employment)
1980	186,394,000	2,951
1985	219,652,000	2,239
1990	267,147,000	2,425
1991	285,190,000	2,466
1992	296,540,000	2,473
1993	288,251,000	2,368
1994	296,428,000	2,295
1995	311,660,000	2,196
1996	303,810,000	2,069
1997	324,955,000	2,118
1998	336,480,000	2,171
1999	354,129,000	2,154
2000	381,620,000	2,259
2001	425,886,000	2,370
2002	443,651,000	2,313
2003	453,256,000	2,313
2004	457,500,000	2,236
2005	464,224,000	2,208
2006	472,427,000	2,165
2007	486,925,000	2,165
2008	486,001,000	2,118
2009	513,042,000	2,147
2010	558,620,000	2,335
2011	558,619,000	2,335
2012	564,788,000	2,305
2013[1]	535,546,000	2,226
2014	552,247,000	2,238
2015	552,787,000	2,224
2016	552,787,000	2,173
2017	552,787,000	2,011
2018	552,787,000	1,953
2019	557,533,000	1,911
2020	**581,787,000**	**1,914**

Source: Occupational Safety and Health Administration.

[1]The FY 2013 funding levels reflect budget cuts mandated by the sequester.

Federal OSHA Safety and Health Compliance Staffing, 1975–2019

Year	Total Number of Federal OSHA Compliance Officers[1]	Employment (000)[2]	OSHA Compliance Officers Per Million Workers
1975	1,102	85,846	12.8
1976	1,281	88,752	14.4
1977	1,353	92,017	14.7
1978	1,422	96,048	14.8
1979	1,441	98,824	14.6
1980	1,469	99,302	14.8
1981	1,287	100,397	12.8
1982	1,003	99,526	10.1
1983	1,160	100,834	11.5
1984	1,040	105,005	9.9
1985	1,027	107,150	9.6
1986	975	109,597	9.0
1987	999	112,440	8.9
1988	1,153	114,968	10.0
1989	1,038	117,342	8.8
1990	1,203	118,793	10.1
1991	1,137	117,718	9.7
1992	1,106	118,492	9.3
1993	1,055	120,259	8.8
1994	1,006	123,060	8.2
1995	986	124,900	7.9
1996	932	126,708	7.4
1997	1,049	129,558	8.1
1998	1,029	131,463	7.8
1999	1,013	133,488	7.6
2000	972	136,891	7.1
2001	1,001	136,933	7.3
2002	1,017	136,485	7.5
2003	1,038	137,736	7.5
2004	1,006	139,252	7.2
2005	956	141,730	6.7
2006	948	144,427	6.6
2007	948	146,047	6.5
2008	936	145,362	6.4
2009	929	139,877	6.6
2010	1,016	139,064	7.3
2011	1,059	139,869	7.6
2012	1,006	142,469	7.1
2013	994	143,929	6.9
2014	986	146,305	6.7
2015	943	148,834	6.3
2016	952	151,436	6.3
2017	896	153,337	5.8
2018	875	155,761	5.6
2019	862	157,538	5.5

[1]Compliance officers for 1973 to 1989 from Twentieth Century OSHA Enforcement Data, A Review and Explanation of the Major Trends, U.S. Department of Labor, 2002; Compliance officers for 1990 to 2019 from OSHA Directorate of Enforcement Programs. Compliance officer totals include safety and industrial hygiene CSHOs and supervisory safety and industrial hygiene CSHOs.

[2]Employment is an annual average of employed civilians, 16 years of age and older, from the Current Population Survey (CPS), Bureau of Labor Statistics.

Federal OSHA Compliance Officers per Million U.S. Workers, 1974–2019[1]

Source: Employment data from Current Population Survey, Bureau of Labor Statistics.

[1]Compliance officers from U.S. Department of Labor, OSHA Directorate of Enforcement Programs, includes CSHOs and their supervisors.

Job Safety and Health Appropriations
FY 2011–2021

CATEGORY	FY 2011	FY 2012	FY 2013[3]	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	*FY 2021 Request*
OSHA (in thousands of dollars)											
TOTAL	**558,619**	**564,788**	**535,246**	**552,247**	**552,787**	**552,787**	**552,787**	**552,787**	**557,787**	**581,787**	***576,813***
Safety and Health Standards	20,288	19,962	18,918	20,000	20,000	20,000	18,000	18,000	18,000	18,000	*18,133*
Federal Enforcement	208,146	207,753	207,928	207,785	208,000	208,000	208,000	208,000	209,000	221,711	*223,848*
Whistleblower Protection	14,806	15,873	15,043	17,000	17,500	17,500	17,500	17,500	17,500	18,564	*20,231*
State Enforcement	104,393	104,196	98,746	100,000	100,850	100,850	100,850	100,850	102,350	108,575	*108,575*
Technical Support	25,868	25,820	24,344	24,344	24,469	24,469	24,469	24,469	24,469	24,469	*24,622*
Federal Compliance Assistance	73,383	76,355	61,444	69,433	68,433	68,433	70,981	70,981	73,981	74,481	*75,410*
State Compliance Assistance	54,688	57,890	54,862	57,775	57,775	57,775	59,500	59,500	59,500	61,500	*61,500*
Training Grants	10,729	10,709	10,149	10,687	10,537	10,537	10,537	10,537	10,537	11,537	*0*
Safety and Health Statistics	34,805	34,739	32,922	34,250	34,250	34,250	32,900	32,900	32,900	32,900	*34,950*
Executive Administration	11,513	11,491	10,890	10,973	10,973	10,973	10,050	10,050	10,050	10,050	*9,544*
MSHA (in thousands of dollars)											
TOTAL	**361,844[2]**	**372,524**	**353,768**	**375,887**	**375,887**	**375,887**	**373,816**	**373,816**	**373,816**	**379,816**	***381,587***
Enforcement	160,639	164,500	158,713	167,859	167,859	167,859	160,000	160,000	160,000	258,913 [5]	*256,988 [5]*
	87,644	89,063	86,121	91,697	91,697	91,967	94,500	94,500	94,500		
Standards Development	4,352	4,765	4,547	5,416	5,416	5,416	4,500	4,500	4,500	5,382	*5,416*
Assessments	6,221	7,103	7,036	6,976	6,976	6,976	6,627	6,627	6,627	7,445	*7,555*
Education Policy and Development	38,148	38,325	31,898	36,320	36,320	36,320	39,320	39,320	39,320	38,559	*38,834*
Technical Support	31,031	33,613	32,050	33,791	33,791	33,791	35,041	35,041	35,041	34,079	*34,548*
Program Administration	15,906	16,998	15,974	15,838	15,838	15,838	15,838	15,838	15,838	16,355	*16,553*
Program Eval. and Info Resources	18,173	18,157	17,429	17,990	17,990	17,990	17,990	17,990	17,990	19,083	*21,693*
NIOSH (in thousands of dollars)											
TOTAL[1]	**302,171**	**292,588**	**292,588**	**332,363[4]**	**334,863**	**339,121**	**335,200**	**335,200**	**336,300**	**342,800**	***190,000***

[1]Does not include $55 million in mandatory funding for the Energy Employees Occupational Injury Compensation Program or mandatory funding for the 9/11 Health Program.

[2]Includes $6.5 million for addressing the backlog of contested cases, of which up to $3 million may be transferred to the DOL's Office of Solicitor.

[3]The FY 2013 funding levels reflect the budget cuts mandated by the budget sequester.

[4]In FY 2014 and subsequent years, administrative costs previously allocated to the CDC budget were transferred to the NIOSH budget.

[5]President Trump proposed to combine the MSHA Coal Enforcement and Metal/Nonmetal Enforcement programs into one Mine Safety and Health Enforcement program.

Funding for OSHA Worker Safety Training Programs vs. Employer Compliance Assistance Programs, FY 2003–2021 ($ in thousands)

Fiscal Year	Worker Safety and Health Training	Employer Compliance Assistance (Federal and State)
FY 2003 Enacted	$11,175	$115,300
FY 2004 Request	$4,000	$120,000
FY 2004 Enacted	$11,100	$120,000
FY 2004 Rescission	$10,500	$119,200
FY 2005 Request	$4,000	$125,200
FY 2005 Enacted	$10,500	$124,200
FY 2006 Request	$0	$124,200
FY 2006 Enacted	$10,100	$125,900
FY 2007 Request	$0	$129,900
FY 2007 Enacted	$10,100	$126,000
FY 2008 Request	$0	$134,100
FY 2008 Enacted	$9,900	$123,800
FY 2009 Request	$0	$131,100
FY 2009 Enacted	$10,000	$127,200
FY 2010 Request	$10,000	$128,175
FY 2010 Enacted	$10,750	$128,200
FY 2011 Request	$11,000	$126,100
FY 2011 Enacted	$10,729	$128,200
FY 2012 Request	$12,000	$129,800
FY 2012 Enacted	$10,700	$134,200
FY 2013 Request	$10,700	$131,000
FY 2013 Enacted[1]	$10,150	$116,300
FY 2014 Request	$10,700	$133,200
FY 2014 Enacted	$10,700	$127,200
FY 2015 Request	$10,700	$128,200
FY 2015 Enacted	$10,500	$126,200
FY 2016 Request	$10,700	$130,800
FY 2016 Enacted	$10,537	$126,558
FY 2017 Request	$10,537	$132,558
FY 2017 Enacted	$10,537	$130,481
FY 2018 Request	$0	$130,016
FY 2018 Enacted	$10,537	$130,481
FY 2019 Request	$0	$134,715
FY 2019 Enacted	$10,537	$133,481
FY 2020 Request	$0	$133,414
FY 2020 Enacted	$11,537	$135,981
FY 2021 Request	$0	$136,910

Source: Department of Labor, Occupational Safety and Health Administration, Annual Congressional Budget Justification.

[1]FY 2013 funding levels reflect the budget cuts mandated by the sequester.

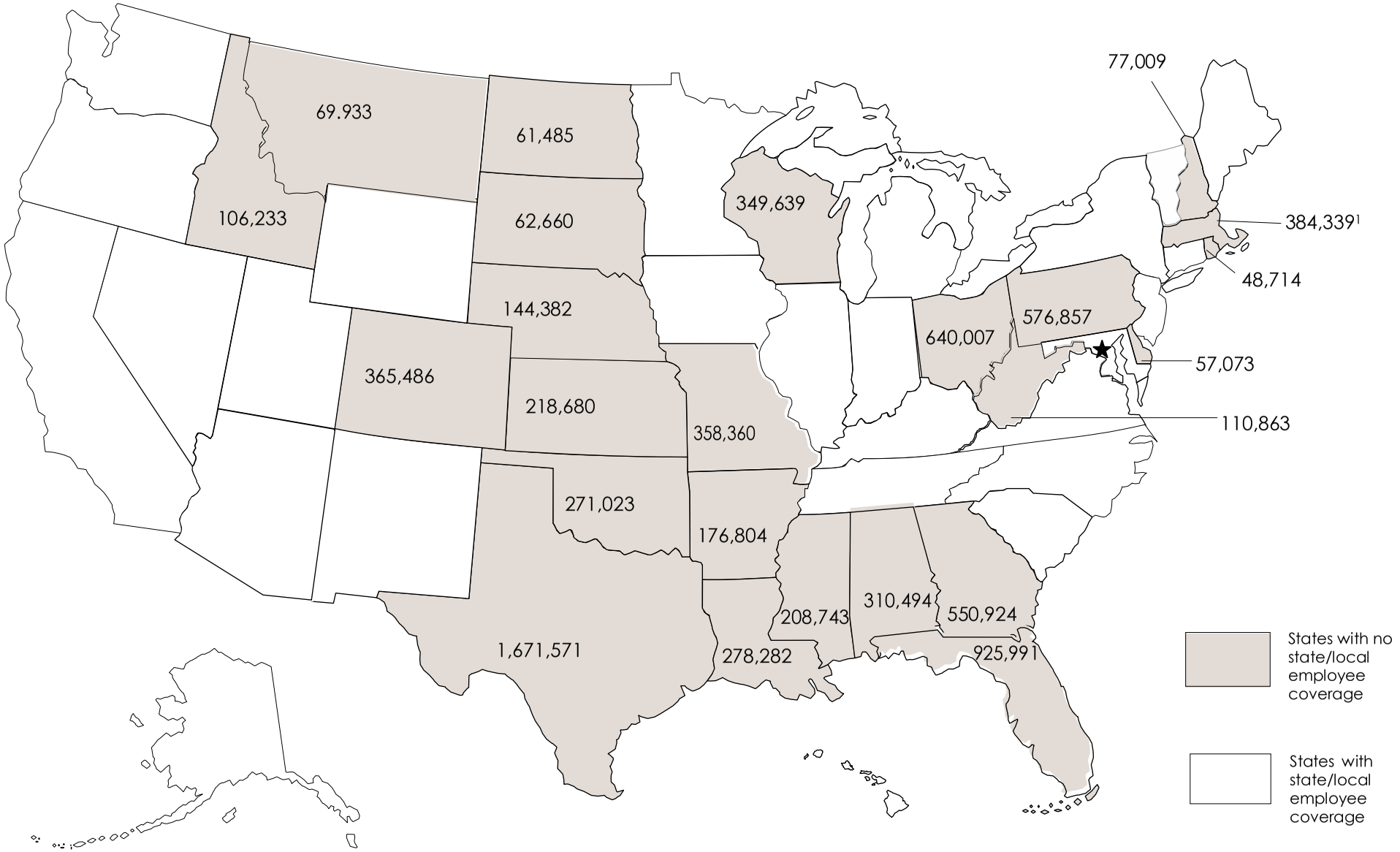
Number of U.S. Establishments and Employees Covered per OSHA Full-Time Equivalent (FTE) Staff, 1980–2018

Fiscal Year	Annual Average Employment[1]	Annual Average Establishments[1]	OSHA Full-Time Equivalent (FTE) Staff[2]	Employees Covered Per OSHA FTE	Establishments Covered Per OSHA FTE
1980	73,395,500	4,544,800	2,951	24,871	1,540
1985	96,314,200	5,305,400	2,239	43,017	2,370
1990	108,657,200	6,076,400	2,425	44,807	2,506
1995	115,487,841	7,040,677	2,196	52,590	3,206
2000	129,877,063	7,879,116	2,259	57,493	3,488
2005	131,571,623	8,571,144	2,208	59,589	3,882
2010	127,820,442	8,993,109	2,335	54,741	3,851
2011	129,411,095	9,072,796	2,335	55,422	3,886
2012	131,696,378	9,121,868	2,305	57,135	3,957
2013	133,968,434	9,205,888	2,226	60,183	4,136
2014	136,613,609	9,361,354	2,238	61,043	4,183
2015	139,491,699	9,522,775	2,224	62,721	4,282
2016	141,870,066	9,716,618	2,173	65,228	4,472
2017	143,859,855	9,835,104	2,011	71,536	4,891
2018	146,131,754	10,011,038	1,953	74,824	5,126

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages, Annual Averages (Total Covered).

[2]U.S. Department of Labor, Occupational Safety and Health Administration.

8.0 Million State and Local Employees Lacked OSHA Coverage in 2018



[1]Massachusetts passed a law providing OSHA coverage to the state's public employees (effective Sept. 1, 2018), but does not have a federal OSHA-approved state plan with enforcement resources.

★ In 2018, 40,849 public employees in the District of Columbia lacked OSHA coverage.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Average.

Prepared by the AFL-CIO

Profiles of Mine Safety and Health
2011–2019

Coal Mines

	2011	2012	2013	2014[3]	2015[3]	2016[3]	2017[3]	2018[3]	2019[3]
Number of coal mines	1,972	1,871	1,704	1,633	1,459	1,287	1,216	1,192	1,137
Number of miners	143,940	138,338	123,446	116,318	102,871	81,880	82,932	82,857	81,464
Fatalities	20	20	20	16	12	8	15	12	12
Fatal injury rate[1]	0.0148	0.0159	0.0176	0.0149	0.0131	0.0115	0.0200	0.0155	0.0159
All injury rate[1]	3.43	3.21	3.15	3.15	2.93	2.91	3.19	2.88	2.92
States with coal mining	26	26	26	26	26	26	25	26	26
Coal production (millions of tons)	1,095	1,018	984	1,000	897	728	775	756	706
Citations and orders issued[2]	93,057	78,836	63,166	62,452	49,322	40,499	46,760	46,727	43,635

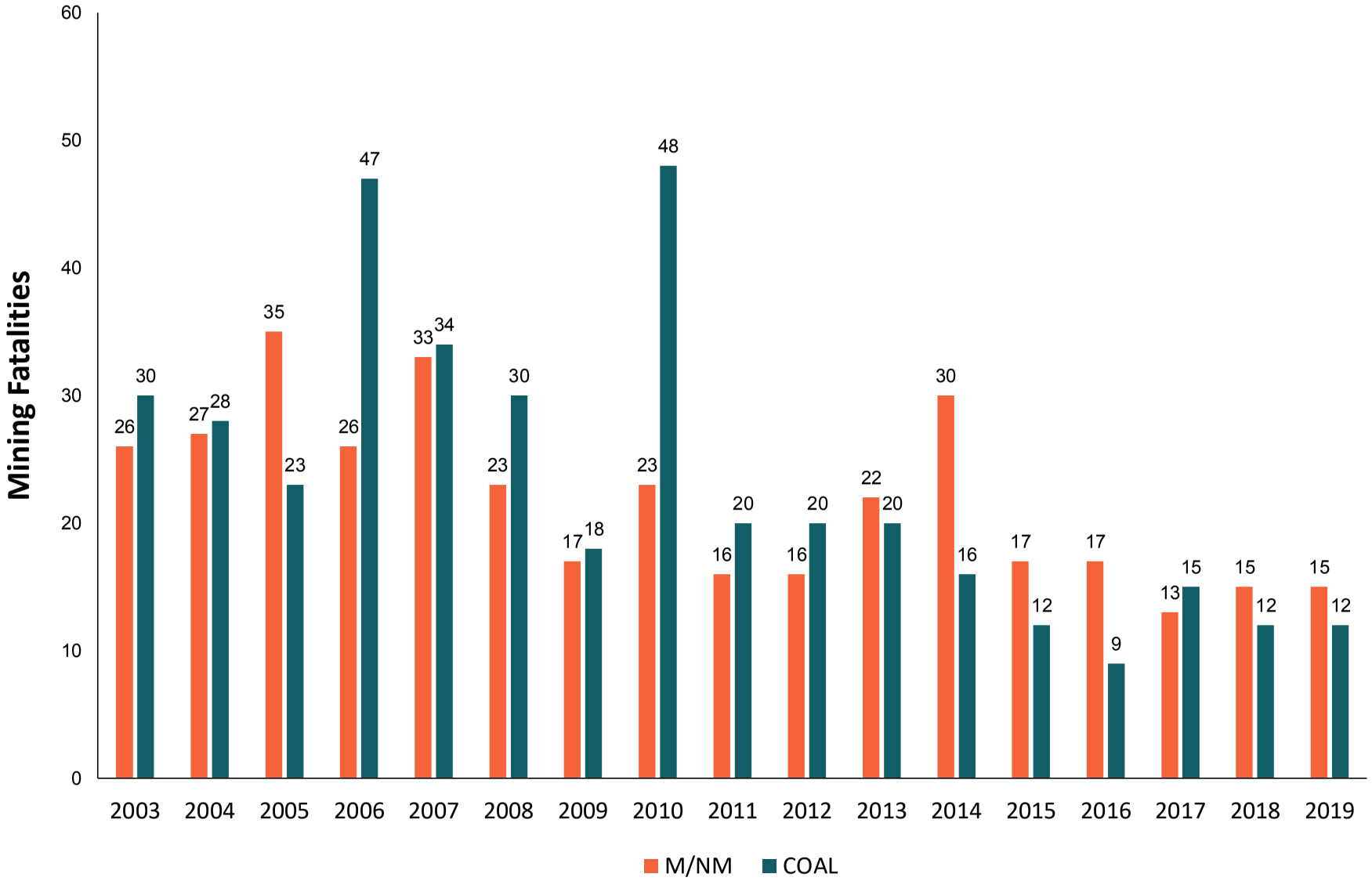
Metal and Nonmetal Mines

	2011	2012	2013	2014[3]	2015[3]	2016[3]	2017[3]	2018[3]	2019[3]
Number of metal/nonmetal mines	12,206	12,227	12,101	11,990	11,862	11,823	11,898	11,885	11,846
Number of miners	238,428	250,664	251,433	250,576	247,269	237,406	238,627	249,415	250,228
Fatalities	16	16	22	30	17	17	13	15	15
Fatal injury rate[1]	0.0083	0.0079	0.0108	0.0147	0.0084	0.0088	0.0066	0.0077	0.0072
All injury rate[1]	2.28	2.20	2.14	2.11	2.03	1.94	1.79	1.74	1.72
States with M/NM mining	50	50	50	50	50	50	50	50	50
Citations and orders issued[2]	63,280	60,074	54,952	58,599	58,374	56,525	57,843	50,765	55,751

Source: U.S. Department of Labor, Mine Safety and Health Administration.

[1]All reported injuries per 200,000 employee hours.
[2]Citations and orders are those not vacated.
[3]Includes operator and contractor employees.

Coal and Metal/Nonmetal Mining Fatality Comparisons, 2003–2019



Source: U.S. Department of Labor, Mine Safety and Health Administration.

Coal Mining Fatalities by State, 2003–2019

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Alabama	1	2	4	2	3	2	3	2		3	1	1	1	1	1	1	
Alaska																	
Arizona				1					1								
Arkansas																	
California																	
Colorado					1				1	1					1		
Connecticut																	
Delaware																	
Florida																	
Georgia																	
Hawaii																	
Idaho																	
Illinois	3					1	2	2		1	4	1	3	1			1
Indiana	1	1			3	1		1		1	1	1				2	
Iowa																	
Kansas																	
Kentucky	10	6	8	16	2	8	6	7	8	4	2	2	2	2	2	1	5
Louisiana							1										
Maine																	
Maryland				1	2												
Massachusetts																	
Michigan																	

Coal Mining Fatalities by State, 2003–2019

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Minnesota																	
Mississippi																	
Missouri																	
Montana				1				1				1			1		
Nebraska																	
Nevada																	
New Hampshire																	
New Jersey																	
New Mexico					1												
New York																	
North Carolina																	
North Dakota																	
Ohio			1						2	1	1						
Oklahoma			1		1												
Oregon																	
Pennsylvania	1	1	4	1	1	5	1				2		3	1	1	3	2
Puerto Rico																	
Rhode Island																	
South Carolina																	
South Dakota																	
Tennessee		1					1			1							
Texas					1	1											

Coal Mining Fatalities by State, 2003–2019

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Utah		2		1	10						1	1					
Vermont																	
Virginia	3	3		1		2	1		1	1		2	1				
Washington																1	
West Virginia	9	12	4	23	9	9	3	35	6	7	6	5	2	4	8	4	4
Wisconsin																	
Wyoming	2		1			1			1		2	2			1		
Total	30	28	23	47	34	30	18	48	20	20	20	16	12	9	15	12	12

Source: U.S. Department of Labor, Mine Safety and Health Administration.

Metal and Nonmetal Mining Fatalities by State, 2003–2019

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Alabama	2		1					1		1					1	1	
Alaska				2	3				2								
Arizona			2	1	2	2	1	2		1	1	1		1	1		
Arkansas	1				2		1							1			
California	2			2	3	2	1	2		1	2		1		1		
Colorado	1		2								2						
Connecticut																	
Delaware																	
Florida			2	1				1	1	2		1	1	1			
Georgia	1	1				1	1	1			2		1	1	1		1
Hawaii																	
Idaho								1	2			1			1		
Illinois	1											1			1		
Indiana		2		1	1							1					
Iowa		1				2	1		1			1	1	1	1	1	
Kansas	1					1		2			1	1					
Kentucky	1		3	1		1	2			1	4	1		1			
Louisiana				1	1		1				1	1					1
Maine																	
Maryland								1		1							
Massachusetts				1									1				
Michigan	1	2	1	3										1		1	
Minnesota			1	3	2			1	2								1
Mississippi			2											2			1

Metal and Nonmetal Mining Fatalities by State, 2003–2019

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Missouri		2	1		2	2	2				2	2	2				
Montana			1		1				1	2		1				1	
Nebraska			1		1					1			1				
Nevada	2	4	3		2	3	1	2	1	1	2	2	3	1	2	2	
New Hampshire	1				1								1				
New Jersey	1		1														
New Mexico	1	1	2			1	1				1				1	1	1
New York		1				1		1	1	3		2				1	
North Carolina	1	1			1				1	1				1	1		
North Dakota													1			1	
Ohio	2		2		2				1			1	1				
Oklahoma		2						3		1							1
Oregon	1	2	1	1	1										1		
Pennsylvania		2	1	2		2	1		1		1	2	1			1	
Puerto Rico				1	1		1										
Rhode Island																	
South Carolina	2	1	1									2					1
South Dakota																	
Tennessee	1	1	1	2	1		1	1			1			1			2
Texas	2	3	2	1	2	3	2	2			1	5	1	2	1	3	2
Utah				1		1		1	1			2		1		1	
Vermont																	1
Virginia			1	1	1							2	1	1		1	

Metal and Nonmetal Mining Fatalities by State, 2003–2019

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Washington	1		1	1	1			1	1					1			
West Virginia					1												
Wisconsin			1			1											
Wyoming		1	1		1												1
Total	26	27	35	26	33	23	17	23	16	16	22	30	17	17	13	15	13

Source: U.S. Department of Labor, Mine Safety and Health Administration.

