## Introduction to OSHA

### STUDENT HANDOUT PACKET



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

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#### HANDOUT #1

#### Weekly Fatality/Catastrophe Report



#### Weekly Fatality/Catastrophe Report

SAMPLE of Actual Report

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

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

## HANDOUT #1 Weekly Fatality/Catastrophe Report

Weekly Summary (Federal and State data tabulated week ending Dec 25, 2009)

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

CATASTROPHES - MULTIPLE WORKERS HOSPITALIZED (None Reported)

NOTES:


# Job Safety and Health It's the law!

## OSHA

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

#### **EMPLOYEES:**

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

#### **EMPLOYERS:**

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

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



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

1-800-321-0SHA

www.osha.gov

OSHA 3165-12-06F

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#### Section 1 - PRODUCT AND COMPANY INFORMATION

Section 1 - IDENTIFICATION

Product Name: Chemical Stuff Synonyms: Methyltoxy Solution CAS Number: 00-00-0

**Product Use: Organic Synthesis** 

Manufacturer: My Company Address: My Street, Mytown, TX 00000 Phone: 713-000-000

**Transportation Emergency Number: CHEMTREC: 800-424-9300** 

#### Section 2 - HAZARDS IDENTIFICATION

#### GHS Classification:

Health	Environmental	Physical
Acute Toxicity – Category 2(inhalation),	<b>Aquatic Toxicity</b> – Acute 2	Flammable Liquid - Category 2
Category 3 (oral/dermal)		
<b>Eye Corrosion</b> – Category 1		
<b>Skin Corrosion</b> – Category 1		
<b>Skin Sensitization</b> – Category 1		
Mutagenicity – Category		
2Carcinogenicity – Category 1B		
Reproductive/Developmental -		
Category 2		
Target Organ Toxicity (Repeated) -		
Category 2		

GHS Label(s)



## Hazard Statements

**DANGER!** Highly Flammable Liquid and Vapor. Fatal if inhaled. Causes severe skin burns and eye damage. May cause allergic skin reaction. Toxic if swallowed and in contact with skin May cause cancer. Suspected of damaging the unborn child. Suspected of causing genetic defects. May cause damage to cardiovascular, respiratory, nervous, and gastrointestinal systems and liver and blood through prolonged or repeated exposure. Toxic to aquatic life.

#### **Precautionary Statements**

Do not eat, drink or use tobacco when using this prod Do not breathe mist/vapors. Keep container tightly closed. Keep away from heat/sparks/open flame. - No smoking Wear respiratory protection, protective gloves and eye/face Use only in a well-ventilated area. Take precautionary measures against static discharge Use only non-sparking tools. Store container tightly closed in cool/well-ventilated p Wash thoroughly after handling.

#### Section 3 - COMPOSITION/INFORMATION ON INGREDIENTS

Component	CAS Number	Weight%
Methyltoxy	000-00-0	80

My Company Validation Date: 11/19/2013

## Handout #3 Chemical Stuff Safety Data Sheet

#### Section 4 - FIRST AID MEASURES

**Eye: Eye irritation**. Flush immediately with large amounts of water for at least 15 minutes. Eyelids should be held away from the eyeball to ensure thorough rinsing. Get immediate medical attention.

**Skin**: Itching or burning of the skin. Immediately flush the skin with plenty of water while removing contaminated clothing and shoes. Get immediate medical attention. Wash contaminated clothing before reuse. **Inhalation**: Nasal irritation, headache, dizziness, nausea, vomiting, heart palpitations, breathing difficulty, cyanosis, tremors, weakness, red flushing of face, irritability. Remove exposed person from source of exposure to fresh air. If not breathing, clear airway and start cardiopulmonary resuscitation (CPR). Avoid mouth-to-mouth resuscitation.

**Ingestion**: Get immediate medical attention. Do not induce vomiting unless directed by medical personnel.

#### **Section 5 - FIRE FIGHTING MEASURES**

**Suitable Extinguishing Media**: Use dry chemical, foam, or carbon dioxide to extinguish fire. Water may be ineffective but should be used to cool fire-exposed containers, structures and to protect personnel. Use water to dilute spills and to flush them away from sources of ignition.

**Fire Fighting Procedures**: Do not flush down sewers or other drainage systems. Exposed firefighters must wear NIOSH-approved positive pressure self-contained breathing apparatus with full-face mask and full protective clothing.

**Unusual Fire and Explosion Hazards**: Dangerous when exposed to heat or flame. Will form flammable or explosive mixtures with air at room temperature. Vapor or gas may spread to distant ignition sources and flash back. Vapors or gas may accumulate in low areas. Runoff to sewer may cause fire or explosion hazard. Containers may explode in heat of fire. Vapors may concentrate in confined areas. Liquid will float and may reignite on the surface of water.

**Combustion Products**: Irritating or toxic substances may be emitted upon thermal decomposition. Thermal decomposition products may include oxides of carbon and nitrogen.

#### Section 6 – ACCIDENTAL RELEASE MEASURES

Keep unnecessary people away; isolate hazard area and deny entry. Stay upwind; keep out of low areas. (Also see Section 8).

Vapor protective clothing should be worn for spills and leaks. Shut off ignition sources; no flares, smoking or flames in hazard area. Small spills: Take up with sand or other noncombustible absorbent material and place into containers for later disposal. Large spills: Dike far ahead of liquid spill for later disposal.