MSHA Impact Inspections, 2019[1]

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	Year Totals
Coal													
Number of Impact Inspections	2	1	0	3	16	6	4	8	3	5	3	1	52
Total # Citations Issued	39	23	0	65	184	102	44	75	31	68	44	17	692
# Orders[2] Issued	1	0	0	0	4	0	0	2	0	0	0	0	7
# S&S[3] Citations Issued	8	9	0	23	60	18	7	17	10	17	11	3	183
% S&S Citations	21%	39%	0%	35%	33%	18%	16%	23%	32%	25%	25%	18%	934
Metal/Nonmetal													
Number of Impact Inspections	5	4	1	5	1	7	1	1	6	8	4	3	46
Total # Citations Issued	50	37	5	89	5	95	3	12	116	128	44	13	597
# Orders[2] Issued	1	0	0	0	0	1	0	0	1	3	0	0	6
# S&S[3] Citations Issued	19	5	0	14	5	29	0	1	35	36	10	5	159
% S&S Citations	38%	14%	0%	16%	100%	31%	0%	8%	30%	28%	23%	38%	808

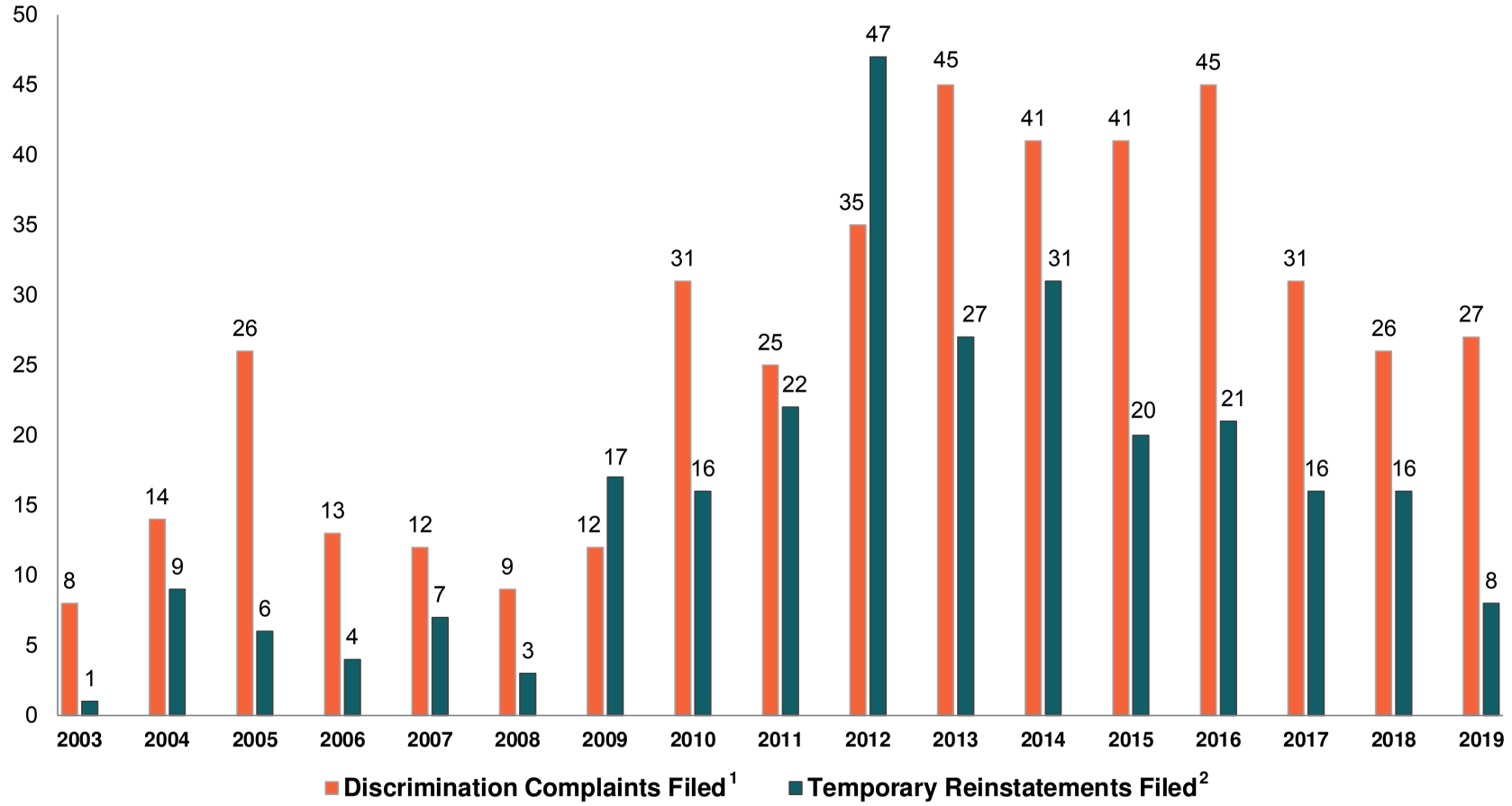
Source: Mine Safety and Health Administration.

[1]Impact inspections were initiated after the April 2010 explosion at the Upper Big Branch Mine. The inspections are conducted at mines with a poor compliance history with MSHA standards, high numbers of injuries, illnesses or fatalities, and other indicators of unsafe mines.

[2]MSHA can issue orders to mine operators that require them to withdraw miners from affected areas of the mine for failure to abate violations, for "unwarrantable failure" (reckless disregard, intentional misconduct) to correct significant and substantial violations, and where imminent danger exists. Miners remain withdrawn from the affected area until the violation(s) are abated.

[3]A Significant and Substantial (S&S) citation is a violation of a mandatory MSHA standard in which the hazard resulting from the violation has a reasonable likelihood of resulting in an injury of a reasonably serious nature.

MSHA Discrimination Complaints and Temporary Reinstatements Filed by the Department of Labor on Behalf of Miners, 2003–2019



Source: Mine Safety and Health Administration.

[1]Under Section 105(c)(2) of the Federal Mine Safety and Health Act, any miner who thinks he or she has been discharged, interfered with or discriminated against for exercising his or her rights under the act may file a discrimination complaint.

[2]If the Mine Safety and Health Administration finds that a miner's discrimination complaint is "not frivolously brought," MSHA will ask the Federal Mine Safety and Health Review Commission to order immediate reinstatement of the miner while the discrimination case is pending.

STATE COMPARISONS

Comparison of Workplace Fatality and Injury Rates by State, 2018

State	Fatality Rate[1]	Injury and Illness Rates[2,3]	State	Fatality Rate[1]	Injury and Illness Rates[2,3]	State	Fatality Rate[1]	Injury and Illness Rates[2,3]	State	Fatality Rate[1]	Injury and Illness Rates[2,3]
Alabama	4.5	2.7	Indiana	5.6	3.2	Nebraska	4.7	3.2	South Carolina	4.6	2.4
Alaska	9.9	3.6	Iowa	4.9	3.3	Nevada	2.8	3.5	South Dakota[4]	6.9	N/A
Arizona	2.5	3.0	Kansas	4.5	3.1	New Hampshire[4]	2.9	N/A	Tennessee	4.1	2.8
Arkansas	6.3	2.2	Kentucky	4.2	3.2	New Jersey	2.0	2.6	Texas	3.8	2.0
California	2.3	3.3	Louisiana	5.1	1.8	New Mexico	4.7	2.8	Utah	3.4	2.8
Colorado[4]	2.6	N/A	Maine	2.5	4.7	New York	3.1	2.2	Vermont	3.5	4.7
Connecticut	2.8	3.2	Maryland	3.4	2.8	North Carolina	3.8	2.4	Virginia	3.5	2.5
Delaware	1.6	2.4	Massachusetts	2.7	2.6	North Dakota[4]	9.6	N/A	Washington	2.4	4.0
Florida[4]	3.5	N/A	Michigan	3.4	3.0	Ohio	3.0	2.4	West Virginia	7.9	3.0
Georgia	3.8	2.5	Minnesota	2.7	3.2	Oklahoma	5.2	N/A	Wisconsin	3.8	3.6
Hawaii	3.4	3.3	Mississippi[4]	6.7	N/A	Oregon	3.1	3.6	Wyoming	11.5	3.2
Idaho[4]	5.8	N/A	Missouri	5.1	2.8	Pennsylvania	3.0	3.2	National Average	**3.5**	**2.8**
Illinois	3.1	2.7	Montana	5.5	3.9	Rhode Island[4]	1.8	N/A			

Orange: States with a fatality rate above the national average and reported injury and illness rate below or equal to the national average.

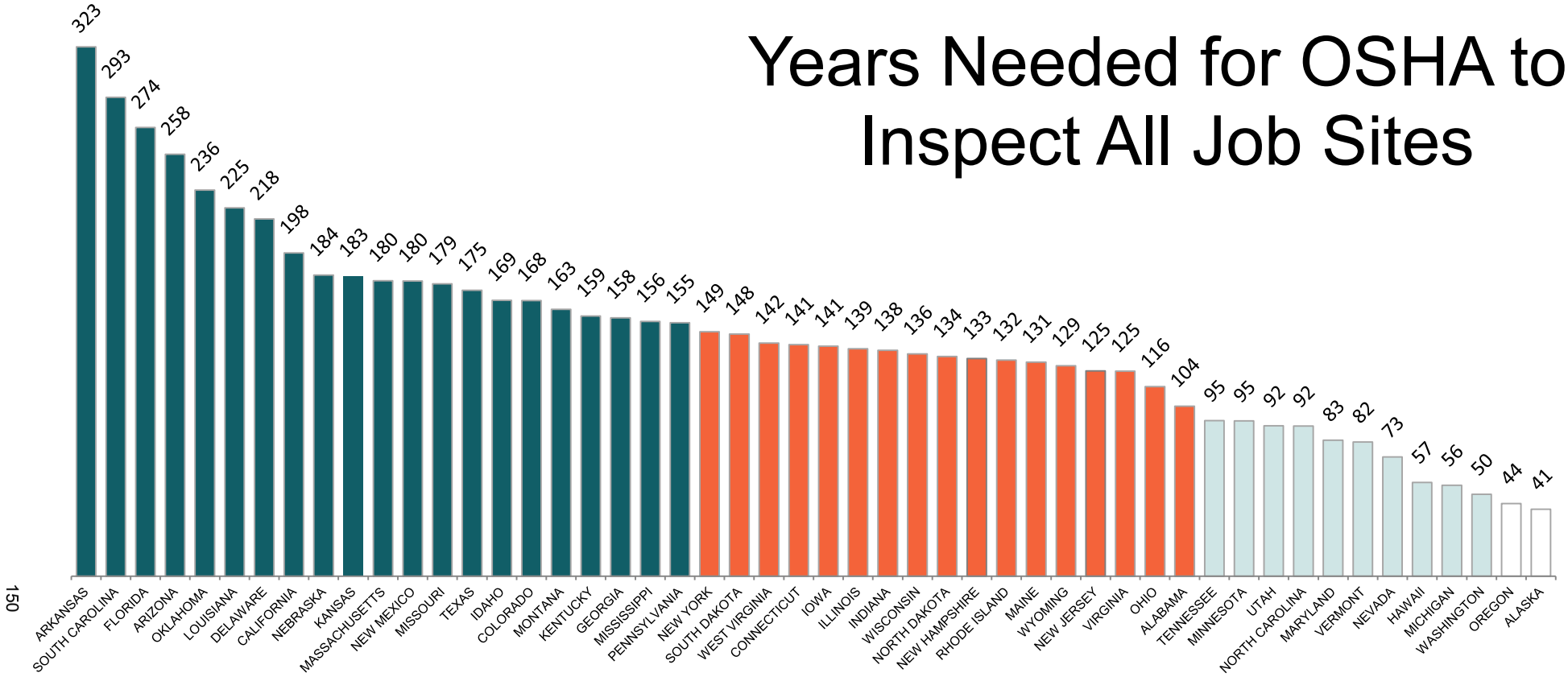
[1] The state fatality rates are calculated by the Bureau of Labor Statistics deaths per 100,000 workers.

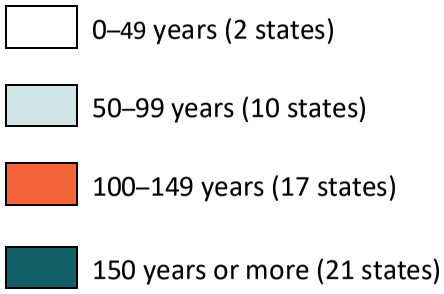
[2] Bureau of Labor Statistics, rate of total cases per 100 workers. Number and rate are for private sector only and the total includes Guam, Puerto Rico and the Virgin Islands.

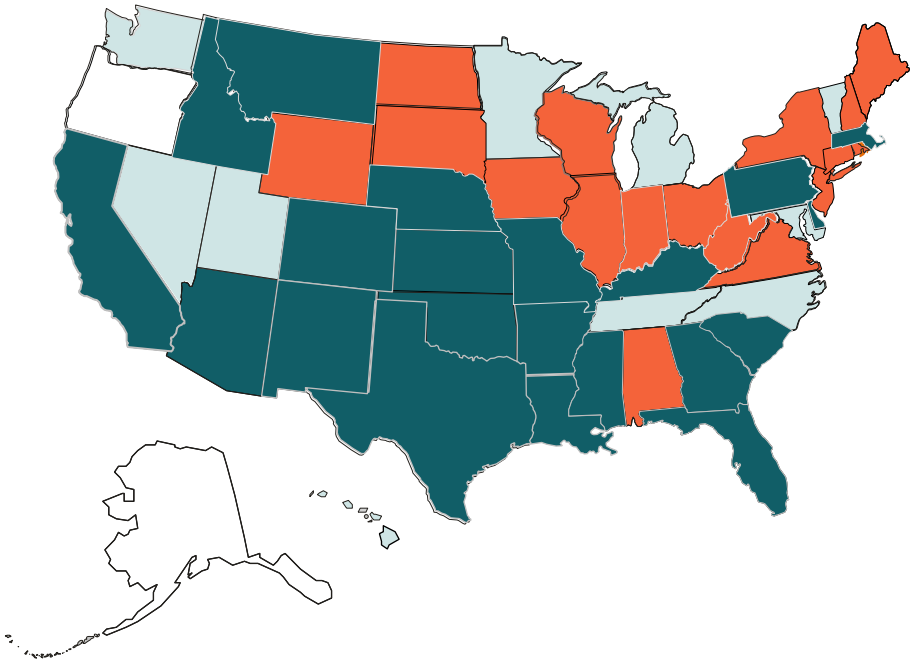
[3] A detailed comparison of the individual injury and illness reports from various reporting systems found that only one in three workplace injuries and illnesses was reported on the OSHA Log and captured by the Bureau of Labor Statistics survey. This study did not address the number of injuries and illnesses that are not reported to any reporting system in the first place. Thus, this study represents a conservative estimate of underreporting of the true toll of injuries and illnesses. For more details on the study, see the paper by Rosenman, et al., "How Much Work-Related Injury and Illness is Missed by the Current National Surveillance System?," Journal of Occupational and Environmental Medicine, 48(4): 357–365. April 2006.

[4] Not all states participate in the Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses. Participation is voluntary, even in states where the fatality rate may be high.

Years Needed for OSHA to Inspect All Job Sites







Sources: U.S. Department of Labor, Bureau of Labor Statistics, "Employment and Wages Annual Averages 2018," and Occupational Safety and Health Administration OIS data on worksite inspections, FY 2019.

Prepared by the AFL-CIO

Number of OSHA Inspectors by State Compared with ILO Benchmark Number of Labor Inspectors[1]

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3]		Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
		Federal	State		
Alabama	1,961,625	23	0	196	1/85,288
Alaska	321,078	1	9	32	1/32,108
Arizona	2,826,095	1	13	283	1/201,864
Arkansas	1,211,021	8	0	121	1/151,378
California	17,355,855	7	225	1,736	1/74,810
Colorado	2,674,030	25	0	267	1/106,961
Connecticut	1,673,925	16	5	167	1/79,711
Delaware	447,075	3	0	45	1/149,025
Florida	8,700,654	56	0	870	1/155,369
Georgia	4,430,136	35	0	443	1/126,575
Hawaii	658,341	3	16	66	1/34,650
Idaho	730,716	9	0	73	1/81,191
Illinois	5,973,316	57	7	597	1/93,333
Indiana	3,051,879	2	35	305	1/82,483
Iowa	1,549,958	1	19	155	1/77,498
Kansas	1,383,119	11	0	138	1/125,738
Kentucky	1,884,653	0	26	188	1/72,487
Louisiana	1,921,498	12	0	192	1/160,125
Maine	615,271	7	3	62	1/61,527
Maryland	2,679,064	5	48	268	1/50,548
Massachusetts	3,586,034	33	0	359	1/108,668
Michigan	4,340,045	2	61	434	1/68,890

Number of OSHA Inspectors by State Compared with ILO Benchmark Number of Labor Inspectors[1]

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Minnesota	2,882,944	0	41	288	1/70,316
Mississippi	1,130,786	11	0	113	1/102,799
Missouri	2,794,483	23	0	279	1/121,499
Montana	464,818	7	0	46	1/66,403
Nebraska	978,066	8	0	98	1/122,258
Nevada	1,371,030	2	31	137	1/41,546
New Hampshire	658,836	8	0	66	1/82,355
New Jersey	4,043,517	41	10	404	1/79,285
New Mexico	822,351	0	8	82	1/102,794
New York	9,432,830	61	31	943	1/102,531
North Carolina	4,410,791	2	92	441	1/46,923
North Dakota	417,578	7	0	42	1/59,654
Ohio	5,405,891	51	0	541	1/105,998
Oklahoma	1,605,887	11	0	161	1/145,990
Oregon	1,920,804	3	75	192	1/24,626
Pennsylvania	5,867,783	45	0	587	1/130,395
Rhode Island	481,569	6	0	48	1/80,262
South Carolina	2,091,683	1	16	209	1/123,040
South Dakota	426,927	3	0	43	1/142,309
Tennessee	2,976,889	2	38	298	1/74,422
Texas	12,302,358	87	0	1,230	1/141,406
Utah	1,478,493	0	18	148	1/82,139
Vermont	310,334	0	7	31	1/44,333

Number of OSHA Inspectors by State Compared with ILO Benchmark Number of Labor Inspectors[1]

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Virginia	3,893,254	3	44	389	1/82,835
Washington	3,372,533	3	103	337	1/31,816
West Virginia	693,478	8	0	69	1/86,685
Wisconsin	2,876,534	32	0	288	1/89,892
Wyoming	272,171	0	7	27	1/38,882
Totals[5]	147,026,312	1,767[6]		14,703	1/83,207

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages.

[2]Includes only safety and industrial hygiene Compliance Safety and Health Officers who conduct workplace inspections and does not include supervisory CSHOs. Federal CSHOs provided by OSHA's Directorate of Enforcement Programs, CSHO Count By State as of December 2019. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2020 State Plan Grant Applications as of July 1, 2019. The number of "on board" CSHOs may not accurately reflect the true number of CSHOs actually hired and conducting enforcement inspections due to possible budgetary issues in any particular state.

[3]Under the OSHAct, states may operate their own OSHA programs. Twenty-one states and one territory have state OSHA programs covering both public- and private-sector workers. Connecticut, Illinois, Maine, New Jersey and New York have state programs covering state and local employees only.

[4]The ILO benchmark for labor inspectors is one inspector per 10,000 workers in industrial market economies. International Labor Organization, International Labor Office. Strategies and Practice for Labor Inspection. G.B.297/ESP/3. Geneva, November 2006.

[5]Totals include employees and inspectors from the District of Columbia, Puerto Rico and the Virgin Islands.

[6]Total number of inspectors includes 746 federal OSHA inspectors and 1,021 state OSHA inspectors, including one inspector in the Virgin Islands and 32 in Puerto Rico.

Profile of Workplace Safety and Health in the United States

State	Fatalities 2018[1]			Injuries/Illnesses 2018[2]		Penalties FY 2019[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
Alabama	89	4.5	32	36,500	2.7	3,577	26	23	0	104	Federal
Alaska	32	9.9	49	7,100	3.6	3,591	25	1	9	41	State
Arizona	82	2.5	6	58,400	3.0	916	48	1	13	258	State
Arkansas	76	6.3	44	19,600	2.2	4,120	6	8	0	323	Federal
California	422	2.3	4	363,800	3.3	7,785	1	7	225	198	State
Colorado	72	2.6	8	N/A	N/A	2,882	34	25	0	168	Federal
Connecticut	48	2.8	11	37,200	3.2	3,211	33	16	5	141	Federal[5]
Delaware	7	1.6	1	7,500	2.4	6,541	2	3	0	218	Federal
Florida	332	3.5	23	N/A	N/A	4,032	7	56	0	274	Federal
Georgia	186	3.8	26	77,500	2.5	3,862	17	35	0	158	Federal
Hawaii	22	3.4	19	13,400	3.3	3,964	13	3	16	57	State
Idaho	45	5.8	43	N/A	N/A	3,624	23	9	0	169	Federal
Illinois	184	3.1	16	110,000	2.7	3,554	28	57	7	139	Federal[5]
Indiana	173	5.6	42	69,900	3.2	1,170	45	2	35	138	State
Iowa	77	4.9	37	35,900	3.3	3,785	21	1	19	141	State
Kansas	61	4.5	32	29,200	3.1	3,976	11	11	0	183	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2018[1]			Injuries/Illnesses 2018[2]		Penalties FY 2019[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
Kentucky	83	4.2	31	41,200	3.2	3,922	14	0	26	159	State
Louisiana	98	5.1	38	25,600	1.8	3,355	32	12	0	225	Federal
Maine	17	2.5	6	19,100	4.7	3,786	20	7	3	131	Federal[5]
Maryland	97	3.4	19	50,000	2.8	692	49	5	48	83	State
Massachusetts	97	2.7	9	65,700	2.6	3,792	19	33	0	180	Federal
Michigan	155	3.4	19	90,900	3.0	1,336	43	2	61	56	State
Minnesota	75	2.7	9	62,900	3.2	950	47	0	41	95	State
Mississippi	78	6.7	45	N/A	N/A	4,624	3	11	0	156	Federal
Missouri	145	5.1	38	53,600	2.8	3,883	16	23	0	179	Federal
Montana	28	5.5	41	11,900	3.9	3,363	31	7	0	163	Federal
Nebraska	44	4.7	35	21,700	3.2	3,982	10	8	0	184	Federal
Nevada	39	2.8	11	34,700	3.5	2,115	38	2	31	73	State
New Hampshire	20	2.9	13	N/A	N/A	3,804	18	8	0	133	Federal
New Jersey	83	2.0	3	74,400	2.6	4,002	9	41	10	125	Federal[5]
New Mexico	43	4.7	35	14,900	2.8	1,886	39	0	8	180	State
New York	271	3.1	16	140,200	2.2	3,557	27	61	31	149	Federal[5]

Profile of Workplace Safety and Health in the United States

State	Fatalities 2018[1]			Injuries/Illnesses 2018[2]		Penalties FY 2019[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
North Carolina	178	3.8	26	73,400	2.4	1,703	41	2	92	92	State
North Dakota	35	9.6	48	N/A	N/A	4,258	5	7	0	134	Federal
Ohio	158	3.0	14	93,100	2.4	4,354	4	51	0	116	Federal
Oklahoma	91	5.2	40	N/A	N/A	3,905	15	11	0	236	Federal
Oregon	62	3.1	16	47,400	3.6	579	50	3	75	44	State
Pennsylvania	177	3.0	14	135,400	3.2	3,969	12	45	0	155	Federal
Rhode Island	9	1.8	2	N/A	N/A	3,494	29	6	0	132	Federal
South Carolina	98	4.6	34	33,700	2.4	1,131	46	1	16	293	State
South Dakota	32	6.9	46	N/A	N/A	2,586	36	3	0	148	Federal
Tennessee	122	4.1	30	60,600	2.8	1,628	42	2	38	95	State
Texas	488	3.8	26	178,000	2.0	3,600	24	87	0	175	Federal
Utah	49	3.4	19	28,200	2.8	1,250	44	0	18	92	State
Vermont	11	3.5	23	9,600	4.7	2,737	35	0	7	82	State
Virginia	157	3.5	23	65,000	2.5	2,395	37	3	44	125	State
Washington	86	2.4	5	89,300	4.0	1,725	40	3	103	50	State
West Virginia	57	7.9	47	13,600	3.0	4,004	8	8	0	142	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2018[1]			Injuries/Illnesses 2018[2]		Penalties FY 2019[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
Wisconsin	114	3.8	26	70,400	3.6	3,758	22	32	0	136	Federal
Wyoming	31	11.5	50	5,400	3.2	3,429	30	0	7	129	State
Total or National Average:	**5,250**	**3.5**		**2.8 Million**	**2.8**	**2,819[9]**		**1,767[10]**		**132[11]**	

[1]The state fatality rates are calculated by BLS as deaths per 100,000 workers.

[2]Bureau of Labor Statistics, rate of total cases per 100 workers. Number and rate are for private sector only and include Guam, Puerto Rico and the Virgin Islands.

[3]U.S. Department of Labor, OSHA, OIS Inspection Reports, FY 2019. Penalties shown are average current penalty per serious citation for conditions creating a substantial probability of death or serious physical harm to workers. For Connecticut, Illinois, Maine, New Jersey and New York, averages are based only on federal penalty data.

[4]Includes only safety and industrial hygiene Compliance Safety and Health Officers (CSHOs) who conduct workplace inspections and does not include supervisory CSHOs. Federal CSHOs provided by OSHA's Directorate of Enforcement Programs, CSHO Count By State as of December 2019. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2020 State Plan Grant Applications as of July 1, 2019. The number of "on board" CSHOs may not accurately reflect the true number of CSHOs actually hired and conducting enforcement inspections due to possible budgetary issues in any particular state.

[5]Under the OSHAct, states may operate their own OSHA programs. Twenty-one states and one territory have state OSHA programs covering both public and private sector workers. Connecticut, Illinois, Maine, New Jersey and New York have state programs covering state and local employees only.

[6]Years to inspect is based on the number of establishments in 2018 and the number of OSHA inspections in FY 2019. The number of establishments in OSHA's jurisdiction includes private sector establishments (except mining) and federal establishments. For any state with a plan that covers public sector employees, state and local establishments also are included.

[7]Rankings are based on best-to-worst fatality rate (1–best, 50–worst).

[8]Rankings are based on highest-to-lowest average penalty ($) per serious violation (1–highest, 50–lowest).

[9]National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $3,717 per citation; state plan OSHA states average $2,032 per citation.

[10]Total number of inspectors includes 746 federal OSHA inspectors and 1,021 state OSHA inspectors, including one inspector in the Virgin Islands and 36 in Puerto Rico.

[11]Frequency of all covered establishments for all states combined. Average inspection frequency of covered establishments for federal OSHA states is once every 162 years; inspection frequency of covered establishments for state OSHA plan states is once every 107 years. States with their own OSHA program for public employees only (Connecticut, Illinois, Maine, New Jersey and New York) are considered federal states for these averages. Federal, state and national average include the District of Columbia, Puerto Rico and the Virgin Islands.

State-by-State OSHA Fatality Investigations, FY 2019

State	Number of OSHA Fatality Investigations Conducted[2]	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program
Alabama	23	22,233	21,535	15,000	Federal
Alaska	3	16,072	13,451	13,451	State
Arizona	24	1,094	200	200	State
Arkansas	17	11,103	11,934	10,026	Federal
California	196	19,541	12,488	11,473	State
Colorado	23	11,741	9,472	9,000	Federal
Connecticut	10	19,065	3,978	3,978	Federal[2]
Delaware	6	69,932	39,586	35,381	Federal
Florida	115	14,038	13,260	12,199	Federal
Georgia	45	17,238	13,494	12,934	Federal
Hawaii	4	35,061	38,262	32,995	State
Idaho	13	12,539	10,798	10,000	Federal
Illinois	42	59,705	13,260	11,880	Federal[2]
Indiana	40	13,549	7,000	5,163	State
Iowa	21	11,413	8,781	7,751	State
Kansas	20	20,734	21,975	19,474	Federal
Kentucky	43	13,051	7,000	6,000	State
Louisiana	24	9,279	7,388	6,630	Federal
Maine	3	373,750	6,820	4,774	Federal[2]
Maryland	23	1,637	900	393	State
Massachusetts	21	9,439	11,367	9,000	Federal
Michigan	34	11,065	12,000	11,250	State
Minnesota	22	19,964	25,000	25,000	State

State-by-State OSHA Fatality Investigations, FY 2019

State	Number of OSHA Fatality Investigations Conducted[2]	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program
Mississippi	9	17,188	17,049	13,260	Federal
Missouri	23	28,787	22,732	22,732	Federal
Montana	5	2,519	6,630	1,989	Federal
Nebraska	15	14,401	18,564	14,900	Federal
Nevada	9	7,422	5,000	5,000	State
New Hampshire	5	17,503	-	-	Federal
New Jersey	27	16,898	11,934	10,741	Federal[2]
New Mexico	10	25,768	7,800	6,550	State
New York	50	27,669	13,785	12,472	Federal[2]
North Carolina	51	9,202	5,100	5,100	State
North Dakota	7	43,677	16,102	16,102	Federal
Ohio	48	23,606	12,597	9,709	Federal
Oklahoma	15	21,273	13,260	9,662	Federal
Oregon	48	2,895	-	-	State
Pennsylvania	53	26,297	13,260	5,456	Federal
Rhode Island	3	3,819	6,820	5,456	Federal
South Carolina	29	2,179	1,500	1,500	State
South Dakota	3	11,470	9,093	5,910	Federal
Tennessee	24	7,355	5,450	5,750	State
Texas	150	21,410	11,128	9,754	Federal
Utah	15	1,977	1,500	1,500	State
Vermont	3	5,569	11,934	7,160	State
Virginia	39	23,822	12,726	12,725	State

State-by-State OSHA Fatality Investigations, FY 2019

State	Number of OSHA Fatality Investigations Conducted[2]	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program
Washington	16	6,225	3,100	3,100	State
West Virginia	9	4,088	4,205	2,046	Federal
Wisconsin	22	13,651	-	-	Federal
Wyoming	5	2,772	-	-	State
National Median State Plan States			**4,763**	**4,050**	
National Median Federal States			**11,934**	**9,282**	
Total or National Average[3]	**1,519**	**17,830**			

Source: OSHA OIS Fatality Inspection Reports, issued April 7, 2020.

[1]National median penalties include investigations conducted in American Samoa, Puerto Rico, the District of Columbia, Virgin Islands, Northern Mariana Islands and Guam.

[2]Under the OSH Act, states may operate their own OSHA programs. Connecticut, Illinois, Maine, New Jersey and New York have state programs covering state and local employees only; for these five states, only federal data are listed. Twenty-one states and one territory have state OSHA programs covering both public- and private-sector workers; for these 21 states, only state data are listed.

[3]National fatality investigations for all federal OSHA and state OSHA plan states combined. Federal OSHA average is $22,425 per fatality investigation; state plan OSHA average is $12,354 per fatality investigation. Total investigations, total penalties and national average penalty per investigation includes one investigation in the District of Columbia, one in Puerto Rico, one in the Virgin Islands, zero in the Northern Mariana Islands, zero in American Samoa and one in Guam.

Workplace Safety and Health Statistics by State, 2013–2018

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]					
	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017	2018	FY14	FY15	FY16	FY17	FY18	FY19
Alabama	4.0	4.0	3.7	5.2	4.3	4.5	3.3	2.9	3.0	2.7	2.5	2.7	2,016	2,311	2,582	3,583	3,598	3,577
Alaska	7.9	7.8	4.1	10.6	10.2	9.9	4.3	3.9	3.9	3.6	3.8	3.6	823	808	1,079	1,288	1,676	3,591
Arizona	3.5	3.1	2.4	2.6	3.0	2.5	3.3	3.0	2.9	2.9	2.9	3.0	935	960	1,002	1,083	1,140	916
Arkansas	5.6	5.7	5.8	5.3	6.1	6.3	3.0	2.6	2.6	2.4	2.5	2.2	2,329	2,221	2,480	3,254	3,872	4,120
California	2.4	2.0	2.2	2.2	2.2	2.3	3.5	3.4	3.3	3.3	3.2	3.3	5,733	6,543	7,131	7,326	7,699	7,785
Colorado	2.7	3.3	2.9	3.0	2.8	2.6	N/A	N/A	N/A	N/A	N/A	N/A	1,564	1,821	2,044	2,725	2,775	2,882
Connecticut	1.8	2.1	2.6	1.6	1.9	2.8	3.8	3.5	3.2	3.3	3.2	3.2	1,794	1,896	2,142	2,824	3,108	3,211
Delaware	2.6	2.8	1.9	2.6	2.4	1.6	2.7	2.6	2.6	2.6	2.3	2.4	1,985	2,745	2,878	4,701	3,996	6,541
Florida	2.8	2.7	3.1	3.6	3.3	3.5	N/A	N/A	N/A	N/A	N/A	N/A	2,181	2,365	2,451	3,681	3,653	4,032
Georgia	2.8	3.6	4.3	3.9	4.1	3.8	2.8	2.9	2.7	2.7	2.6	2.5	2,127	2,248	2,392	3,805	3,571	3,862
Hawaii	1.6	5.0	2.6	2.4	2.2	3.4	3.7	3.7	3.4	3.5	3.8	3.3	1,279	1,214	1,604	2,129	3,069	3,964
Idaho	4.3	4.7	4.8	4.1	4.8	5.8	N/A	N/A	N/A	N/A	N/A	N/A	1,639	1,973	2,485	3,202	3,423	3,624
Illinois	3.1	2.9	2.9	2.9	2.8	3.1	3.2	2.8	2.9	2.7	2.6	2.7	1,980	2,258	2,380	3,571	3,615	3,554
Indiana	4.4	4.4	3.9	4.5	4.5	5.6	3.6	3.8	3.7	3.4	3.3	3.2	957	782	1,000	1,235	1,278	1,170
Iowa	4.7	6.0	3.9	4.8	4.7	4.9	4.5	3.9	3.7	3.7	3.5	3.3	901	997	1,488	1,362	2,646	3,785
Kansas	4.2	5.5	4.4	5.2	5.2	4.5	3.5	3.4	3.0	3.3	3.0	3.1	2,017	2,055	2,144	3,016	3,600	3,976
Kentucky	4.7	4.5	5.5	5.0	3.8	4.2	4.0	3.7	3.5	3.2	3.1	3.2	2,828	2,607	3,295	3,333	3,542	3,922
Louisiana	6.3	6.3	5.8	5.0	6.3	5.1	2.2	2.0	1.9	1.9	1.9	1.8	2,201	2,334	2,847	3,811	3,811	3,355
Maine	3.1	2.9	2.5	2.4	2.7	2.5	5.3	5.3	4.8	4.7	4.8	4.7	2,013	2,025	2,508	4,303	3,440	3,786
Maryland	2.7	2.6	2.4	3.2	3.0	3.4	3.0	3.1	2.9	2.8	2.6	2.8	746	715	650	640	681	692
Massachusetts	1.8	1.7	2.1	3.3	3.2	2.7	2.9	2.7	2.7	2.6	2.7	2.6	2,104	2,092	2,484	3,752	3,597	3,792
Michigan	3.3	3.3	3.1	3.5	3.4	3.4	3.7	3.6	3.3	3.3	3.1	3.0	585	612	763	1,131	1,179	1,336
Minnesota	2.6	2.3	2.7	3.4	3.5	2.7	3.7	3.6	3.5	3.3	3.2	3.2	752	806	832	993	987	950
Mississippi	6.2	7.1	6.8	6.3	6.2	6.7	N/A	N/A	N/A	N/A	N/A	N/A	1,726	2,054	2,440	3,306	3,246	4,624

Workplace Safety and Health Statistics by State, 2013–2018

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]					
	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017	2018	FY14	FY15	FY16	FY17	FY18	FY19
Missouri	4.3	3.9	4.3	4.3	4.4	5.1	3.2	3.2	3.0	2.8	2.6	2.8	1,877	2,103	2,466	3,645	3,630	3,883
Montana	5.8	4.9	7.5	7.9	6.9	5.5	4.7	4.5	4.3	4.2	4.3	3.9	1,938	1,751	1,803	2,149	2,082	3,363
Nebraska	4.0	5.8	5.4	6.3	3.6	4.7	3.8	3.5	3.4	3.4	3.0	3.2	2,569	2,727	2,891	3,903	3,650	3,982
Nevada	3.0	3.1	3.5	4.2	2.4	2.8	4.0	4.0	3.8	3.7	3.7	3.5	2,244	1,059	1,157	1,133	1,980	2,115
New Hampshire	2.1	2.6	2.7	3.2	1.6	2.9	N/A	N/A	N/A	N/A	N/A	N/A	2,113	2,169	2,425	3,370	3,849	3,804
New Jersey	2.6	2.1	2.3	2.4	1.6	2.0	2.9	2.9	2.7	2.6	2.6	2.6	2,176	2,441	2,533	4,205	3,818	4,002
New Mexico	6.7	6.7	4.1	4.9	4.7	4.7	3.2	3.2	3.1	3.2	2.7	2.8	879	803	1,140	1,025	1,924	1,886
New York	2.1	2.8	2.7	3.1	3.5	3.1	2.4	2.5	2.4	2.3	2.2	2.2	1,907	2,109	2,492	3,707	3,723	3,557
North Carolina	2.5	3.1	3.4	3.7	3.9	3.8	2.7	2.7	2.6	2.5	2.3	2.4	1,250	1,091	1,582	1,594	1,772	1,703
North Dakota	14.9	9.8	12.5	7.0	10.1	9.6	N/A	N/A	N/A	N/A	N/A	N/A	2,659	3,028	2,723	3,582	3,683	4,258
Ohio	3.0	3.6	3.9	3.1	3.3	3.0	2.9	2.9	2.8	2.7	2.6	2.4	2,299	2,462	2,679	3,907	4,129	4,354
Oklahoma	5.8	6.2	5.5	5.6	5.5	5.2	N/A	N/A	N/A	N/A	N/A	N/A	1,880	2,062	2,017	3,299	3,070	3,905
Oregon	2.9	3.9	2.6	3.9	3.2	3.1	4.1	3.9	3.7	4.0	3.8	3.6	364	422	570	547	587	579
Pennsylvania	3.2	3.1	3.0	2.8	3.0	3.0	3.9	3.7	3.5	3.3	3.1	3.2	1,796	2,075	2,484	3,454	3,634	3,969
Rhode Island	2.1	2.1	1.2	1.8	1.6	1.8	N/A	N/A	N/A	N/A	N/A	N/A	1,895	1,910	2,077	3,215	3,008	3,494
South Carolina	3.9	3.3	5.6	4.4	4.2	4.6	2.9	2.8	2.5	2.5	2.5	2.4	521	570	790	1,042	1,217	1,131
South Dakota	4.7	7.2	4.9	7.5	7.3	6.9	N/A	N/A	N/A	N/A	N/A	N/A	2,309	2,712	2,419	4,176	2,958	2,586
Tennessee	3.6	4.8	3.7	4.3	4.4	4.1	3.3	3.2	3.1	2.9	2.9	2.8	687	1,441	1,566	1,510	1,472	1,628
Texas	4.4	4.5	4.5	4.4	4.3	3.8	2.6	2.4	2.3	2.2	2.2	2.0	2,154	2,098	2,397	3,481	3,423	3,600
Utah	2.9	4.2	3.2	3.2	2.9	3.4	3.4	3.2	3.5	2.9	3.0	2.8	1,173	1,234	1,322	1,315	1,315	1,250
Vermont	2.2	3.2	2.9	3.2	7.0	3.5	5.2	5.0	4.6	4.6	4.6	4.7	889	1,038	1,201	1,698	2,627	2,737
Virginia	3.2	2.8	2.8	4.0	2.9	3.5	2.6	2.7	2.4	2.5	2.4	2.5	660	893	1,504	1,871	2,357	2,395
Washington	1.7	2.7	2.1	2.4	2.5	2.4	4.8	4.6	4.4	4.3	4.0	4.0	896	1,089	2,118	1,866	1,940	1,725
West Virginia	8.6	5.2	5.0	6.6	7.4	7.9	3.7	4.0	3.2	3.2	2.9	3.0	1,685	1,801	1,916	3,102	3,640	4,004

Workplace Safety and Health Statistics by State, 2013–2018

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]					
	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017	2018	FY14	FY15	FY16	FY17	FY18	FY19
Wisconsin	3.5	3.5	3.5	3.6	3.5	3.8	4.0	3.9	3.6	3.7	3.6	3.6	2,121	2,277	2,573	4,068	3,910	3,758
Wyoming	9.5	13.1	12.0	12.3	7.7	11.5	3.4	3.5	3.3	3.4	3.5	3.2	1,911	2,824	2,732	2,188	3,340	3,429
National Average[4]	3.3	3.4	3.4	3.6	3.5	3.5	3.3	3.2	3.0	2.9	2.8	2.8	$1,972	$2,148	$2,087	$2,633	$2,729	$2,819

[1]Bureau of Labor Statistics, rate per 100,000 workers.

[2]Bureau of Labor Statistics; rate of total cases per 100 workers. Number and rate are for private sector only and national average includes Guam, Puerto Rico and the Virgin Islands.

[3]U.S. Department of Labor, OSHA IMIS Inspection Reports, National by Region for 18(B) State (only) and/or National by Region for Federal (only), FY 2012 through FY 2015, and OIS inspection reports for FY 2012 through FY 2018. Pealties shown are average per serious citation for conditions creating a substantial probability of death or serious physical harm to workers. For Connecticut, Illinois, New Jersey, New York and Maine—states that operate their own state plan for public employees only—averages are based only on federal data.

[4]National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $3,717 per citation; state plan OSHA states average $2,032 per citation.

Workplace Fatalities by State, 1999–2018

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	123	103	138	102	124	133	128	100	108	107	75	92	75	84	78	75	70	100	83	89
Alaska	42	53	64	42	28	42	29	45	30	33	17	39	39	31	32	30	14	35	33	32
Arizona	70	118	87	101	80	84	99	112	97	100	76	77	69	60	95	88	69	77	90	82
Arkansas	76	106	68	80	87	70	80	78	89	85	75	88	93	63	63	67	74	68	76	76
California	602	553	515	478	459	467	465	537	461	465	409	326	390	375	396	344	388	376	376	422
Colorado	106	117	139	123	102	117	125	137	126	105	83	85	92	82	65	84	75	81	77	72
Connecticut	38	55	41	39	36	54	46	38	38	28	34	49	37	36	29	35	44	28	35	48
Delaware	14	13	10	11	9	10	11	15	10	11	7	8	10	14	11	12	8	12	10	7
Florida	345	329	368	354	347	422	406	360	363	291	245	225	226	218	239	228	272	309	299	332
Georgia	229	195	237	197	199	232	200	201	193	182	110	108	111	101	117	152	180	171	194	186
Hawaii	32	20	41	24	21	25	15	30	23	19	13	19	26	20	11	31	18	29	20	22
Idaho	43	35	45	39	43	38	35	38	31	36	27	33	37	19	30	34	36	30	37	45
Illinois	208	206	231	190	200	208	194	207	185	193	158	206	177	146	176	164	172	171	163	184
Indiana	171	159	152	136	132	153	157	148	127	143	125	118	125	115	127	130	115	137	138	173
Iowa	80	71	62	57	76	82	90	71	89	93	80	77	93	97	72	91	60	76	72	77
Kansas	87	85	94	89	78	80	81	85	101	73	76	85	78	76	55	73	60	74	72	61
Kentucky	120	132	105	146	145	143	122	147	112	106	101	69	93	91	86	82	99	92	70	83
Louisiana	141	143	117	103	95	121	111	118	139	135	140	111	111	116	114	120	112	95	117	98
Maine	32	26	23	30	23	16	15	20	21	24	16	20	26	19	19	19	15	18	18	17
Maryland	82	84	64	102	92	81	95	106	82	60	65	71	71	72	79	74	69	92	87	97
Massachusetts	83	70	54	46	78	72	75	66	75	68	64	54	68	44	57	55	69	109	108	97
Michigan	182	156	175	152	152	127	110	157	120	123	94	146	141	137	135	143	134	162	153	155

Workplace Fatalities by State, 1999–2018

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Minnesota	72	68	76	81	72	80	87	78	72	65	61	70	60	70	69	62	74	92	101	75
Mississippi	128	125	111	94	102	88	112	96	93	80	67	68	63	63	68	75	77	71	90	78
Missouri	165	148	145	175	154	165	185	167	156	148	142	106	132	88	118	106	117	124	125	145
Montana	49	42	58	51	39	39	50	45	54	40	52	36	49	34	28	28	36	38	32	28
Nebraska	66	59	57	83	51	46	36	57	63	53	57	54	39	48	39	55	50	60	35	44
Nevada	58	51	40	47	52	61	57	49	71	41	24	38	38	42	42	40	44	54	32	39
New Hampshire	14	13	9	19	19	15	18	13	14	7	6	6	9	14	14	17	18	22	11	20
New Jersey	104	115	129	129	104	129	112	88	106	92	99	81	99	92	102	87	97	101	69	83
New Mexico	39	35	59	63	46	57	44	59	52	31	42	38	52	39	54	53	35	41	44	43
New York	241	233	220	240	227	254	239	234	220	213	185	182	206	202	178	241	236	272	313	271
North Carolina	222	234	203	169	182	183	165	168	167	161	129	139	148	146	109	137	150	174	183	178
North Dakota	22	34	25	25	26	24	22	31	25	28	25	30	44	65	56	38	47	28	38	35
Ohio	222	207	209	202	206	202	168	193	165	168	137	161	155	161	149	185	202	164	174	158
Oklahoma	99	82	115	92	100	91	95	91	104	102	82	94	86	97	92	98	91	92	91	91
Oregon	69	52	44	63	75	60	65	87	69	55	66	47	58	43	49	69	44	72	60	62
Pennsylvania	221	199	225	188	208	230	224	240	220	241	168	221	186	194	183	179	173	163	172	177
Rhode Island	11	7	17	8	18	7	6	10	5	6	7	9	7	8	10	10	6	9	8	9
South Carolina	139	115	91	107	115	113	132	95	122	87	73	69	81	63	75	64	117	96	88	98
South Dakota	46	35	35	36	28	24	31	37	22	30	24	36	31	31	20	29	21	31	30	32
Tennessee	154	160	136	140	137	145	139	153	154	135	111	138	120	101	95	127	112	122	128	122
Texas	468	572	536	417	491	440	495	489	528	463	482	461	433	536	508	531	527	545	534	488

Workplace Fatalities by State, 1999–2018

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Utah	54	61	65	52	54	50	54	60	78	64	48	41	39	39	37	54	42	44	43	49
Vermont	14	15	6	11	14	7	7	14	10	10	12	12	8	11	7	10	9	10	22	11
Virginia	154	148	146	142	155	171	186	165	146	156	119	107	127	149	128	116	106	153	118	157
Washington	88	75	102	86	83	98	85	87	90	84	76	104	60	67	56	88	70	78	84	86
West Virginia	57	46	63	40	51	58	46	79	61	53	41	95	43	49	61	38	35	47	51	57
Wisconsin	105	107	110	91	103	94	125	91	104	77	94	91	89	114	97	99	104	105	106	114
Wyoming	32	36	40	33	37	43	46	36	48	33	19	33	32	35	26	37	34	34	20	31
Total[1,2,3]	6,054	5,920	5,915	5,534	5,575	5,764	5,734	5,840	5,657	5,214	4,551	4,690	4,693	4,628	4,585	4,821	4,836	5,190	5,147	5,250

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]In 2018, 29 fatal injuries occurred in Puerto Rico, four occurred in Guam and one in the U.S. Virgin Islands. These are not reflected in the U.S. total.
[2]Totals include fatalities that occurred in the District of Columbia. In 2018, D.C. had 10 fatalities.
[3]States cannot always be assigned to fatality cases. For example, some fatalities occur at sea outside of specific state jurisdictions. In 2018, four fatal injuries occurred within the territorial boundaries of the United States, but a state of incident could not be determined.

Fatalities by State and Event or Exposure, 2018

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Alabama	89	17	34	3	18	9	7
Alaska	32	7	18	--	--	3	--
Arizona	82	20	28	--	9	13	12
Arkansas	76	8	40	--	8	3	16
California	422	92	155	3	73	39	59
Colorado	72	12	22	--	12	6	16
Connecticut	48	8	19	--	10	6	5
Delaware	7	--	--	--	--	--	--
District of Columbia	10	4	--	--	--	--	--
Florida	332	33	117	7	82	56	37
Georgia	186	40	90	3	22	15	16
Hawaii	22	5	5	--	5	4	3
Idaho	45	--	28	--	6	--	7
Illinois	184	26	75	3	25	20	34
Indiana	173	22	78	--	23	15	32
Iowa	77	6	30	1	12	11	17
Kansas	61	5	33	--	7	4	9
Kentucky	83	13	39	--	4	10	14
Louisiana	98	12	41	--	13	18	13
Maine	17	3	7	--	--	--	4
Maryland	97	22	24	4	11	24	12
Massachusetts	97	21	20	1	18	27	10

Fatalities by State and Event or Exposure, 2018

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Michigan	155	37	50	4	20	17	27
Minnesota	75	12	26	--	12	9	13
Mississippi	78	17	39	--	4	8	10
Missouri	145	29	63	3	18	16	16
Montana	28	--	14	--	3	3	5
Nebraska	44	--	18	1	9	6	9
Nevada	39	10	11	--	6	4	8
New Hampshire	20	--	6	--	7	5	2
New Jersey	83	13	32	1	16	12	9
New Mexico	43	6	24	--	4	--	6
New York	271	41	67	5	59	35	56
North Carolina	178	23	84	4	23	19	24
North Dakota	35	3	24	--	--	--	6
Ohio	158	25	60	1	22	22	27
Oklahoma	91	4	48	7	11	11	9
Oregon	62	8	24	--	7	4	17
Pennsylvania	177	21	53	10	24	28	41
Rhode Island	9	--	--	--	--	4	--
South Carolina	98	18	47	--	14	8	9
South Dakota	32	--	15	1	5	--	7
Tennessee	122	23	42	4	19	10	24
Texas	488	71	223	20	71	43	58

Fatalities by State and Event or Exposure, 2018

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Utah	49	6	22	2	6	6	7
Vermont	11	--	4	--	--	4	--
Virginia	157	37	52	3	22	22	19
Washington	86	20	29	--	17	5	13
West Virginia	57	3	25	2	8	11	8
Wisconsin	114	15	48	3	14	13	20
Wyoming	31	--	19	--	--	--	5
Total[1,2]	5,250	828	2,080	115	791	621	786

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Four fatalities occurred in Guam, 29 fatalities occurred in Puerto Rico, and one fatality occurred in the U.S. Virgin Islands, but these are not reflected in the U.S. total.
[2]States and events or exposures cannot always be assigned to fatality cases. Also, some fatalities occur outside of specific state jurisdictions, such as at sea.

Note: State totals include other events and exposures, such as bodily reaction. Dashes indicate no data reported or data that do not meet BLS publication criteria.

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2018

State	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Alabama	42,700	36,500	N/A	N/A	2.7	2.7	N/A	N/A
Alaska	9,000	7,100	600	1,300	3.7	3.6	3.4	5.4
Arizona	69,600	58,400	1,600	9,600	3.1	3.0	2.4	5.1
Arkansas	26,100	19,600	2,400	4,200	2.5	2.2	3.7	4.3
California	466,500	363,800	16,500	86,200	3.6	3.3	4.2	6.4
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	45,600	37,200	1,700	6,700	3.5	3.2	3.6	7.2
Delaware	9,800	7,500	900	1,400	2.7	2.4	3.2	5.5
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	92,600	77,500	N/A	N/A	2.6	2.5	N/A	N/A
Hawaii	15,800	13,400	1,300	1,100	3.3	3.3	2.3	6.1
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	136,400	110,000	4,000	22,500	2.9	2.7	3.6	5.2
Indiana	81,100	69,900	2,000	9,200	3.3	3.2	2.3	4.6
Iowa	42,500	35,900	1,500	5,200	3.5	3.3	3.6	4.6
Kansas	36,000	29,200	N/A	N/A	3.4	3.1	N/A	N/A
Kentucky	50,600	41,200	2,900	6,500	3.4	3.2	4.0	5.0
Louisiana	33,600	25,600	N/A	7,200	2.1	1.8	N/A	4.2
Maine	22,200	19,100	900	2,200	4.8	4.7	5.1	5.8
Maryland	65,900	50,000	3,800	12,100	3.2	2.8	4.1	6.8
Massachusetts	89,500	65,700	4,700	N/A	3.2	2.6	4.9	N/A
Michigan	104,800	90,900	3,400	10,500	3.1	3.0	2.8	4.4

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2018

State	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Minnesota	71,600	62,900	1,600	7,100	3.2	3.2	2.2	4.0
Mississippi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Missouri	68,100	53,600	N/A	10,300	3.0	2.8	N/A	4.8
Montana	14,100	11,900	500	1,700	4.0	3.9	2.5	5.6
Nebraska	24,800	21,700	N/A	2,200	3.1	3.2	N/A	2.8
Nevada	39,700	34,700	1,400	3,700	3.6	3.7	4.5	4.7
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	95,300	74,400	4,200	16,600	3.0	2.6	4.2	5.7
New Mexico	20,100	14,900	N/A	4,100	3.1	2.8	N/A	5.8
New York	200,600	140,200	14,300	46,100	2.7	2.2	6.3	6.4
North Carolina	93,000	73,400	3,300	16,300	2.6	2.4	2.3	4.5
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	140,000	93,100	3,300	17,600	2.6	2.4	2.4	4.3
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	55,300	47,400	1,200	6,700	3.7	3.6	3.4	4.4
Pennsylvania	156,500	135,400	N/A	N/A	3.3	3.2	N/A	N/A
Rhode Island	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South Carolina	43,700	33,700	2,500	7,500	2.7	2.4	3.2	4.3
South Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tennessee	72,900	60,600	2,100	10,100	3.0	2.8	2.8	4.4
Texas	214,000	178,000	N/A	N/A	1.9	2.0	N/A	N/A
Utah	33,300	28,200	1,500	3,600	2.9	2.8	3.1	4.2

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2018

State	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Vermont	10,900	9,600	N/A	1,200	4.7	4.7	N/A	5.5
Virginia	82,500	65,000	3,700	13,800	2.8	2.5	3.1	4.6
Washington	106,200	89,300	3,400	13,500	4.2	4.0	3.3	6.1
West Virginia	17,000	13,600	1,200	2,200	3.1	3.0	3.0	3.9
Wisconsin	81,000	70,400	2,300	8,300	3.6	3.6	3.3	4.5
Wyoming	7,200	5,400	N/A	1,400	3.4	3.2	N/A	4.2
Total or National Average[2]	3.5 Million	2.8 Million	141,300	568,600	3.1	2.8	3.6	5.3

Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Rate of total cases of injuries and illnesses per 100 workers.

[2]Total number of injuries and illnesses and national average rate of injuries and illnesses includes the District of Columbia, Guam, Puerto Rico and the Virgin Islands.

Hispanic and Latino Worker Fatalities by State, 1999–2018[1]

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	--	--	--	5	8	6	9	6	5	5	--	5	3	5	6	--	3	5	8	4
Alaska	--	--	--	--	--	--	3	5	--	--	--	--	5	5	3	--	--	--	--	--
Arizona	26	26	34	28	17	25	36	36	26	30	22	18	21	16	25	31	18	21	30	30
Arkansas	8	9	--	5	9	5	8	3	5	9	--	6	7	3	6	9	10	4	6	7
California	216	172	188	176	164	188	190	231	179	180	161	142	154	137	194	130	178	148	173	190
Colorado	19	27	25	16	25	25	19	18	30	21	17	19	22	21	14	18	20	23	29	19
Connecticut	--	12	9	7	--	10	5	7	4	7	4	5	7	6	5	3	8	4	4	14
Delaware	--	--	--	--	--	--	--	--	--	--	--	--	--	--	3	3	--	--	--	3
Florida	68	75	84	98	90	119	113	95	111	73	49	38	53	54	68	60	78	91	81	104
Georgia	17	26	36	16	26	29	25	35	28	26	10	16	14	10	14	21	26	16	24	24
Hawaii	--	--	--	--	--	--	--	--	4	--	--	--	--	1	--	4	3	--	--	--
Idaho	6	5	--	9	3	6	3	7	--	5	4	5	--	--	6	5	5	6	8	10
Illinois	21	17	30	27	22	29	23	30	27	25	16	25	25	19	26	16	19	27	17	27
Indiana	--	--	8	9	7	7	5	7	7	14	3	3	8	8	8	13	6	3	8	6
Iowa	--	--	--	--	--	7	--	--	4	6	8	5	3	4	--	3	--	4	--	5
Kansas	5	5	6	5	4	11	10	4	5	9	8	4	10	8	6	10	12	7	12	6
Kentucky	--	--	--	--	3	--	6	7	6	7	3	--	3	6	--	8	5	7	--	6
Louisiana	--	5	5	--	--	9	8	10	11	5	11	7	8	13	15	8	9	10	12	5
Maine	--	--	--	14	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Maryland	--	6	--	10	11	17	8	22	7	10	3	12	8	15	15	8	9	14	21	12
Massachusetts	6	--	6	5	6	9	6	7	11	10	5	7	11	3	3	2	4	10	14	14

Hispanic and Latino Worker Fatalities by State, 1999–2018[1]

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Michigan	12	6	7	7	4	6	8	12	7	8	4	10	4	4	3	6	12	7	10	8
Minnesota	--	5	--	--	5	3	6	4	--	--	--	3	--	--	--	4	--	6	5	--
Mississippi	--	5	11	5	--	4	3	3	7	7	4	5	--	--	--	--	7	--	3	3
Missouri	--	--	8	--	6	4	--	4	7	4	6	3	4	--	5	5	7	5	4	4
Montana	--	--	5	--	--	--	4	3	3	--	3	3	--	--	--	--	--	--	--	--
Nebraska	--	--	--	9	3	4	--	--	4	5	--	3	3	5	3	9	4	--	4	7
Nevada	6	10	10	8	10	17	9	12	12	13	6	9	8	8	9	8	13	14	9	8
New Hampshire	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New Jersey	17	23	25	33	24	34	30	28	23	25	25	20	26	15	20	31	22	26	11	22
New Mexico	13	9	27	21	9	12	19	30	21	10	16	17	23	22	20	22	13	16	11	19
New York	42	55	45	43	36	45	34	57	41	33	35	29	30	39	32	50	51	47	43	51
North Carolina	12	22	20	25	21	26	27	23	14	20	12	13	21	13	16	19	17	19	20	16
North Dakota	--	--	--	--	--	--	--	--	--	--	4	5	3	12	--	--	4	--	--	--
Ohio	--	5	6	--	15	5	5	8	6	4	4	8	1	8	2	3	11	10	15	11
Oklahoma	--	--	16	8	3	13	8	8	13	9	7	17	10	7	18	16	17	10	16	10
Oregon	--	6	5	--	7	4	6	11	6	--	8	6	6	--	9	8	5	12	5	8
Pennsylvania	8	16	10	12	10	6	11	14	16	11	10	13	14	13	4	13	17	7	9	10
Rhode Island	--	--	--	--	--	--	--	--	--	--	--	--	3	--	--	--	--	--	--	--
South Carolina	7	12	9	7	18	13	10	10	7	8	10	10	10	4	7	6	10	9	9	9
South Dakota	--	--	--	--	--	--	--	--	--	3	--	--	--	--	--	--	--	3	--	--

Hispanic and Latino Worker Fatalities by State, 1999–2018[1]

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Tennessee	5	12	5	7	8	9	5	14	8	9	8	8	9	9	9	6	10	11	8	6
Texas	151	190	170	147	163	150	200	174	211	148	185	165	171	201	192	206	220	211	219	198
Utah	5	6	8	6	11	5	4	6	10	6	8	4	3	6	5	7	4	10	6	11
Vermont	--	--	--	--	--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	--
Virginia	12	5	12	15	13	13	24	13	18	16	7	9	14	15	22	9	9	20	12	30
Washington	--	13	13	15	5	14	7	7	10	8	7	14	5	12	4	8	14	13	9	16
West Virginia	--	--	--	--	--	--	4	--	--	--	--	--	--	--	--	--	--	--	--	5
Wisconsin	--	--	8	--	3	--	9	3	5	--	5	4	4	7	7	5	7	4	7	7
Wyoming	--	5	5	8	--	3	--	--	8	--	--	--	--	3	--	3	4	4	3	4
Totals[2,3]	730	815	891	840	794	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]Latino includes both foreign-born and native-born. The foreign-born are persons residing in the United States who were not U.S. citizens at birth. That is, they were born outside the United States or one of its outlying areas such as Puerto Rico or Guam, to parents neither of whom was a U.S. citizen. The foreign-born population includes legally admitted immigrants, refugees, temporary residents such as students and temporary workers, and undocumented immigrants. The survey data, however, do not separately identify the number of persons in these categories.

[2]Total includes fatalities that occurred in the District of Columbia; however, in 2018, there were zero Hispanic or Latino fatalities in D.C.

[3]States cannot always be assigned fatality cases. For example, some fatalities occur at sea outside of specific state jurisdictions, or the state is otherwise undetermined.

Note: Dashes indicate no data reported or data that do not meet BLS publication criteria.

Foreign-Born Worker Fatalities by State, 1999–2018[1]

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	--	--	--	5	3	6	10	--	5	3	7	10	5	8	7	5	4	5	10	12
Alaska	--	--	9	--	--	7	5	4	4	3	--	6	7	4	--	2	2	--	3	--
Arizona	21	19	29	22	15	21	31	27	18	21	14	15	15	16	19	22	18	25	20	26
Arkansas	5	9	--	--	--	4	--	--	9	7	3	12	5	4	8	11	12	8	7	10
California	223	195	208	170	146	174	203	229	182	145	146	145	164	153	176	137	162	151	161	169
Colorado	15	11	23	11	22	21	11	21	24	14	16	13	16	14	9	13	12	16	19	12
Connecticut	5	14	20	7	7	15	7	10	4	--	3	10	9	8	8	8	14	9	6	12
Delaware	--	--	--	--	--	--	--	5	--	--	--	--	5	4	4	3	1	2	2	2
Florida	69	91	96	106	109	123	119	119	121	86	62	55	67	64	74	72	93	104	76	107
Georgia	14	28	57	20	34	24	31	35	28	27	4	4	18	16	13	31	31	31	33	33
Hawaii	--	6	11	8	4	9	4	11	6	4	3	4	7	7	2	8	4	4	7	4
Idaho	5	5	--	8	3	4	3	7	3	5	3	6	3	1	5	6	4	6	11	8
Illinois	31	28	52	37	42	44	36	37	34	34	23	42	38	28	31	27	24	30	33	38
Indiana	5	7	11	11	9	10	13	12	6	13	5	8	8	11	16	15	10	9	13	12
Iowa	--	--	--	--	--	5	--	--	7	7	8	3	2	7	4	3	3	6	2	6
Kansas	--	5	5	7	6	10	12	4	5	10	5	4	9	8	6	7	7	4	11	3
Kentucky	--	--	--	8	--	3	7	10	5	7	6	--	4	6	6	9	8	8	3	8
Louisiana	--	7	9	--	--	3	10	11	7	5	9	6	7	16	15	10	10	15	12	10
Maine	--	--	--	15	--	--	--	--	--	--	--	3	--	1	2	--	1	1	1	1
Maryland	15	12	8	16	21	24	26	34	18	15	10	16	12	20	21	17	16	19	25	19
Massachusetts	16	5	7	14	14	22	22	11	18	16	13	15	16	7	16	10	15	18	19	12

Foreign-Born Worker Fatalities by State, 1999–2018[1]

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Michigan	24	18	15	15	16	11	12	19	14	10	8	17	10	12	12	15	16	13	10	15
Minnesota	--	--	--	5	5	4	10	6	--	--	--	5	1	5	2	4	4	8	7	7
Mississippi	--	--	6	5	--	3	8	--	9	5	3	6	4	2	3	3	10	5	3	4
Missouri	10	7	6	7	5	9	6	9	12	8	9	4	--	--	19	10	11	6	7	11
Montana	--	--	--	--	--	--	--	4	3	--	5	--	1	4	3	--	2	3	3	3
Nebraska	--	--	--	12	--	3	--	--	5	6	4	3	3	7	4	8	2	5	3	8
Nevada	9	9	12	13	9	15	8	9	11	11	--	9	13	11	5	9	14	16	9	13
New Hampshire	--	--	--	--	3	--	--	--	--	--	--	--	--	1	--	1	1	--	3	--
New Jersey	25	31	37	41	41	39	47	34	36	40	41	20	40	27	31	30	38	39	16	29
New Mexico	--	--	15	6	4	6	7	10	8	5	5	8	10	10	8	13	7	8	--	12
New York	67	91	75	80	73	74	79	90	66	71	57	63	57	65	60	66	69	62	71	83
North Carolina	17	7	22	26	26	25	29	27	21	25	22	18	29	21	21	22	26	28	23	19
North Dakota	--	--	--	--	4	--	--	--	--	--	--	3	3	12	1	--	6	1	1	1
Ohio	9	12	7	13	18	10	11	13	8	10	10	13	8	19	13	12	22	10	18	15
Oklahoma	--	--	13	15	7	11	--	--	14	5	7	13	10	7	17	10	16	13	21	9
Oregon	11	--	--	6	5	6	8	9	7	--	10	10	6	2	11	8	4	12	7	9
Pennsylvania	11	16	16	13	15	19	24	23	28	25	22	34	28	19	11	18	17	12	10	24
Rhode Island	--	--	--	--	4	--	--	--	--	--	--	--	--	4	--	2	1	1	--	1
South Carolina	7	16	12	8	18	18	13	11	10	8	8	13	11	4	7	8	13	12	8	14
South Dakota	--	--	--	--	--	--	--	--	--	--	--	--	--	1	3	--	--	3	1	2
Tennessee	--	5	--	7	15	12	14	23	12	19	13	17	12	11	15	9	11	12	20	11

Foreign-Born Worker Fatalities by State, 1999–2018[1]

State	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Texas	100	115	122	110	121	101	135	112	153	104	125	117	115	107	134	124	156	156	153	146
Utah	8	6	8	9	12	4	8	5	8	12	4	8	5	4	6	10	5	11	3	11
Vermont	--	--	--	--	--	--	--	--	--	--	--	--	1	--	--	--	--	--	1	1
Virginia	18	17	22	20	22	41	33	17	31	18	21	12	19	25	22	19	11	34	20	32
Washington	7	13	17	19	6	21	9	12	23	15	9	11	12	15	8	13	10	13	15	20
West Virginia	--	--	--	--	--	--	--	--	3	--	--	--	1	2	2	1	1	3	2	3
Wisconsin	7	--	9	--	5	5	9	--	5	--	4	--	9	13	8	7	13	7	7	7
Wyoming	--	--	--	--	--	--	--	4	7	--	--	--	5	4	3	1	2	3	2	5
Totals[2,3]	811	849	994	929	890	979	1,035	1,046	1,009	835	740	798	843	824	879	846	943	970	927	1,028

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

[1]The foreign-born are persons residing in the United States who were not U.S. citizens at birth. That is, they were born outside the United States or one of its outlying areas such as Puerto Rico or Guam, to parents neither of whom was a U.S. citizen. The foreign-born population includes legally admitted immigrants, refugees, temporary residents such as students and temporary workers, and undocumented immigrants. The survey data, however, do not separately identify the number of persons in these categories.

[2]Totals include fatalities that may have occurred in the District of Columbia. In 2018, D.C. had five foreign-born fatalities.

[3]States cannot always be assigned fatality cases. For example, some fatalities occur at sea outside of specific state jurisdictions, or the state is otherwise undetermined.

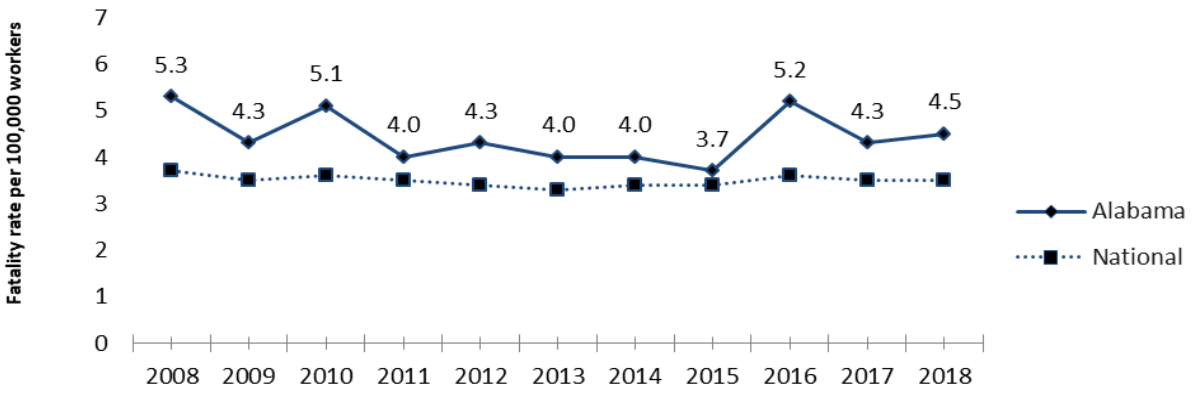
Note: Dashes indicate no data reported or data that do not meet BLS publication criteria.

STATE PROFILES

ALABAMA

Worker Safety and Health

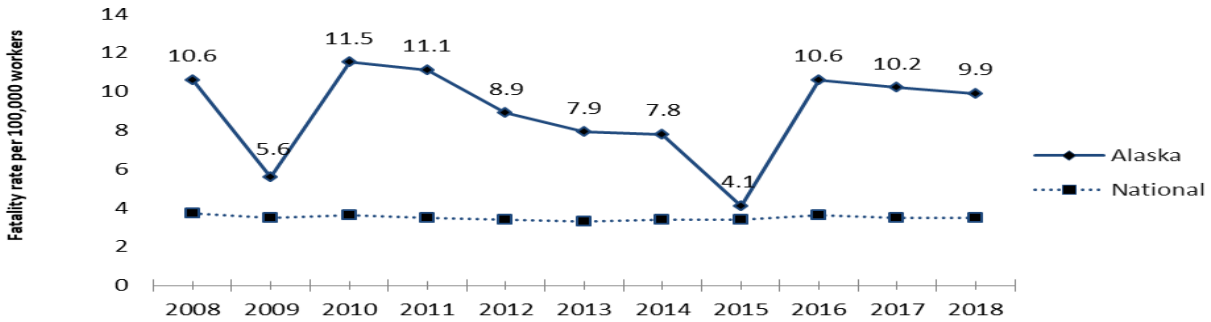
Number of employees:[1]	1,961,625
Number of establishments:[1]	121,990
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	310,494
Number of workplace fatalities, 2018:[3]	89
Rate per 100,000 workers:[4]	4.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	32
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	36,500
Rate per 100 workers:	2.7
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	19,100
Rate per 100 workers:	1.4
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	23
Length of time it would take for OSHA to inspect each workplace once:	104
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,174
Construction:	657
Non-construction:	517
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,577
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$22,233
National average:	$17,830



ALASKA

Worker Safety and Health

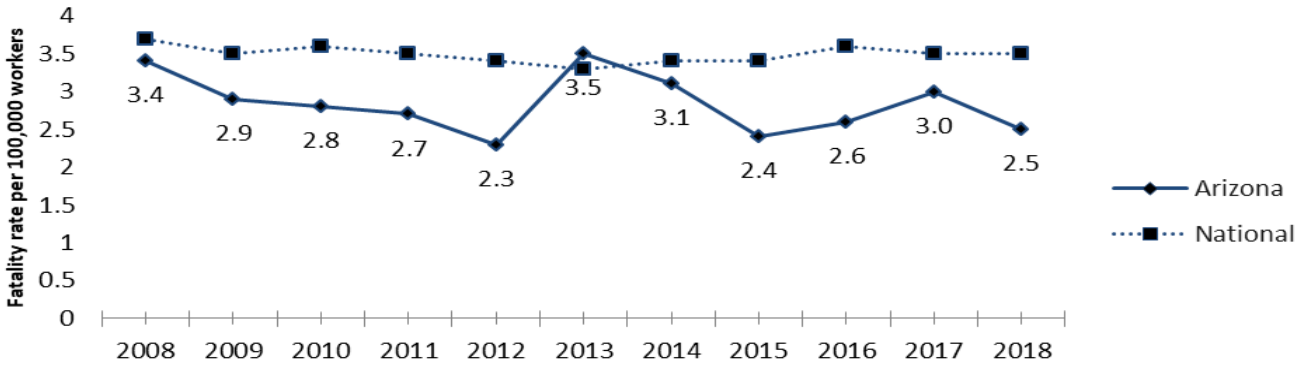
Number of employees:[1]	321,078
Number of establishments:[1]	21,751
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	32
Rate per 100,000 workers:[4]	9.9
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	49
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	7,100
Rate per 100 workers:	3.6
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	3,600
Rate per 100 workers:	1.8
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	10
Length of time it would take for OSHA to inspect each workplace once:	41
Number of workplace safety and health inspections conducted, FY 2019:[9]	531
Construction:	145
Non-construction:	386
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,591
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$16,072
National average:	$17,830



ARIZONA

Worker Safety and Health

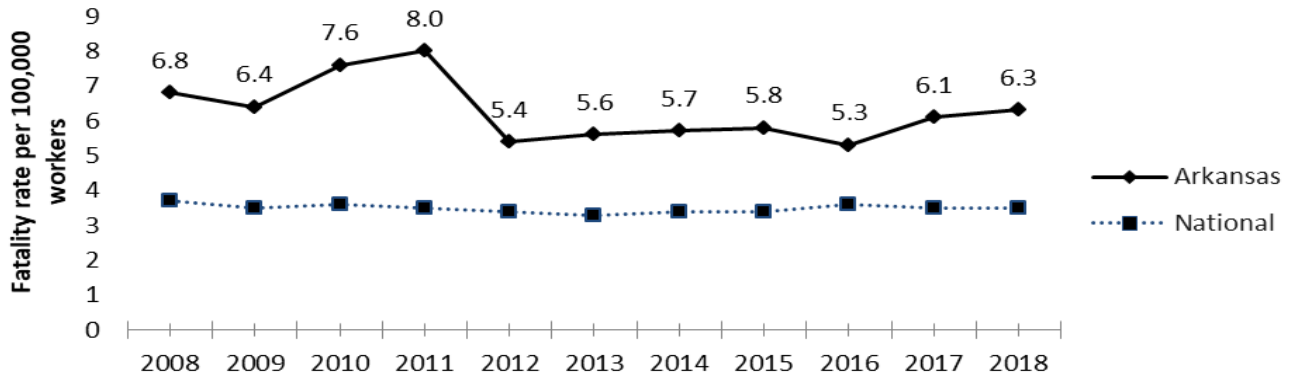
Number of employees:[1]	2,826,095
Number of establishments:[1]	159,282
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	82
Rate per 100,000 workers:[4]	2.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	6
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	58,400
Rate per 100 workers:	3.0
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	30,500
Rate per 100 workers:	1.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	14
Length of time it would take for OSHA to inspect each workplace once:	258
Number of workplace safety and health inspections conducted, FY 2019:[9]	618
Construction:	309
Non-construction:	309
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$916
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$1,094
National average:	$17,830



ARKANSAS

Worker Safety and Health

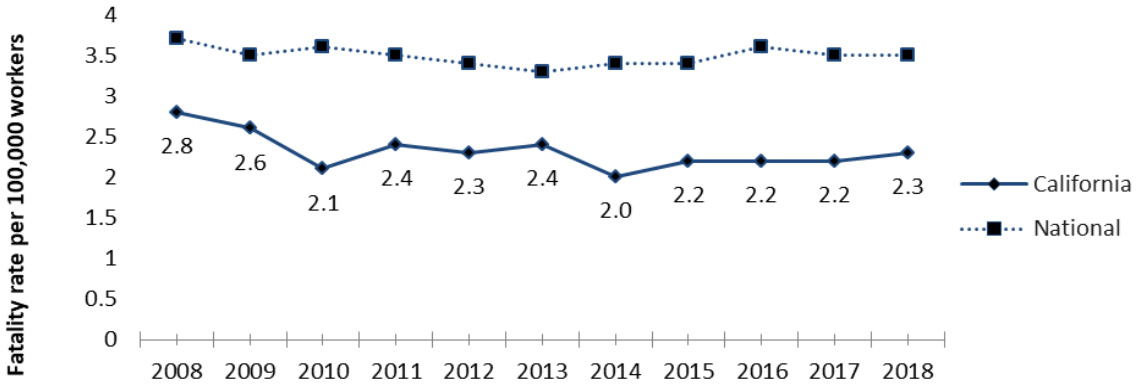
Number of employees:[1]	1,211,021
Number of establishments:[1]	87,304
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	176,804
Number of workplace fatalities, 2018:[3]	76
Rate per 100,000 workers:[4]	6.3
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	44
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	19,600
Rate per 100 workers:	2.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	9,500
Rate per 100 workers:	1.1
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	8
Length of time it would take for OSHA to inspect each workplace once:	323
Number of workplace safety and health inspections conducted, FY 2019:[9]	270
Construction:	44
Non-construction:	226
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,120
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$11,103
National average:	$17,830



CALIFORNIA

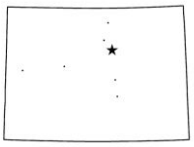
Worker Safety and Health

Number of employees:[1]	17,355,855
Number of establishments:[1]	1,553,542
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	422
Rate per 100,000 workers:[4]	2.3
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	4
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	363,800
Rate per 100 workers:	3.3
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	229,700
Rate per 100 workers:	2.1
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	232
Length of time it would take for OSHA to inspect each workplace once:	198
Number of workplace safety and health inspections conducted, FY 2019:[9]	7,865
Construction:	2,384
Non-construction:	5,481
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$7,785
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$19,541
National average:	$17,830

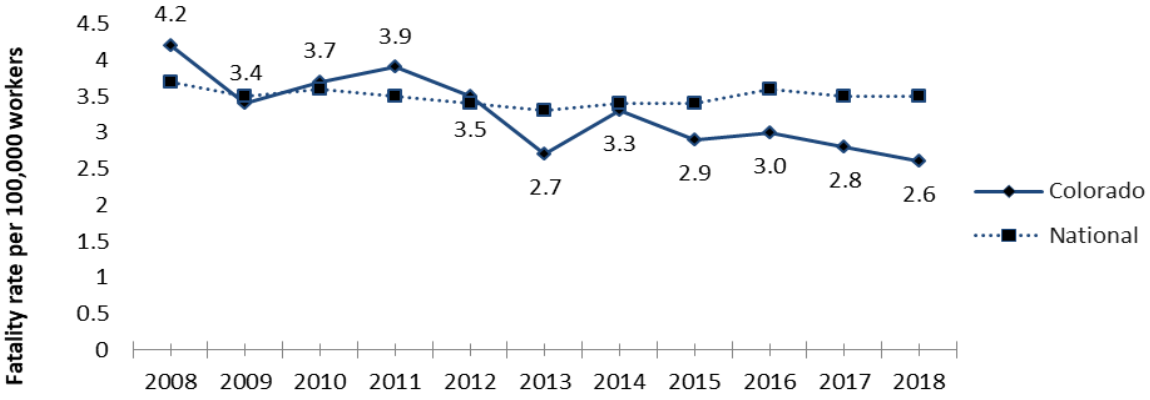


COLORADO

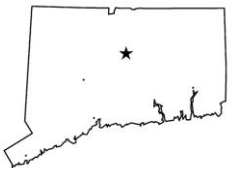
Worker Safety and Health



Number of employees:[1]	2,674,030
Number of establishments:[1]	202,762
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	365,486
Number of workplace fatalities, 2018:[3]	72
Rate per 100,000 workers:[4]	2.6
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	8
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	25
Length of time it would take for OSHA to inspect each workplace once:	168
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,204
Construction:	732
Non-construction:	472
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$2,882
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$11,741
National average:	$17,830

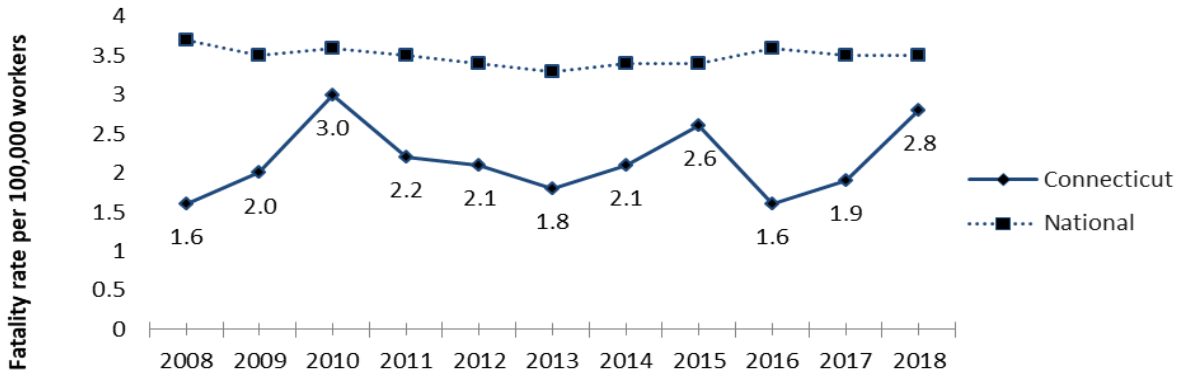


CONNECTICUT



Worker Safety and Health

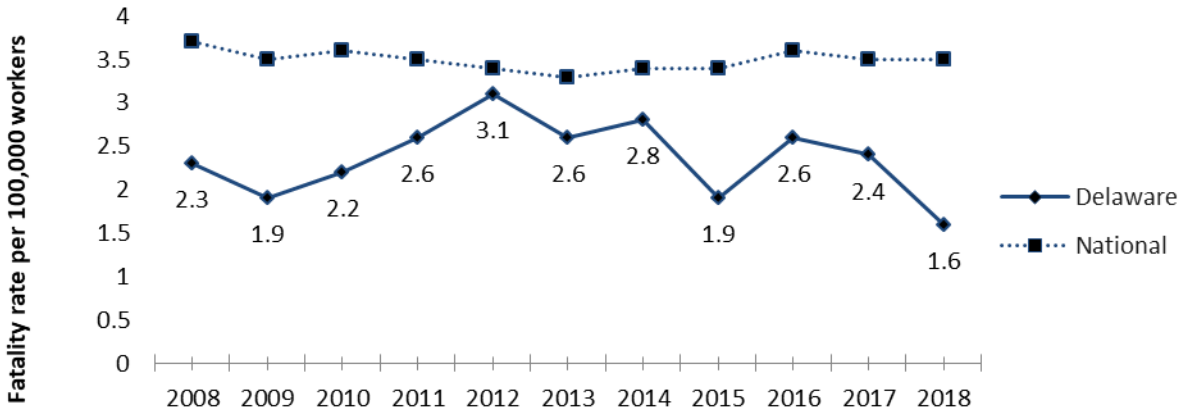
Number of employees:[1]	1,673,925
Number of establishments:[1]	120,825
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	48
Rate per 100,000 workers:[4]	2.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	11
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	37,200
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	22,000
Rate per 100 workers:	1.9
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	21
Length of time it would take for OSHA to inspect each workplace once:	141
Number of workplace safety and health inspections conducted, FY 2019:[9]	854
Construction:	341
Non-construction:	513
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,211
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$19,065
National average:	$17,830



DELAWARE

Worker Safety and Health

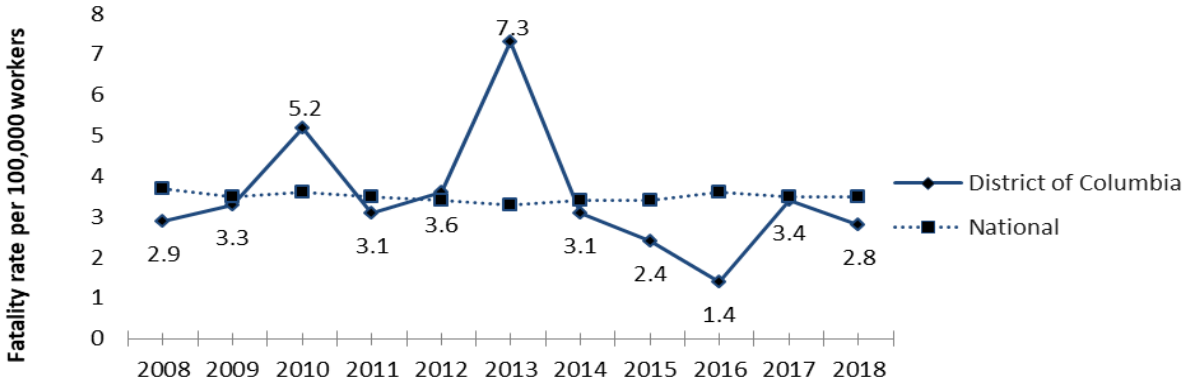
Number of employees:[1]	447,075
Number of establishments:[1]	32,748
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	57,073
Number of workplace fatalities, 2018:[3]	7
Rate per 100,000 workers:[4]	1.6
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	1
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	7,500
Rate per 100 workers:	2.4
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	4,300
Rate per 100 workers:	1.4
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	3
Length of time it would take for OSHA to inspect each workplace once:	218
Number of workplace safety and health inspections conducted, FY 2019:[9]	150
Construction:	82
Non-construction:	68
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$6,541
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$69,932
National average:	$17,830



DISTRICT OF COLUMBIA

Worker Safety and Health

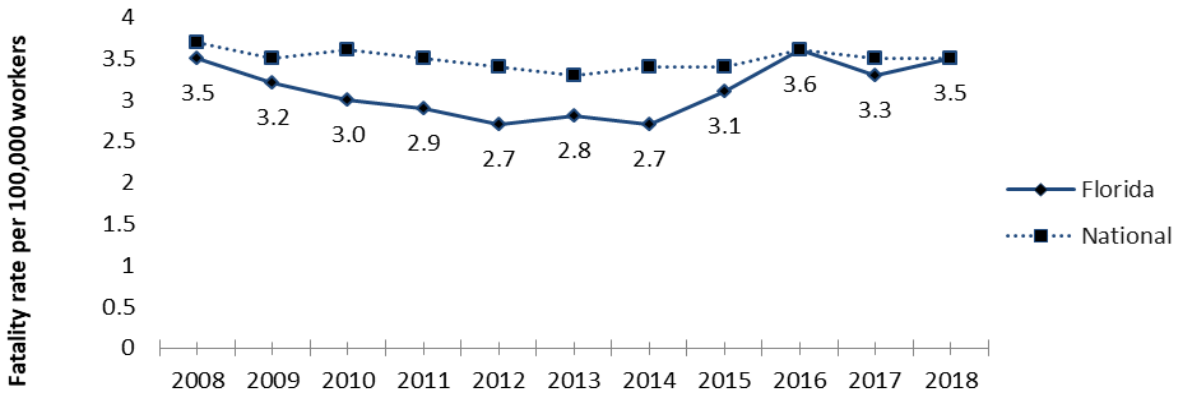
Number of employees:[1]	771,750
Number of establishments:[1]	39,658
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	40,849
Number of workplace fatalities, 2018:[3]	10
Rate per 100,000 workers:[4]	2.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	N/A
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	7,800
Rate per 100 workers:	1.7
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	3,500
Rate per 100 workers:	0.8
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	N/A
Length of time it would take for OSHA to inspect each workplace once:	172
Number of workplace safety and health inspections conducted, FY 2019:[9]	230
Construction:	186
Non-construction:	44
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$2,724
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$10,600
National average:	$17,830



FLORIDA

Worker Safety and Health

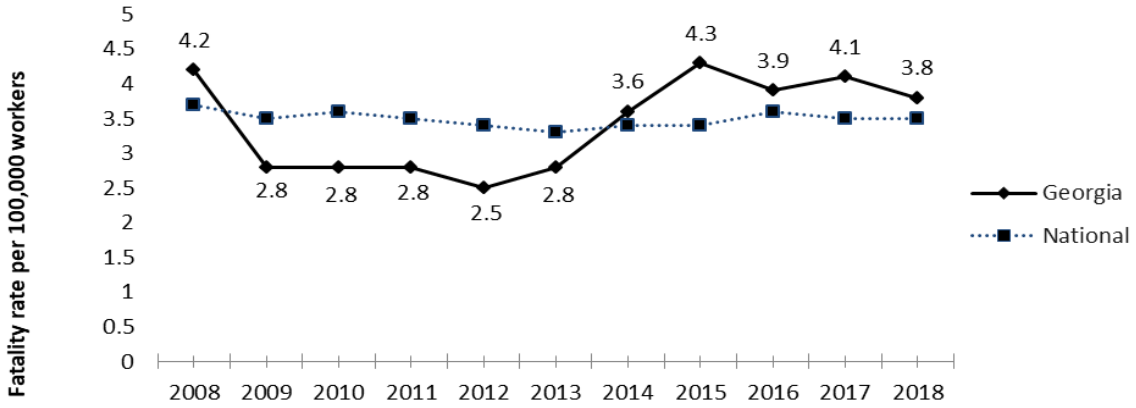
Number of employees:[1]	8,700,654
Number of establishments:[1]	686,270
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	925,991
Number of workplace fatalities, 2018:[3]	332
Rate per 100,000 workers:[4]	3.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	23
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	56
Length of time it would take for OSHA to inspect each workplace once:	274
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,504
Construction:	1,369
Non-construction:	1,135
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,032
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$14,038
National average:	$17,830



GEORGIA

Worker Safety and Health

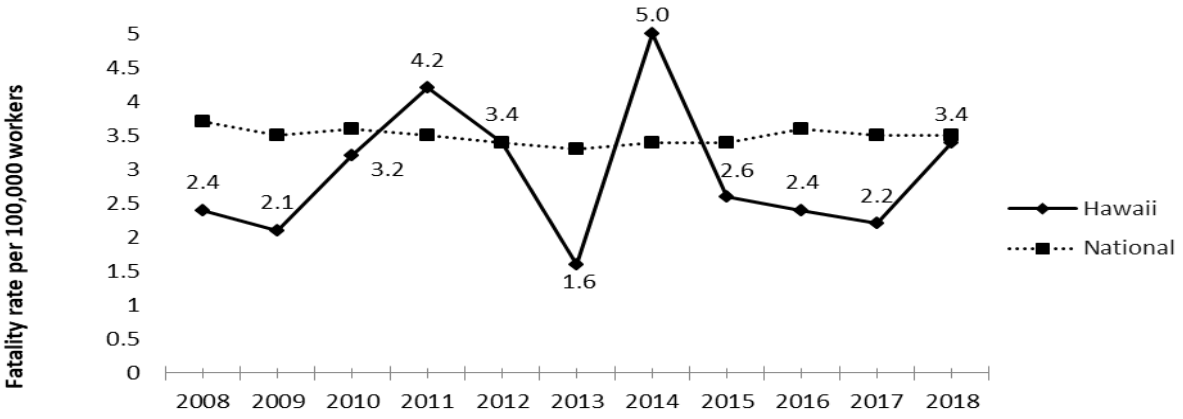
Number of employees:[1]	4,430,136
Number of establishments:[1]	271,962
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	550,924
Number of workplace fatalities, 2018:[3]	186
Rate per 100,000 workers:[4]	3.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	26
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	77,500
Rate per 100 workers:	2.5
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	40,900
Rate per 100 workers:	1.3
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	35
Length of time it would take for OSHA to inspect each workplace once:	158
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,724
Construction:	868
Non-construction:	856
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,862
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$17,238
National average:	$17,830



HAWAII

Worker Safety and Health

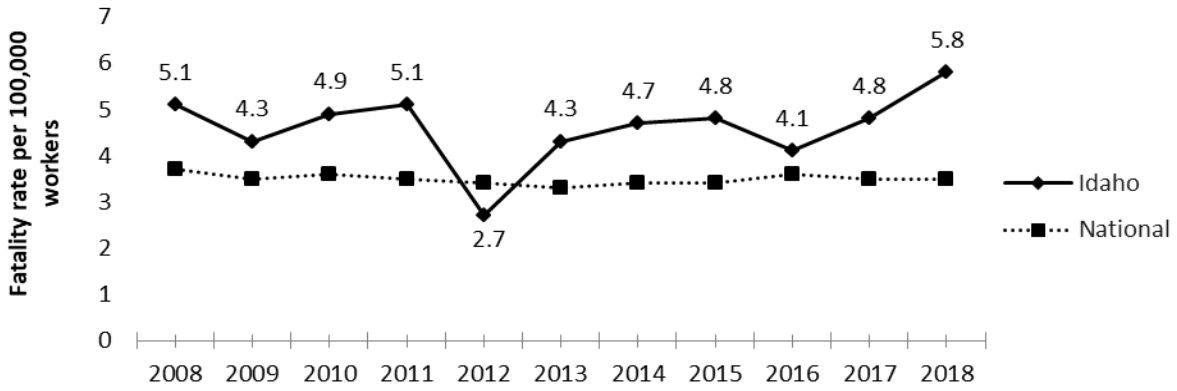
Number of employees:[1]	658,341
Number of establishments:[1]	42,173
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	22
Rate per 100,000 workers:[4]	3.4
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	19
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	13,400
Rate per 100 workers:	3.3
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	8,200
Rate per 100 workers:	2.0
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	20
Length of time it would take for OSHA to inspect each workplace once:	57
Number of workplace safety and health inspections conducted, FY 2019:[9]	736
Construction:	392
Non-construction:	344
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,964
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$35,061
National average:	$17,830



IDAHO

Worker Safety and Health

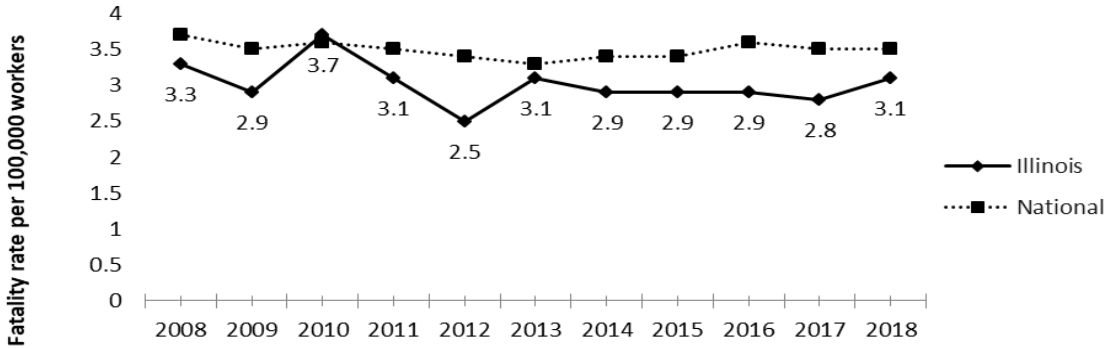
Number of employees:[1]	730,716
Number of establishments:[1]	61,360
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	106,233
Number of workplace fatalities, 2018:[3]	45
Rate per 100,000 workers:[4]	5.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	43
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	9
Length of time it would take for OSHA to inspect each workplace once:	169
Number of workplace safety and health inspections conducted, FY 2019:[9]	364
Construction:	202
Non-construction:	162
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,624
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$12,539
National average:	$17,830



ILLINOIS

Worker Safety and Health

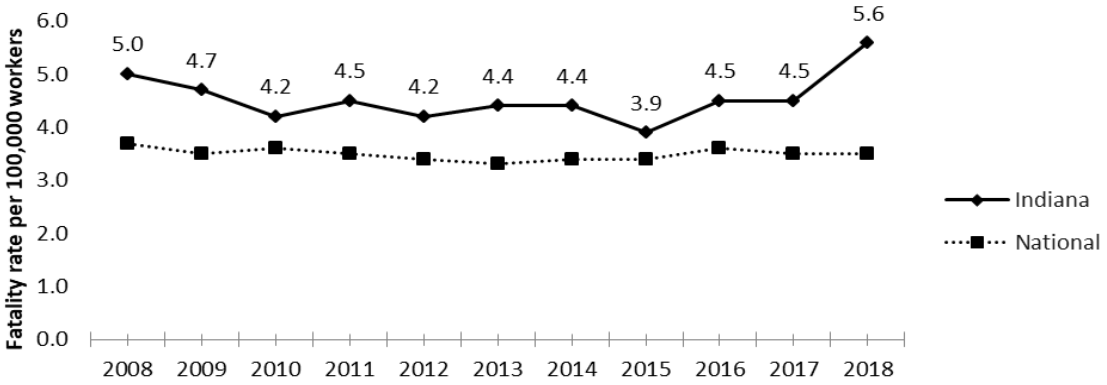
Number of employees:[1]	5,973,316
Number of establishments:[1]	366,887
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	184
Rate per 100,000 workers:[4]	3.1
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	16
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	110,000
Rate per 100 workers:	2.7
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	62,400
Rate per 100 workers:	1.5
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	64
Length of time it would take for OSHA to inspect each workplace once:	139
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,642
Construction:	1,222
Non-construction:	1,420
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,554
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$59,705
National average:	$17,830



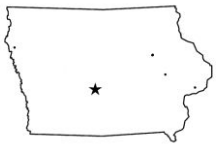
INDIANA

Worker Safety and Health

Number of employees:[1]	3,051,879
Number of establishments:[1]	167,394
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	173
Rate per 100,000 workers:[4]	5.6
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	42
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	69,900
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	36,800
Rate per 100 workers:	1.7
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	37
Length of time it would take for OSHA to inspect each workplace once:	138
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,213
Construction:	590
Non-construction:	623
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,170
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$13,549
National average:	$17,830

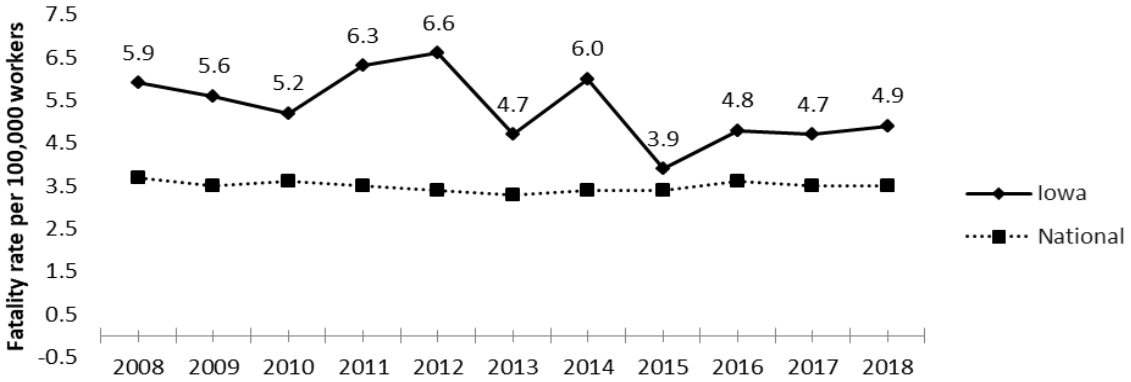


IOWA



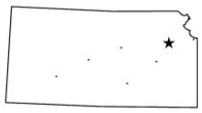
Worker Safety and Health

Number of employees:[1]	1,549,958
Number of establishments:[1]	102,706
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	77
Rate per 100,000 workers:[4]	4.9
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	37
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	35,900
Rate per 100 workers:	3.3
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	19,800
Rate per 100 workers:	1.9
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	20
Length of time it would take for OSHA to inspect each workplace once:	141
Number of workplace safety and health inspections conducted, FY 2019:[9]	731
Construction:	226
Non-construction:	505
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,785
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$11,413
National average:	$17,830

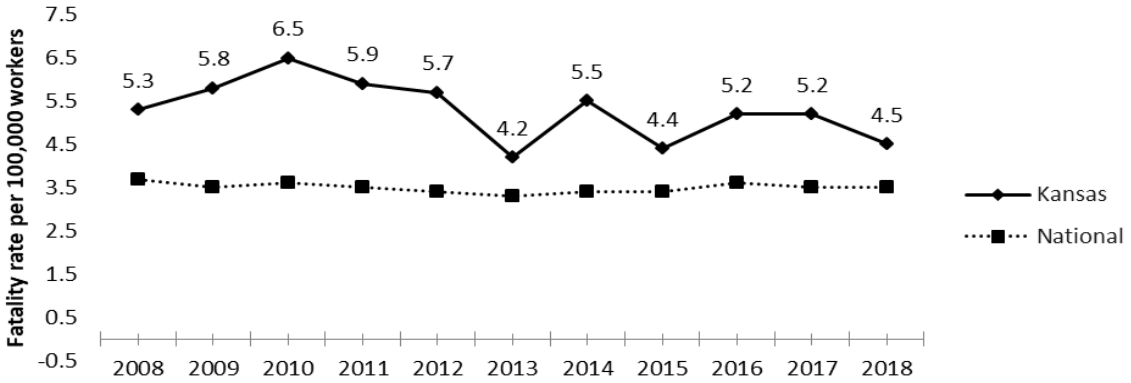


KANSAS

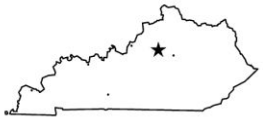
Worker Safety and Health



Number of employees:[1]	1,383,119
Number of establishments:[1]	84,913
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	218,680
Number of workplace fatalities, 2018:[3]	61
Rate per 100,000 workers:[4]	4.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	32
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	29,200
Rate per 100 workers:	3.1
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	15,500
Rate per 100 workers:	1.7
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	11
Length of time it would take for OSHA to inspect each workplace once:	183
Number of workplace safety and health inspections conducted, FY 2019:[9]	463
Construction:	229
Non-construction:	234
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,976
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$20,734
National average:	$17,830

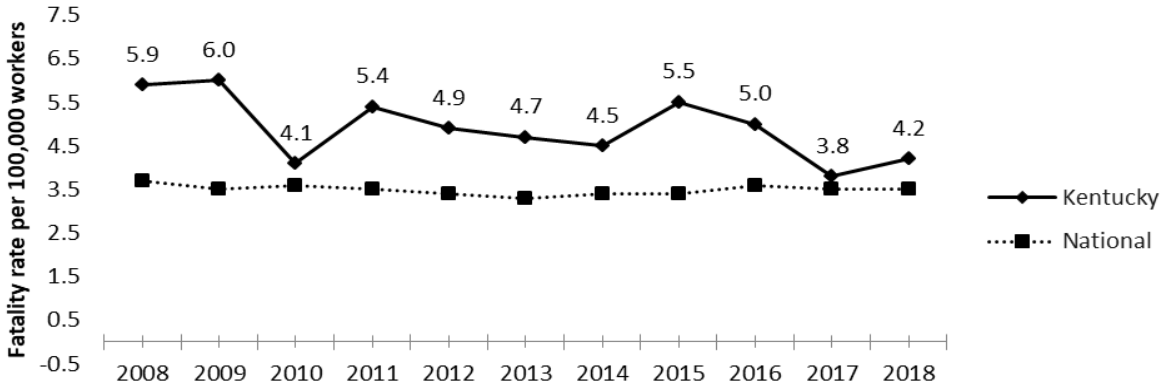


KENTUCKY



Worker Safety and Health

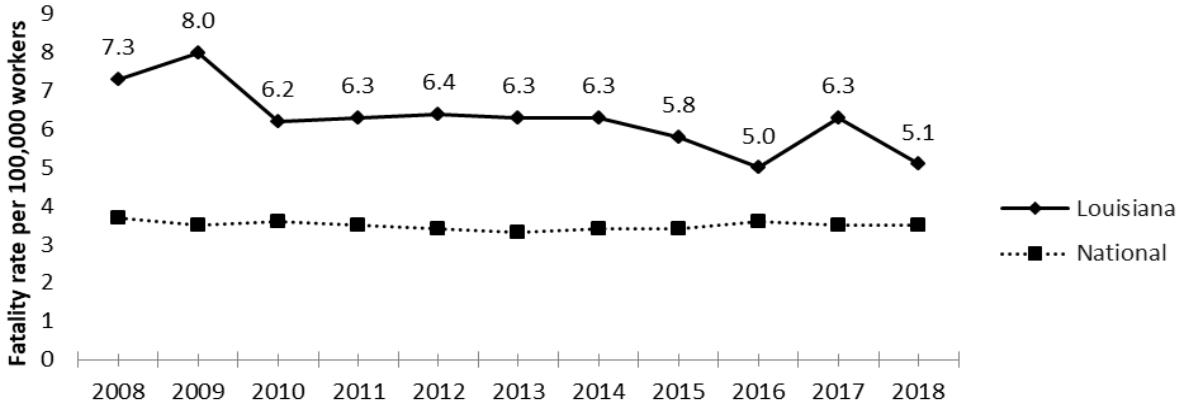
Number of employees:[1]	1,884,653
Number of establishments:[1]	122,068
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	83
Rate per 100,000 workers:[4]	4.2
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	31
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	41,200
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	22,700
Rate per 100 workers:	1.7
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	26
Length of time it would take for OSHA to inspect each workplace once:	159
Number of workplace safety and health inspections conducted, FY 2019:[9]	768
Construction:	283
Non-construction:	485
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,922
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$13,051
National average:	$17,830



LOUISIANA

Worker Safety and Health

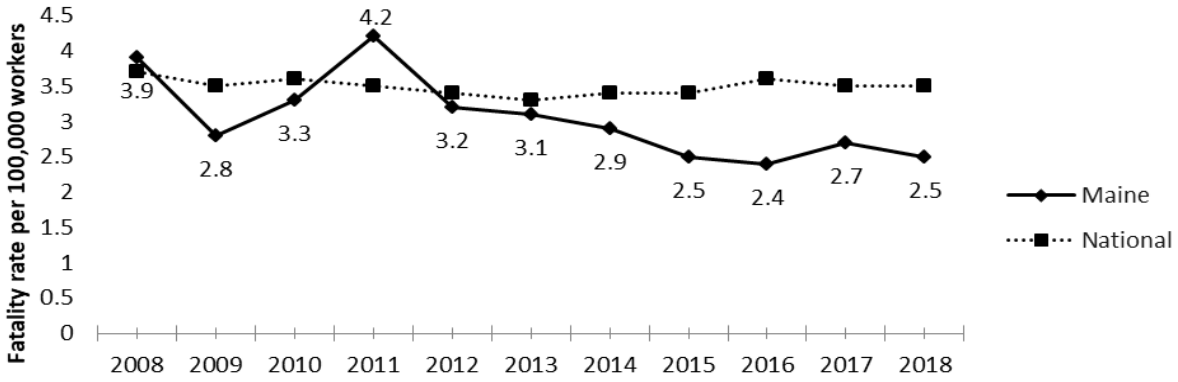
Number of employees:[1]	1,921,498
Number of establishments:[1]	127,126
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	278,282
Number of workplace fatalities, 2018:[3]	98
Rate per 100,000 workers:[4]	5.1
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	38
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	25,600
Rate per 100 workers:	1.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	11,800
Rate per 100 workers:	0.8
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	12
Length of time it would take for OSHA to inspect each workplace once:	225
Number of workplace safety and health inspections conducted, FY 2019:[9]	565
Construction:	288
Non-construction:	277
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,355
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$9,279
National average:	$17,830



MAINE

Worker Safety and Health

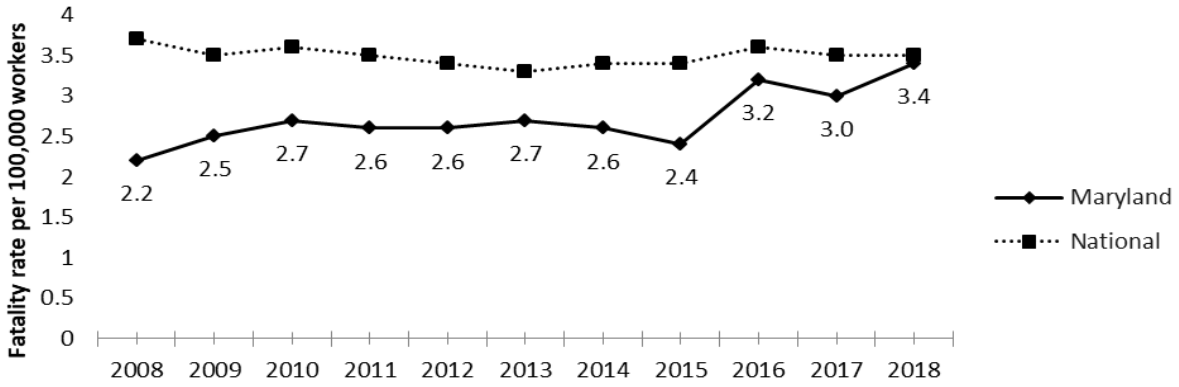
Number of employees:[1]	615,271
Number of establishments:[1]	52,857
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	17
Rate per 100,000 workers:[4]	2.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	6
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	19,100
Rate per 100 workers:	4.7
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	10,700
Rate per 100 workers:	2.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	10
Length of time it would take for OSHA to inspect each workplace once:	131
Number of workplace safety and health inspections conducted, FY 2019:[9]	404
Construction:	109
Non-construction:	295
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,786
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$373,750
National average:	$17,830



MARYLAND

Worker Safety and Health

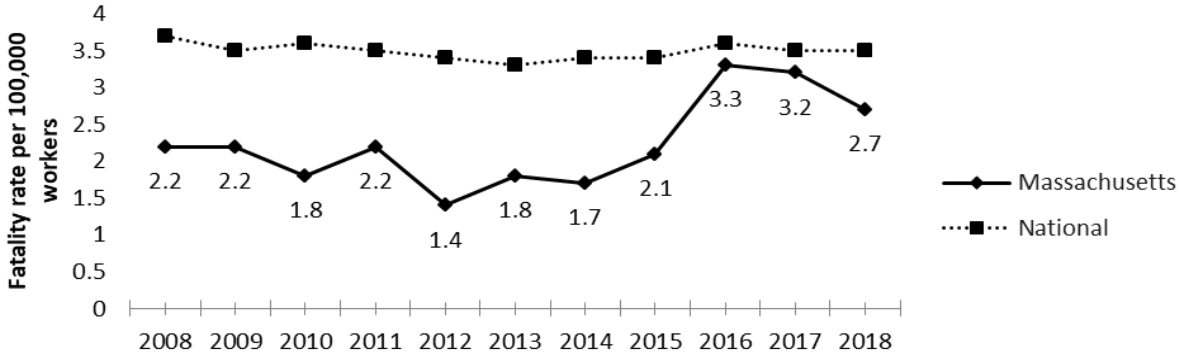
Number of employees:[1]	2,679,064
Number of establishments:[1]	173,303
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	97
Rate per 100,000 workers:[4]	3.4
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	19
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	50,000
Rate per 100 workers:	2.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	28,000
Rate per 100 workers:	1.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	53
Length of time it would take for OSHA to inspect each workplace once:	83
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,087
Construction:	1,525
Non-construction:	562
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$692
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$1,637
National average:	$17,830



MASSACHUSETTS

Worker Safety and Health

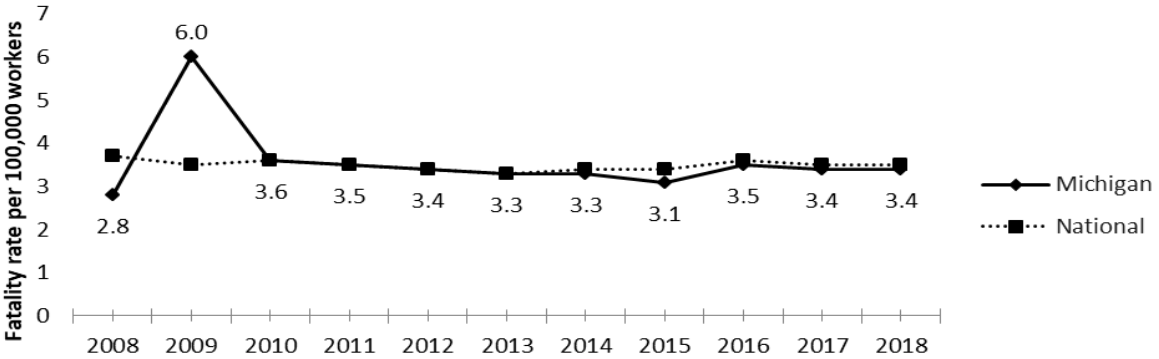
Number of employees:[1]	3,586,034
Number of establishments:[1]	250,808
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	384,339
Number of workplace fatalities, 2018:[3]	97
Rate per 100,000 workers:[4]	2.7
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	9
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	65,700
Rate per 100 workers:	2.6
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	37,900
Rate per 100 workers:	1.5
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	33
Length of time it would take for OSHA to inspect each workplace once:	180
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,390
Construction:	865
Non-construction:	525
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,792
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$9,439
National average:	$17,830



MICHIGAN

Worker Safety and Health

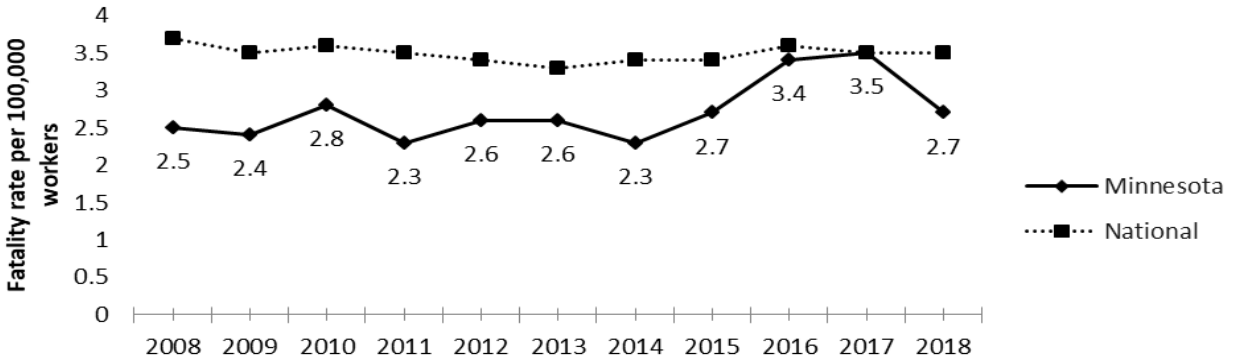
Number of employees:[1]	4,340,045
Number of establishments:[1]	248,278
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	155
Rate per 100,000 workers:[4]	3.4
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	19
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	90,900
Rate per 100 workers:	3.0
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	47,400
Rate per 100 workers:	1.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	63
Length of time it would take for OSHA to inspect each workplace once:	56
Number of workplace safety and health inspections conducted, FY 2019:[9]	4,471
Construction:	2,502
Non-construction:	1,969
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,336
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$11,065
National average:	$17,830



MINNESOTA

Worker Safety and Health

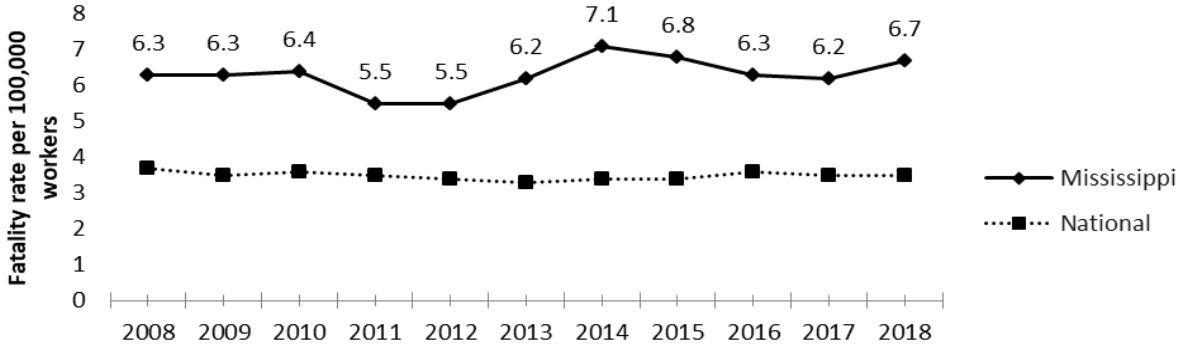
Number of employees:[1]	2,882,944
Number of establishments:[1]	175,468
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	75
Rate per 100,000 workers:[4]	2.7
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	9
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	62,900
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	31,000
Rate per 100 workers:	1.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	41
Length of time it would take for OSHA to inspect each workplace once:	95
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,851
Construction:	786
Non-construction:	1,065
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$950
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$19,964
National average:	$17,830



MISSISSIPPI

Worker Safety and Health

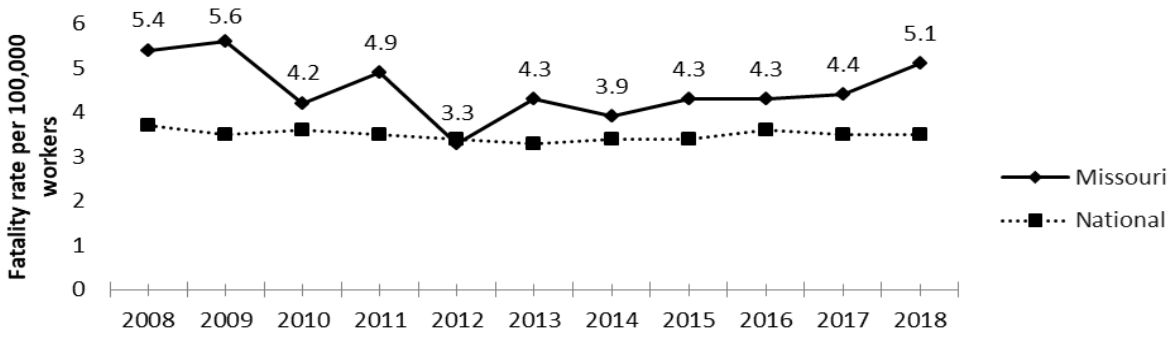
Number of employees:[1]	1,130,786
Number of establishments:[1]	70,833
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	207,743
Number of workplace fatalities, 2018:[3]	78
Rate per 100,000 workers:[4]	6.7
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	45
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	11
Length of time it would take for OSHA to inspect each workplace once:	156
Number of workplace safety and health inspections conducted, FY 2019:[9]	455
Construction:	195
Non-construction:	260
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,624
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$17,188
National average:	$17,830



MISSOURI

Worker Safety and Health

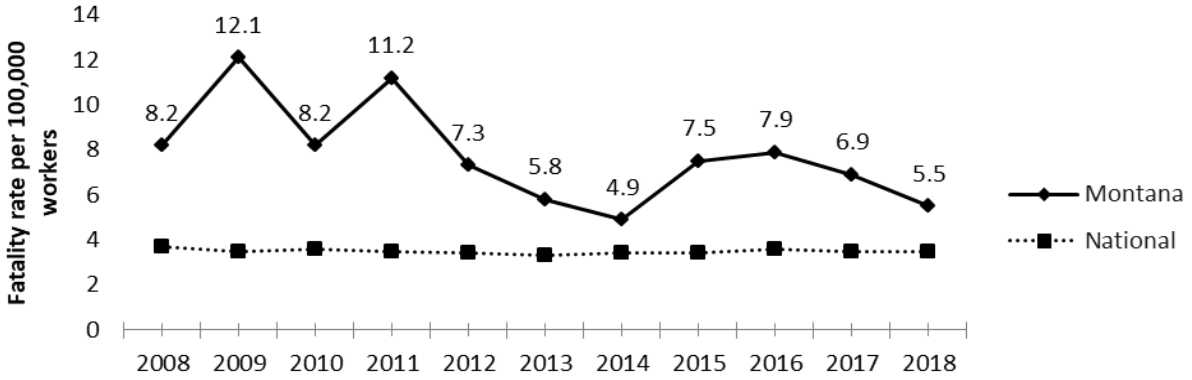
Number of employees:[1]	2,794,483
Number of establishments:[1]	192,414
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	358,360
Number of workplace fatalities, 2018:[3]	145
Rate per 100,000 workers:[4]	5.1
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	38
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	53,600
Rate per 100 workers:	2.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	28,000
Rate per 100 workers:	1.4
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	23
Length of time it would take for OSHA to inspect each workplace once:	179
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,077
Construction:	528
Non-construction:	549
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,883
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$28,787
National average:	$17,830



MONTANA

Worker Safety and Health

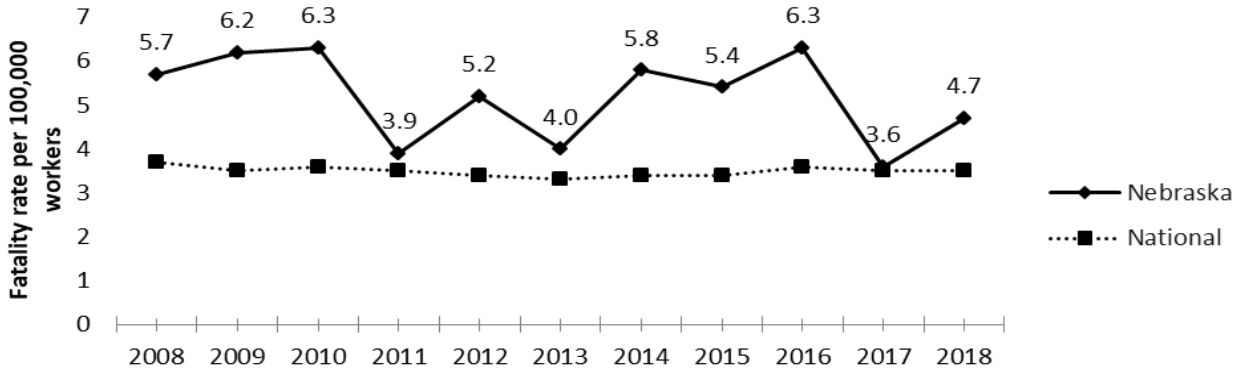
Number of employees:[1]	464,818
Number of establishments:[1]	48,585
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	69,933
Number of workplace fatalities, 2018:[3]	28
Rate per 100,000 workers:[4]	5.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	41
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	11,900
Rate per 100 workers:	3.9
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	5,700
Rate per 100 workers:	1.9
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	7
Length of time it would take for OSHA to inspect each workplace once:	163
Number of workplace safety and health inspections conducted, FY 2019:[9]	298
Construction:	133
Non-construction:	165
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,363
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$2,519
National average:	$17,830



NEBRASKA

Worker Safety and Health

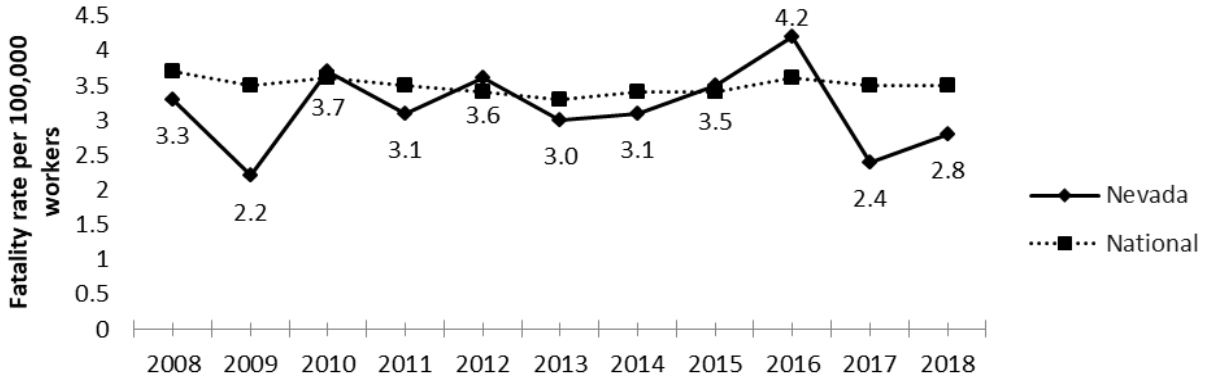
Number of employees:[1]	978,066
Number of establishments:[1]	68,776
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	144,382
Number of workplace fatalities, 2018:[3]	44
Rate per 100,000 workers:[4]	4.7
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	35
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	21,700
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	10,600
Rate per 100 workers:	1.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	8
Length of time it would take for OSHA to inspect each workplace once:	184
Number of workplace safety and health inspections conducted, FY 2019:[9]	374
Construction:	181
Non-construction:	193
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,982
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$14,401
National average:	$17,830



NEVADA

Worker Safety and Health

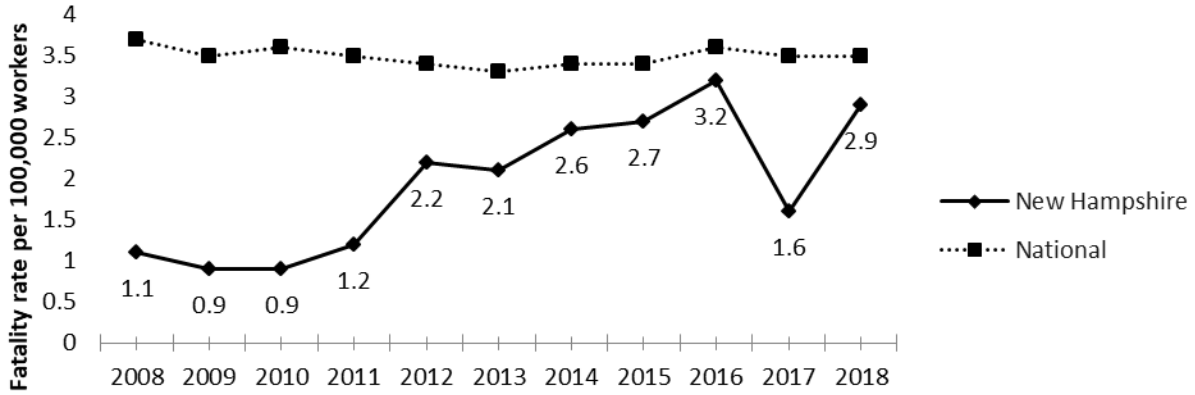
Number of employees:[1]	1,371,030
Number of establishments:[1]	80,771
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	39
Rate per 100,000 workers:[4]	2.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	11
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	34,700
Rate per 100 workers:	3.5
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	18,300
Rate per 100 workers:	1.9
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	33
Length of time it would take for OSHA to inspect each workplace once:	73
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,109
Construction:	391
Non-construction:	718
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$2,115
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$7,422
National average:	$17,830



NEW HAMPSHIRE

Worker Safety and Health

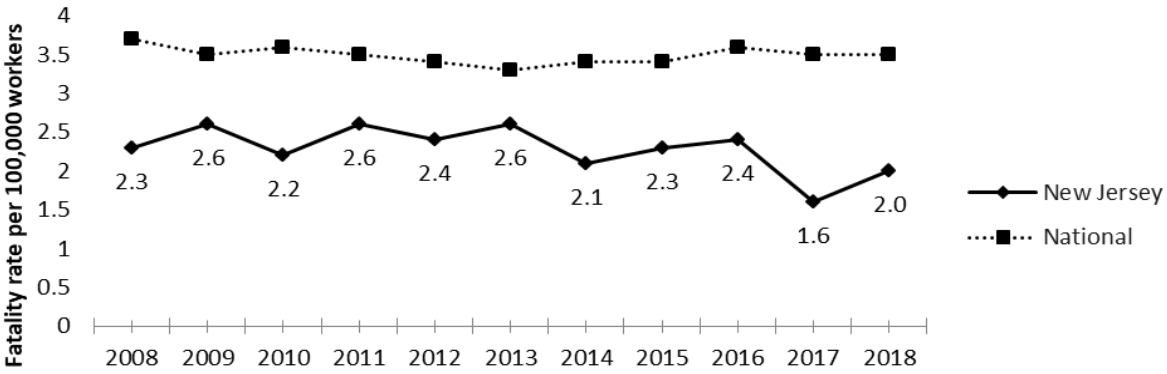
Number of employees:[1]	658,836
Number of establishments:[1]	50,411
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	77,009
Number of workplace fatalities, 2018:[3]	20
Rate per 100,000 workers:[4]	2.9
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	13
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	8
Length of time it would take for OSHA to inspect each workplace once:	133
Number of workplace safety and health inspections conducted, FY 2019:[9]	379
Construction:	211
Non-construction:	168
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,804
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$17,503
National average:	$17,830



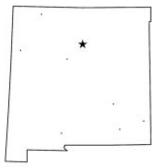
NEW JERSEY

Worker Safety and Health

Number of employees:[1]	4,043,517
Number of establishments:[1]	268,549
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	83
Rate per 100,000 workers:[4]	2.0
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	3
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	74,400
Rate per 100 workers:	2.6
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	42,400
Rate per 100 workers:	1.5
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	52
Length of time it would take for OSHA to inspect each workplace once:	125
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,141
Construction:	1,047
Non-construction:	1,094
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,002
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$16,898
National average:	$17,830

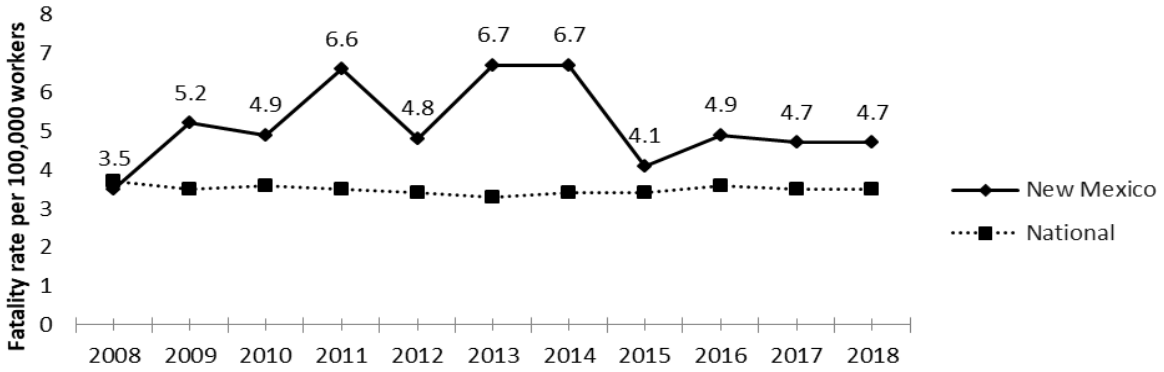


NEW MEXICO



Worker Safety and Health

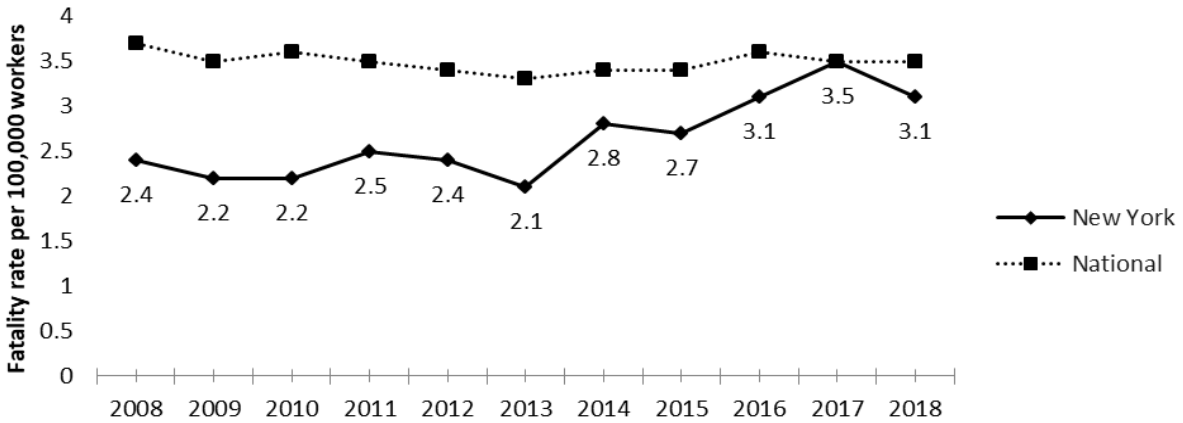
Number of employees:[1]	822,351
Number of establishments:[1]	60,208
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	43
Rate per 100,000 workers:[4]	4.7
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	35
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	14,900
Rate per 100 workers:	2.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	7,500
Rate per 100 workers:	1.4
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	8
Length of time it would take for OSHA to inspect each workplace once:	180
Number of workplace safety and health inspections conducted, FY 2019:[9]	334
Construction:	126
Non-construction:	208
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,886
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$25,768
National average:	$17,830



NEW YORK

Worker Safety and Health

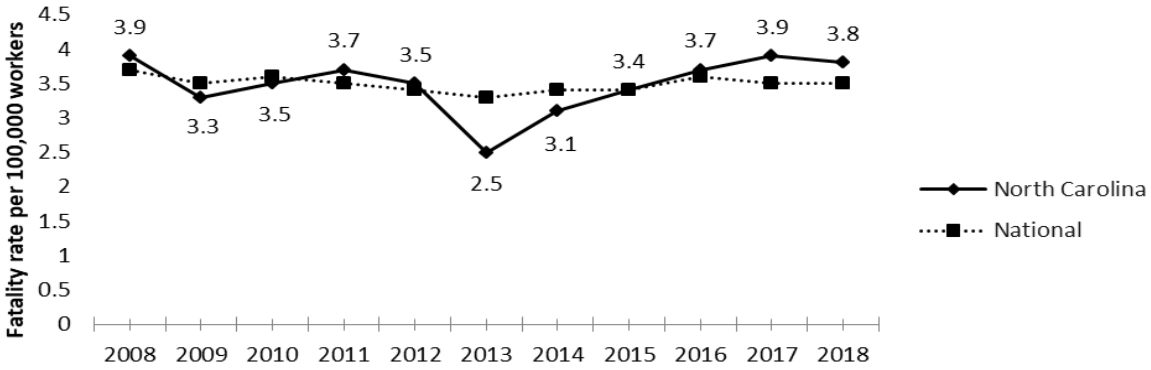
Number of employees:[1]	9,432,830
Number of establishments:[1]	638,628
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	271
Rate per 100,000 workers:[4]	3.1
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	16
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	140,200
Rate per 100 workers:	2.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	80,200
Rate per 100 workers:	1.3
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	92
Length of time it would take for OSHA to inspect each workplace once:	149
Number of workplace safety and health inspections conducted, FY 2019:[9]	4,275
Construction:	1,823
Non-construction:	2,452
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,557
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$27,669
National average:	$17,830



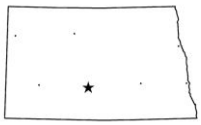
NORTH CAROLINA

Worker Safety and Health

Number of employees:[1]	4,410,791
Number of establishments:[1]	277,985
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	178
Rate per 100,000 workers:[4]	3.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	26
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	73,400
Rate per 100 workers:	2.4
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	40,500
Rate per 100 workers:	1.3
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	94
Length of time it would take for OSHA to inspect each workplace once:	92
Number of workplace safety and health inspections conducted, FY 2019:[9]	3,030
Construction:	1,724
Non-construction:	1,306
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,703
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$9,202
National average:	$17,830

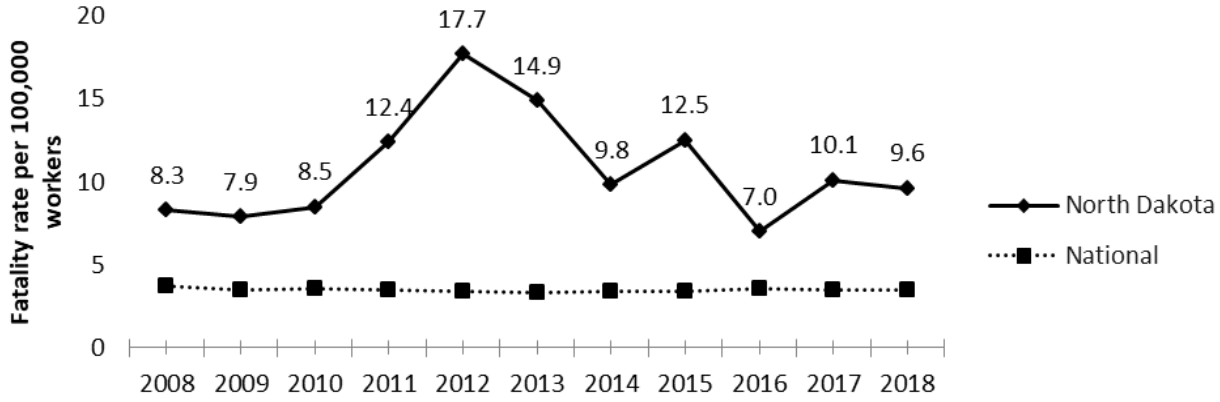


NORTH DAKOTA



Worker Safety and Health

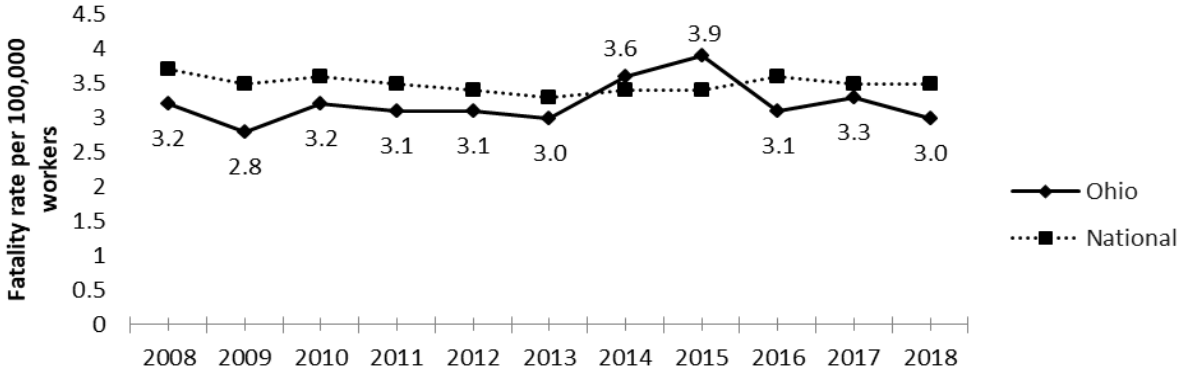
Number of employees:[1]	417,578
Number of establishments:[1]	30,457
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	61,485
Number of workplace fatalities, 2018:[3]	35
Rate per 100,000 workers:[4]	9.6
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	48
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	7
Length of time it would take for OSHA to inspect each workplace once:	134
Number of workplace safety and health inspections conducted, FY 2019:[9]	227
Construction:	132
Non-construction:	95
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,258
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$43,677
National average:	$17,830



OHIO

Worker Safety and Health

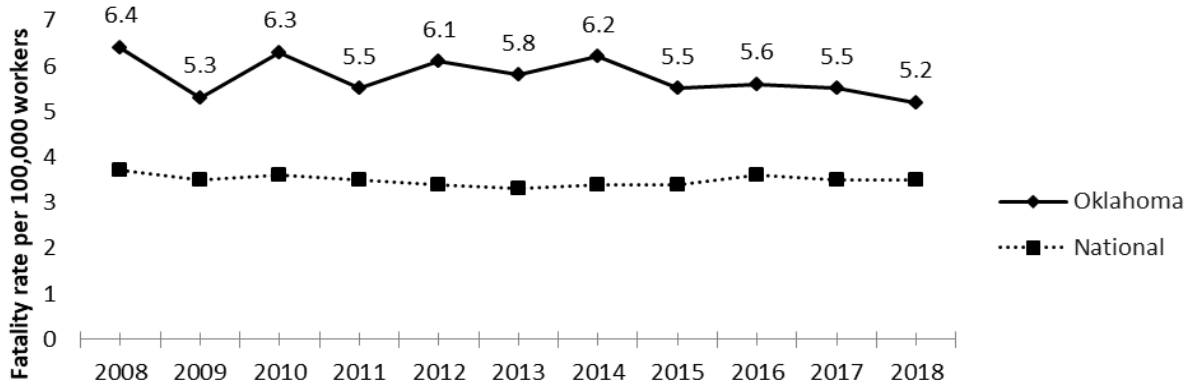
Number of employees:[1]	5,405,891
Number of establishments:[1]	284,648
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	640,007
Number of workplace fatalities, 2018:[3]	158
Rate per 100,000 workers:[4]	3.0
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	14
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	93,100
Rate per 100 workers:	2.4
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	46,600
Rate per 100 workers:	1.2
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	51
Length of time it would take for OSHA to inspect each workplace once:	116
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,458
Construction:	1,301
Non-construction:	1,157
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,354
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$23,606
National average:	$17,830



OKLAHOMA

Worker Safety and Health

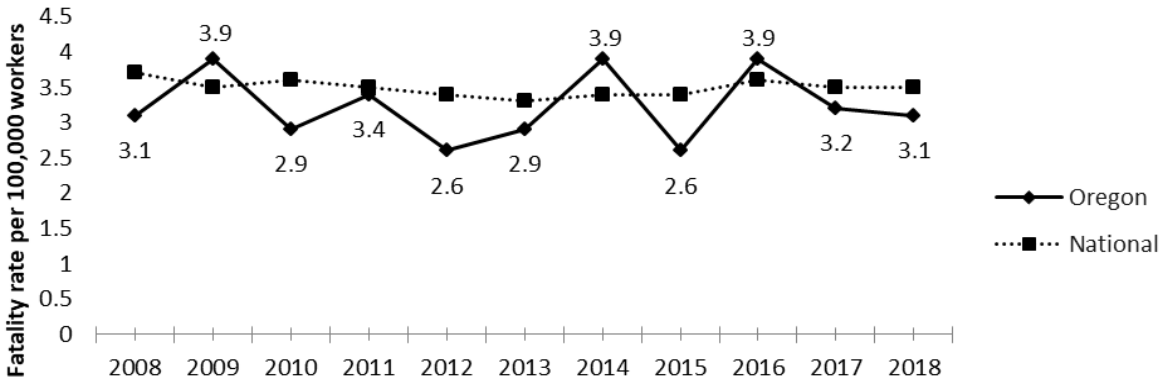
Number of employees:[1]	1,605,887
Number of establishments:[1]	105,908
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	271,023
Number of workplace fatalities, 2018:[3]	91
Rate per 100,000 workers:[4]	5.2
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	40
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	11
Length of time it would take for OSHA to inspect each workplace once:	236
Number of workplace safety and health inspections conducted, FY 2019:[9]	449
Construction:	203
Non-construction:	246
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,905
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$21,273
National average:	$17,830



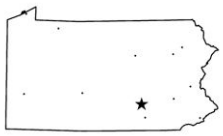
OREGON

Worker Safety and Health

Number of employees:[1]	1,920,804
Number of establishments:[1]	154,399
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	62
Rate per 100,000 workers:[4]	3.1
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	16
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	47,400
Rate per 100 workers:	3.6
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	28,000
Rate per 100 workers:	2.2
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	78
Length of time it would take for OSHA to inspect each workplace once:	44
Number of workplace safety and health inspections conducted, FY 2019:[9]	3,487
Construction:	1,266
Non-construction:	2,221
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$579
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$2,895
National average:	$17,830

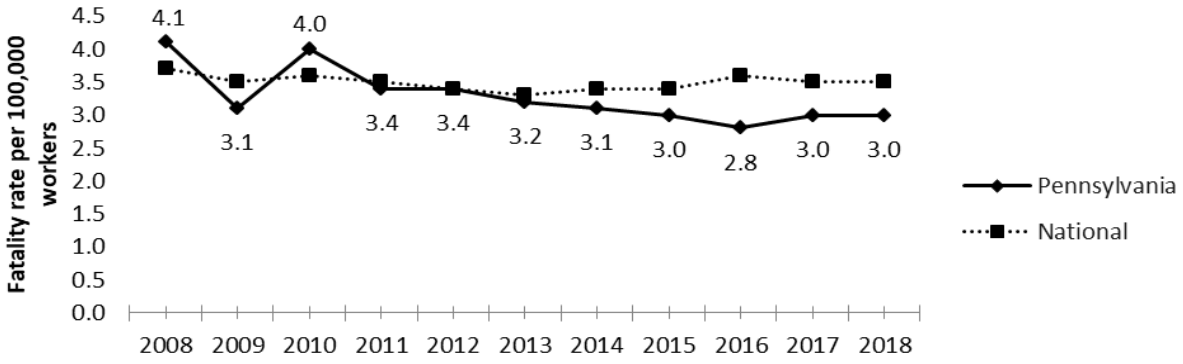


PENNSYLVANIA



Worker Safety and Health

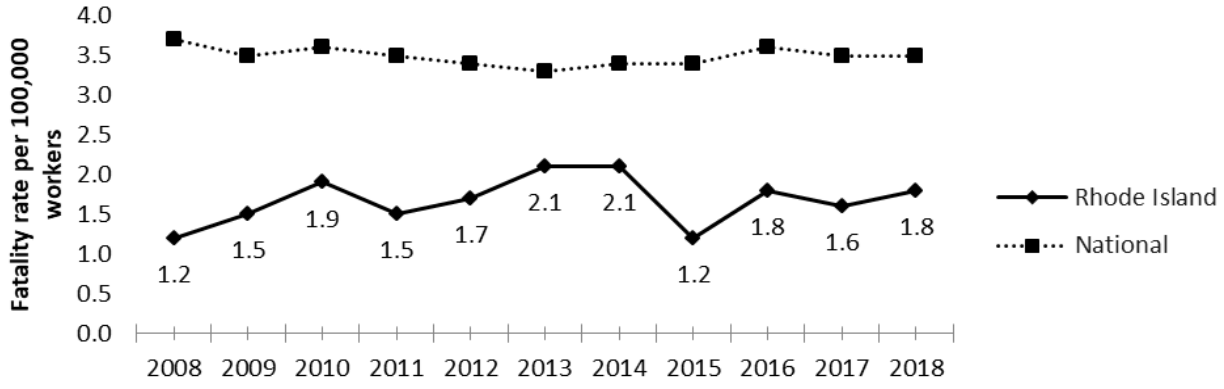
Number of employees:[1]	5,867,783
Number of establishments:[1]	344,729
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	576,857
Number of workplace fatalities, 2018:[3]	177
Rate per 100,000 workers:[4]	3.0
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	14
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	135,400
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	73,800
Rate per 100 workers:	1.7
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	45
Length of time it would take for OSHA to inspect each workplace once:	155
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,226
Construction:	1,051
Non-construction:	1,175
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,969
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$26,297
National average:	$17,830



RHODE ISLAND

Worker Safety and Health

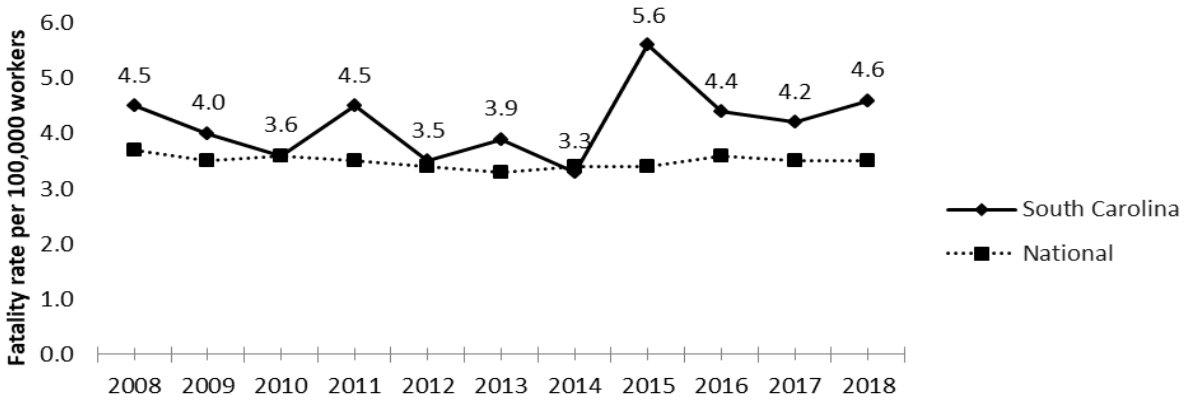
Number of employees:[1]	481,569
Number of establishments:[1]	37,487
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	48,714
Number of workplace fatalities, 2018:[3]	9
Rate per 100,000 workers:[4]	1.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	2
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	6
Length of time it would take for OSHA to inspect each workplace once:	132
Number of workplace safety and health inspections conducted, FY 2019:[9]	284
Construction:	151
Non-construction:	133
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,494
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$3,819
National average:	$17,830



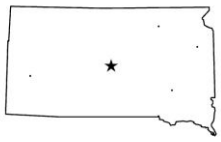
SOUTH CAROLINA

Worker Safety and Health

Number of employees:[1]	2,091,683
Number of establishments:[1]	132,254
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	98
Rate per 100,000 workers:[4]	4.6
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	34
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	33,700
Rate per 100 workers:	2.4
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	20,900
Rate per 100 workers:	1.5
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	17
Length of time it would take for OSHA to inspect each workplace once:	293
Number of workplace safety and health inspections conducted, FY 2019:[9]	452
Construction:	165
Non-construction:	287
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,131
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$2,179
National average:	$17,830

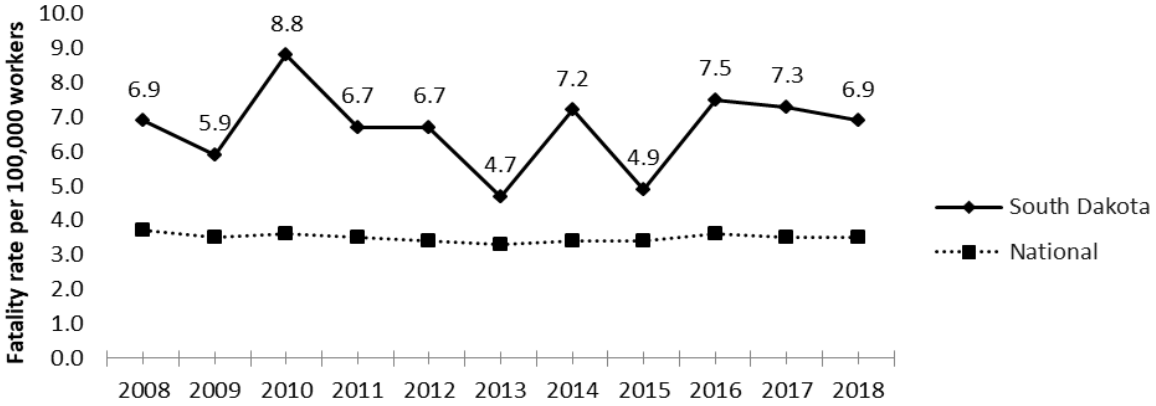


SOUTH DAKOTA

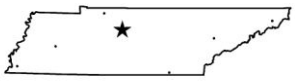


Worker Safety and Health

Number of employees:[1]	426,927
Number of establishments:[1]	31,945
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	62,660
Number of workplace fatalities, 2018:[3]	32
Rate per 100,000 workers:[4]	6.9
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	46
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	N/A
Rate per 100 workers:	N/A
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	3
Length of time it would take for OSHA to inspect each workplace once:	148
Number of workplace safety and health inspections conducted, FY 2019:[9]	216
Construction:	147
Non-construction:	69
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$2,586
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$11,470
National average:	$17,830

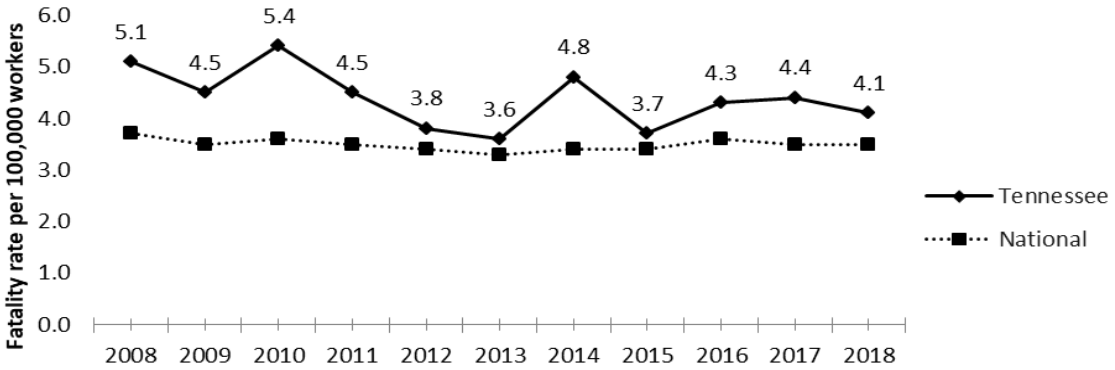


TENNESSEE



Worker Safety and Health

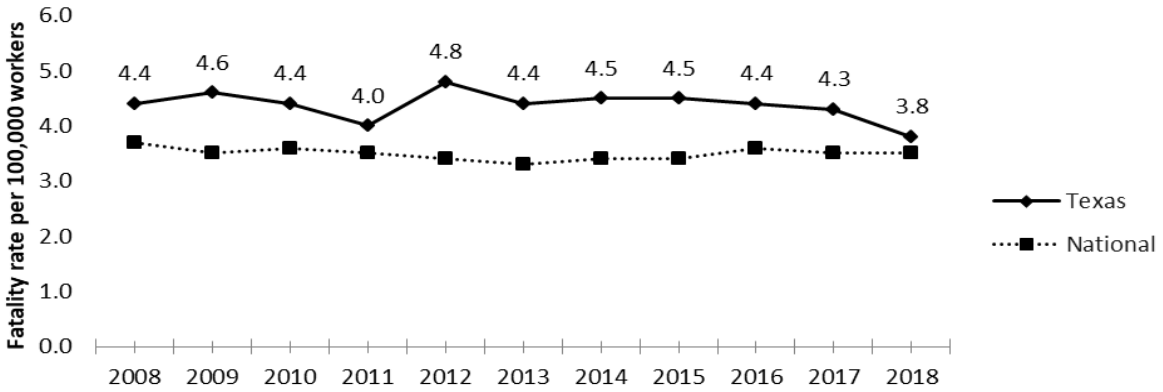
Number of employees:[1]	2,976,889
Number of establishments:[1]	161,558
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	122
Rate per 100,000 workers:[4]	4.1
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	60,600
Rate per 100 workers:	2.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	33,500
Rate per 100 workers:	1.6
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	40
Length of time it would take for OSHA to inspect each workplace once:	95
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,699
Construction:	490
Non-construction:	1,209
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,628
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$7,355
National average:	$17,830



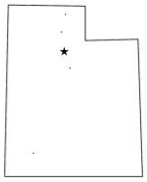
TEXAS

Worker Safety and Health

Number of employees:[1]	12,302,358
Number of establishments:[1]	681,600
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	1,671,571
Number of workplace fatalities, 2018:[3]	488
Rate per 100,000 workers:[4]	3.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	26
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	178,000
Rate per 100 workers:	2.0
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	108,700
Rate per 100 workers:	1.2
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	81
Length of time it would take for OSHA to inspect each workplace once:	175
Number of workplace safety and health inspections conducted, FY 2019:[9]	3,902
Construction:	2,123
Non-construction:	1,779
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,600
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$21,410
National average:	$17,830

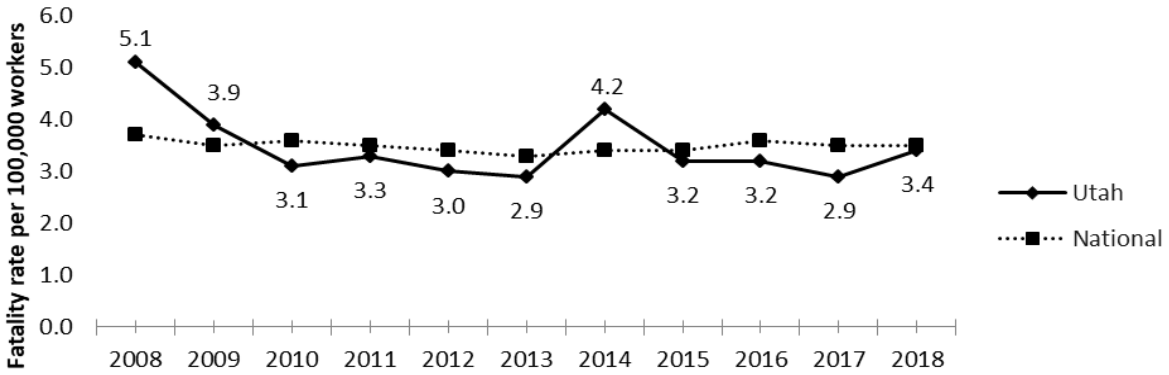


UTAH



Worker Safety and Health

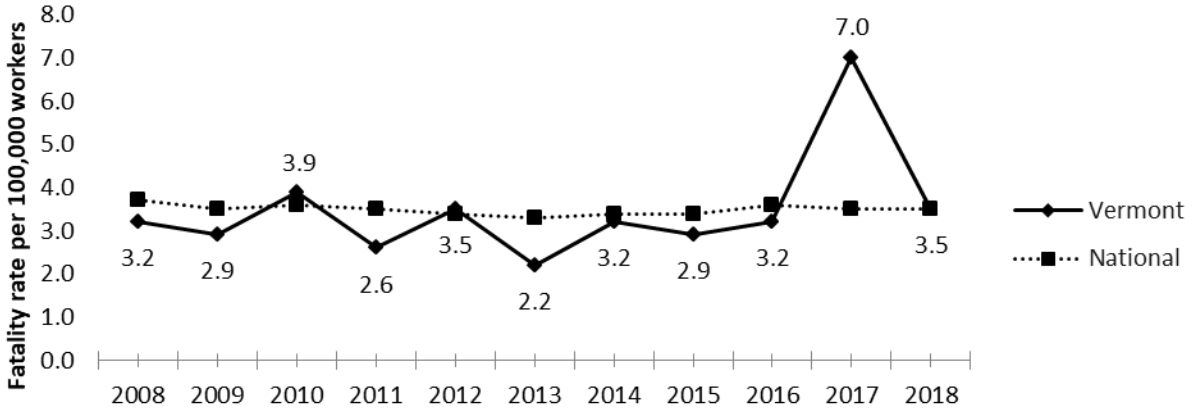
Number of employees:[1]	1,478,493
Number of establishments:[1]	103,478
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	49
Rate per 100,000 workers:[4]	3.4
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	19
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	28,200
Rate per 100 workers:	2.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	12,500
Rate per 100 workers:	1.2
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	18
Length of time it would take for OSHA to inspect each workplace once:	92
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,127
Construction:	496
Non-construction:	631
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,250
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$1,977
National average:	$17,830



VERMONT

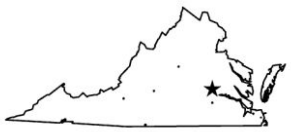
Worker Safety and Health

Number of employees:[1]	310,334
Number of establishments:[1]	25,661
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	11
Rate per 100,000 workers:[4]	3.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	23
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	9,600
Rate per 100 workers:	4.7
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	4,600
Rate per 100 workers:	2.3
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	7
Length of time it would take for OSHA to inspect each workplace once:	82
Number of workplace safety and health inspections conducted, FY 2019:[9]	313
Construction:	126
Non-construction:	187
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$2,737
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$5,569
National average:	$17,830

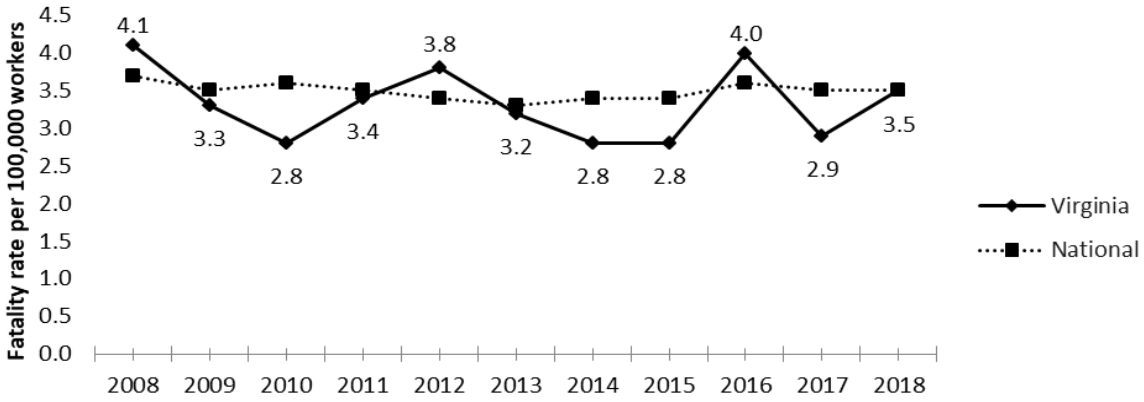


VIRGINIA

Worker Safety and Health



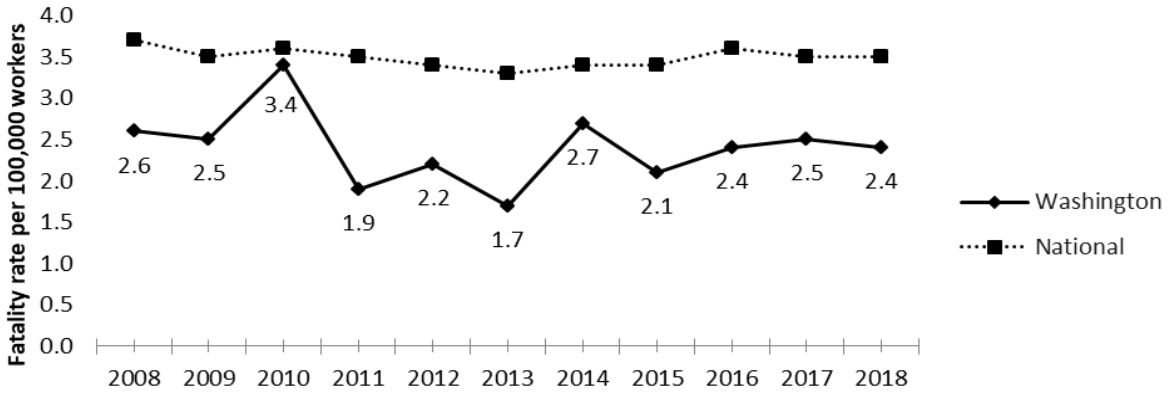
Number of employees:[1]	3,893,254
Number of establishments:[1]	278,146
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	157
Rate per 100,000 workers:[4]	3.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	23
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	65,000
Rate per 100 workers:	2.5
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	35,300
Rate per 100 workers:	1.4
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	47
Length of time it would take for OSHA to inspect each workplace once:	125
Number of workplace safety and health inspections conducted, FY 2019:[9]	2,222
Construction:	1,189
Non-construction:	1,033
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$2,395
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$23,822
National average:	$17,830



WASHINGTON

Worker Safety and Health

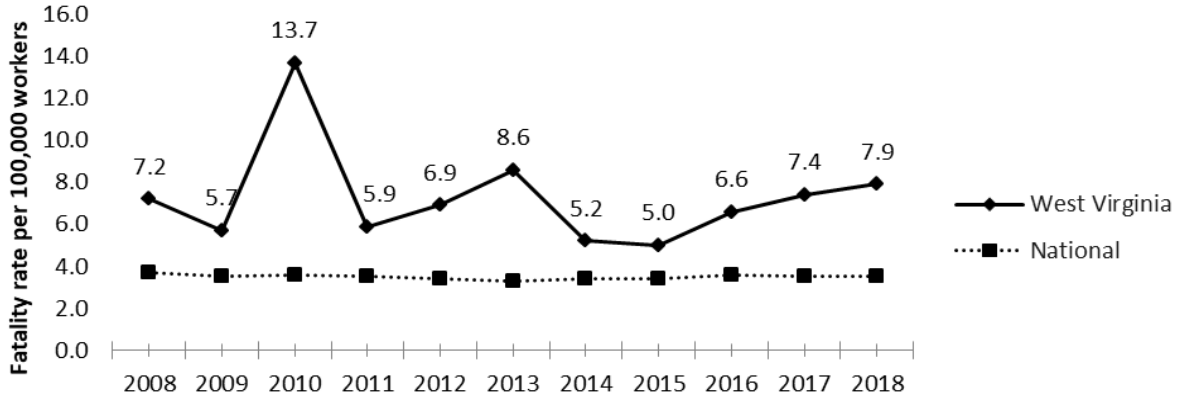
Number of employees:[1]	3,372,533
Number of establishments:[1]	248,859
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	86
Rate per 100,000 workers:[4]	2.4
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	5
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	89,300
Rate per 100 workers:	4.0
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	51,500
Rate per 100 workers:	2.3
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	106
Length of time it would take for OSHA to inspect each workplace once:	50
Number of workplace safety and health inspections conducted, FY 2019:[9]	4,974
Construction:	2,324
Non-construction:	2,650
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$1,725
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$6,225
National average:	$17,830



WEST VIRGINIA

Worker Safety and Health

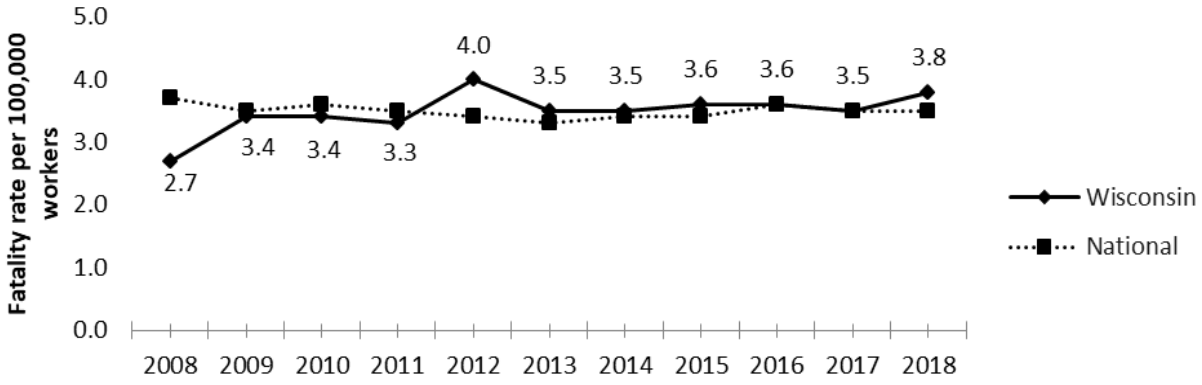
Number of employees:[1]	693,478
Number of establishments:[1]	47,859
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	110,863
Number of workplace fatalities, 2018:[3]	57
Rate per 100,000 workers:[4]	7.9
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	47
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	13,600
Rate per 100 workers:	3.0
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	7,000
Rate per 100 workers:	1.5
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	6
Length of time it would take for OSHA to inspect each workplace once:	142
Number of workplace safety and health inspections conducted, FY 2019:[9]	336
Construction:	166
Non-construction:	170
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$4,004
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$4,088
National average:	$17,830



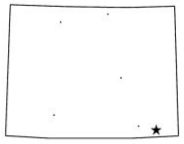
WISCONSIN

Worker Safety and Health

Number of employees:[1]	2,876,534
Number of establishments:[1]	168,698
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	349,631
Number of workplace fatalities, 2018:[3]	114
Rate per 100,000 workers:[4]	3.8
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	26
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	70,400
Rate per 100 workers:	3.6
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	36,800
Rate per 100 workers:	1.9
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	32
Length of time it would take for OSHA to inspect each workplace once:	136
Number of workplace safety and health inspections conducted, FY 2019:[9]	1,242
Construction:	587
Non-construction:	655
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,758
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$13,651
National average:	$17,830

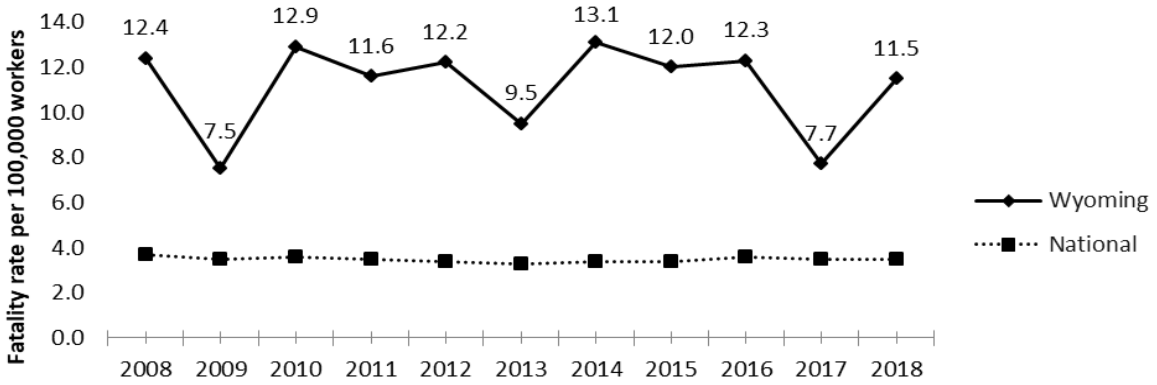


WYOMING



Worker Safety and Health

Number of employees:[1]	272,141
Number of establishments:[1]	26,871
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2018:[3]	31
Rate per 100,000 workers:[4]	11.5
National rate:	3.5
Ranking of state fatality rate, 2018:[5]	50
Total cases of workplace injuries and illnesses, private industry, 2018:[6]	5,400
Rate per 100 workers:	3.2
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2018:[7]	2,600
Rate per 100 workers:	1.5
National rate:	1.6
Number of workplace safety and health inspectors, FY 2019:[8]	7
Length of time it would take for OSHA to inspect each workplace once:	129
Number of workplace safety and health inspections conducted, FY 2019:[9]	209
Construction:	131
Non-construction:	78
Avg. penalty assessed for serious violations of the OSH Act, FY 2019:[9]	$3,429
National average:	$2,819
Avg. total penalty per fatality investigation, FY 2019:[10]	$2,772
National average:	$17,830



STATE PROFILES
FOOTNOTES

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2018.
[2]Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided it is as effective as the federal program. One condition of operating a state plan is that the program must cover state and local employees who otherwise are not covered by the OSH Act. Currently, 21 states and one territory administer their own OSHA programs for both public- and private-sector workers. Connecticut, Illinois, Maine, New Jersey, New York and the Virgin Islands have state programs for public employees only.
[3]U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2018, released Dec. 18, 2019.
[4]*Ibid.*
[5]Ranking based on best to worst (1=best; 50=worst).
[6]U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2018 private sector only, released Nov. 7, 2019.
[7]U.S. Department of Labor, Bureau of Labor Statistics, State Data, Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, Job Transfer or Restriction, 2018 private sector only, released Nov. 7, 2019.
[8]U.S. Department of Labor, OSHA. Federal Compliance Safety and Health Officer Totals by State, as of December 2019; data received Feb. 18, 2020. State plan state Compliance Safety and Health Officers "on board" from FY 2020 State Plan Grant Applications, as of July 1, 2019; data received Feb. 5, 2020.
[9]U.S. Department of Labor, OSHA. Inspection data provided by the Directorate of Enforcement Programs, OIS Inspection Report; and the Directorate of Cooperative and State Programs, OIS State by Year for 18(b) State (only).
[10]U.S. Department of Labor, OSHA, FY 2019. Fatality inspection penalty data provided by the Directorate of Enforcement Programs, OIS Inspection Report; and the Directorate of Cooperative and State Programs, OIS State by Year for 18(b) State (only). Average penalties may appear very high if there was an enforcement case in that state with a substantial penalty. For example, in 2016, one willful fatality case in Alabama resulted in total penalties of $2.5 million, which resulted in an average penalty for the state of $85,832 in FY 2016. In FY 2015, the average penalty for a fatality case in Alabama was $8,781.

SOURCES AND METHODOLOGY

Federal and State Plan OSHA COVID-19 Enforcement Data: There is currently no way to comprehensively find federal or state plan OSHA enforcement data specific to COVID-19 without submitting a request under the Freedom of Information Act (FOIA). Federal OSHA data were collected using OSHA press releases and the OSHA Information System (OIS). State plan OSHA data were collected using state plan websites, state OSHA press releases, media reports and OIS. It can take days to weeks for OIS to be fully updated with the most current inspection data. The complaints, referrals, and open and closed case summary information comes from the federal OSHA COVID-19 Summary Response webpage that is updated daily (federal business days). Percentage of complaints with inspections open were calculated using the number of investigations open divided by the total number of reported cases for both complaints and combined referrals.

Industry and Occupation COVID-19 Infection Data: There is no national mandatory reporting system by any industries or occupations other than nursing home facilities and state data is limited. All workplace COVID-19 infection and fatality data presented were collected through multiple sources, and the data has many limitations likely resulting in a severe undercount.

The CDC provides state and local health departments with a Persons Under Investigation (PUI) recommended reporting form for COVID-19 cases. (cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf). Utilization of the form by the states is voluntary and many states do not use it to report case information. Other states use the form; however, they do not use all of the nonmandatory fields, including employment information. The form was updated on May 5, 2020, to provide additional information on employment—a field now indicates only if the individual was a health care worker or not—and includes nonmandatory fields to capture information on the source/location of exposure of all cases, including the workplace. The fields do not specifically collect industry, occupation or the place of employment.

Nursing Home Facilities: The Centers for Medicare and Medicaid Services provides a public database of CDC's National Healthcare Safety Network (NHSN) system–COVID-19 Long Term Care Facility Module, including Resident Impact, Facility Capacity, Staff & Personnel, Supplies & Personal Protective Equipment, and Ventilator Capacity and Supplies Data Elements. As of May 17, 2020, nursing homes are required to report weekly and it is updated on their website weekly. Nursing homes may have voluntarily provided information from Jan. 1, 2020, to May 17, 2020, but data during this time is limited. Data submitted, particularly during the first few weeks of the required reporting period in May, is subject to fluctuations as facilities learned to use the new reporting system. Additionally, the availability of testing may impact the number of confirmed COVID-19 cases that facilities report.

Food Industry: The federal government does not provide any information on COVID-19 infections within the food industry. The Food and Environment Reporting Network (FERN) reports known infections, deaths and outbreaks within the meatpacking, food processing and farming industries using the best available case and death counts among food system workers, and avoids figures that count workers' close contacts or relatives in the cumulative total of cases and deaths associated with a facility. Data presented from FERN is primarily collected from local news reports, with additional information gathered from state health authorities and, on occasion, from companies with outbreaks. The presented data has been updated every weekday since April 22. The data includes CDC reports that examine meatpacking outbreaks in

23 states. In instances where local reports reflected higher numbers than the CDC, the local reports were used. Where nonprecise figures were available (e.g., “405 workers were tested and approximately 50% of the tests were positive”), the calculated caseload is rounded down in the interest of accuracy. The total case, death and facility counts also include cumulative figures from states, counties and regions where available (e.g., “Smith County has 1,000 cases among farm workers at 10 farms”).

Health Care Personnel: The CDC publicly reports total cumulative COVID-19 Cases and Deaths among health care personnel gathered from reported PUI forms returned by states. The data is updated every daily (federal business days). As the health care worker and employment fields are voluntary on the PUI reporting form, only approximately 20% to 25% of forms are returned with this information completed. The form does not ask for specificity on the type of health care worker.

Correctional Facilities: The CDC publicly reports state-by-state data on COVID-19 resident and staff infections and deaths, and facility outbreaks. Data are reported by the state Department of Corrections and the Federal Bureau of Prisons. The data is cumulative starting on March 31, 2020, and is updated daily. The UCLA Law COVID-19 Behind Bars Data Project is an additional source of COVID-19 outbreak information in correctional facilities. https://law.ucla.edu/academics/centers/criminal-justice-program/ucla-covid-19-behind-bars-data-project

Employment and Establishment Data: Employment and Wages, Annual Averages, 2018, Bureau of Labor Statistics, U.S. Department of Labor.

Coverage of State and Local Employees: OSHA coverage of state and local employees depends on whether the state has adopted and runs its own OSHA program. States that run their own OSHA programs are required, as a condition of gaining federal approval, to cover state and local employees. The OSH Act does not cover public employees in the 24 states and Washington, D.C., that do not run their own OSHA programs. Statistics on the number of state and local employees are from Employment and Wages, Annual Averages, 2018, Bureau of Labor Statistics, U.S. Department of Labor.

Workplace Fatality Information: Census of Fatal Occupational Injuries, 2018, Bureau of Labor Statistics, U.S. Department of Labor. Rate reflects fatalities per 100,000 workers.

Private Sector Injury and Illness Data: Survey of Occupational Injuries and Illnesses, 2018, Bureau of Labor Statistics, U.S. Department of Labor. Rates reflect injuries and illnesses per 100 workers.

Inspector Information: The number of federal OSHA inspectors comes from OSHA’s Directorate of Enforcement Programs records and reflects the number of inspectors, excluding supervisors and discrimination complaint inspectors. For the state-by-state profiles, we include the number of inspectors for the state in which the area office is located. Inspector data for state plan states come from OSHA's Directorate of Cooperative and State Programs, and reflects the number of “on board” inspectors included in the states’ FY 2020 state plan grant applications. The number of “on board” inspectors may not accurately reflect the true number of inspectors that are hired and in place conducting enforcement inspections due to possible budgetary and staffing changes in individual states. National total for inspectors includes inspectors from Puerto Rico and the Virgin Islands.

Inspection Information: The number of inspections comes from the OSHA Information System (OIS). OSHA provided federal and state inspection information for FY 2019.

Penalty Information: Data on average penalties comes from the above-referenced OIS reports. We present the average penalty data as individual state penalties, federal OSHA state penalties, state plan OSHA state penalties and a national average of penalties. We calculate the average penalty numbers by dividing the total cost for serious penalties by the total number of serious violations. The national average includes penalty data from the District of Columbia and U.S. territories and protectorates: American Samoa, Guam, the Marshall Islands, Puerto Rico and the Virgin Islands.

The Length of Time It Would Take for OSHA to Inspect Each Establishment Once: This information is calculated separately for each federal OSHA state, each state plan OSHA state, the average for federal OSHA states, the average for state plan OSHA states and the national average for all states for one-time inspections. We obtain establishment data from Employment and Wages, Annual Averages, 2018, at bls.gov/cew/cewbultncur.htm.

For individual federal OSHA states, we divide the total number of private-industry (except mines) plus federal establishments by the number of inspections per federal OSHA state.

For individual state plan OSHA states, and for Connecticut, Illinois, Maine, New Jersey and New York, we divide the total number of private-industry (except mines) plus federal, state and local establishments by the number of federal inspections plus the number of 18(b) state inspections per state. (Federal OSHA conducts a limited number of inspections in state plan states, presumably in federal facilities and maritime operations, for which state OSHA programs are not responsible. We include these inspections and establishments in the state profiles). The national average includes inspection data from American Samoa, the District of Columbia, Guam, the Marshall Islands, Puerto Rico and the Virgin Islands.

For the average of federal or state plans to inspect establishments one time, we add the total number of establishments for individual federal or state plan states together and then divide by the total number of federal or state inspections, respectively. For this calculation, we consider Connecticut, Illinois, Maine, New Jersey and New York as federal states.

For the national average for one-time inspections, we divide the total number of establishments for both federal states and state plan states by the total number of federal and state inspections.

NOTES: Due to the revised recordkeeping rule, which became effective Jan. 1, 2002, the estimates from the 2002 BLS Survey of Occupational Injuries and Illnesses are not comparable with those from previous years. Among the changes that could affect comparisons are: Changes to the list of low-hazard industries exempt from recordkeeping; employers no longer are required to record all illnesses regardless of severity; a new category of injuries/illnesses diagnosed by a physician or health care professional; changes to the definition of first aid; and days away from work are recorded as calendar days.

Beginning with the 2003 reference year, both the Census of Fatal Occupational Injuries and the Survey of Occupational Injuries and Illnesses began using the 2002 North American Industry Classification System for industries and the Standard Occupation Classification system for occupations. Prior to 2003, the surveys used the Standard Industrial Classification system and the Bureau of the Census occupational classification system. The substantial differences between these systems result in breaks in series for industry and occupational data. Therefore, this report makes no comparisons of industry and occupation data from BLS for years beginning with 2003 and beyond with industry and occupation data reported by BLS prior to 2003.

815 16th St. NW, Washington, DC 20006
202-637-5000

RICHARD L. TRUMKA
President

ELIZABETH H. SHULER
Secretary-Treasurer

TEFERE A. GEBRE
Executive Vice President