Do not flush to sewer or waterways. Prevent release to the environment if possible. Refer to Section 15 for spill/release reporting information.

#### Section 7 - HANDLING AND STORAGE

#### **Handling**

Do not get in eyes, on skin or on clothing. Do not breathe vapors or mists. Keep container closed. Use only with adequate ventilation. Use good personal hygiene practices. Wash hands before eating, drinking, smoking. Remove contaminated clothing and clean before re-use. Destroy contaminated belts and shoes and other items that cannot be decontaminated.

Keep away from heat and flame. Keep operating temperatures below ignition temperatures at all times. Use non-sparking tools.

## Handout #3 **Chemical Stuff**Safety Data Sheet

#### **Storage**

Store in tightly closed containers in cool, dry, well-ventilated area away from heat, sources of ignition and incompatibles. Ground lines and equipment used during transfer to reduce the possibility of static sparkinitiated fire or explosion. Store at ambient or lower temperature. Store out of direct sunlight. Keep containers tightly closed and upright when not in use. Protect against physical damage.

Empty containers may contain toxic, flammable and explosive residue or vapors. Do not cut, grind, drill, or weld on or near containers unless precautions are taken against these hazards.

#### Section 8 - EXPOSURE CONTROLS - PERSONAL PROTECTION

#### **Exposure Limits:**

Component, Methyltoxy – OSHA PEL (8-hourTWA): 3 ppm (skin) - STEL: C 15 ppm (15 min.

Engineering Controls: Local exhaust ventilation may be necessary to control air contaminants to their exposure limits. The use of local ventilation is recommended to control emissions near the source. Provide mechanical ventilation for confined spaces. Use explosion-proof ventilation equipment.

Personal Protective Equipment (PPE) Eye Protection: Wear chemical safety goggles and face shield. Have eye-wash stations available where eye contact can occur.

Skin Protection: Avoid skin contact. Wear gloves impervious to conditions of use. Additional protection may be necessary to prevent skin contact including use of apron, face shield, boots or full body protection. A safety shower should be located in the work area. Recommended protective materials include: Butyl rubber and for limited contact Teflon.

Respiratory Protection: If exposure limits are exceeded, NIOSH approved respiratory protection should be worn. A NIOSH approved respirator for organic vapors is generally acceptable for concentrations up to 10 times the PEL. For higher concentrations, unknown concentrations and for oxygen deficient atmospheres, use a NIOSH approved air-supplied respirator. Engineering controls are the preferred means for controlling chemical exposures. Respiratory protection may be needed for non-routine or emergency situations. Respiratory protection must be provided in accordance with OSHA 29 CFR 1910.134.

#### Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

**Flashpoint:**  $2^{\circ}\text{C}$  (35°F)

**Autoignition Temperature**: 480°C (896°F) **Boiling Point**: 77°C (170.6°F) @ 760 mm Hg

**Melting Point**: -82°C Vapor Pressure: 100.0 mm Hg @ 23°C

**Vapor Pressure**: 100.0 mm Hg @ 23°C **Vapor Density** (Air=1): 1.7; air = 1 **% Solubility in Water**: 10 @ 20°C

**Pour Point**: NA

Molecular Formula: Mixture

**Odor/Appearance**: Clear, colorless liquid with mild, pungent odor.

**Lower Flammability Limit**: >3.00% **Upper Flammability Limit**: <15.00% **Specific Gravity**: 0.82g/ml @ 20°C %

**Volatile**: 100 Evaporation Rate (Water=1): 5(Butyl Acetate =1)

**Viscosity**: 0.3 cP @ 250C

Octanol/Water Partition Coefficient: log Kow: 0.5

**pH**: 7, 8% aqueous solution **Molecular Weight**: Mixture

#### Section 10 - STABILITY AND REACTIVITY

**Stability/Incompatibility**: Incompatible with ammonia, amines, bromine, strong bases and strong acids. **Hazardous Reactions/Decomposition Products**: Thermal decomposition products may include oxides of carbon and nitrogen.

#### Section 11 - TOXICOLOGICAL INFORMATION

<u>Signs and Symptoms of Overexposure</u>: Eye and nasal irritation, headache, dizziness, nausea, vomiting, heart palpitations, difficulty breathing, cyanosis, tremors, weakness, itching or burning of the skin.

#### **Acute Effects:**

Eye Contact: may cause severe conjunctival irritation and corneal damage.

Skin Contact: may cause reddening, blistering or burns with permanent damage. Harmful if absorbed through the skin. May cause allergic skin reaction.

Inhalation: may cause severe irritation with possible lung damage (pulmonary edema).

Ingestion: may cause severe gastrointestinal burns.

<u>Target Organ Effects</u>: May cause gastrointestinal (oral), respiratory tract, nervous system and blood effects based on experimental animal data. May cause cardiovascular system and liver effects.

<u>Chronic Effects</u>: based on experimental animal data, may cause changes to genetic material; adverse effects on the developing fetus or on reproduction at doses that were toxic to the mother. Methyltoxy is classified by IARC as group 2B and by NTP as reasonably anticipated to be a human carcinogen. OSHA regulates Methyltoxy as a potential carcinogen.

Medical Conditions Aggravated by Exposure: preexisting diseases of the respiratory tract, nervous system, cardiovascular system, liver or gastrointestinal tract.

Acute Toxicity Values Oral LD<sub>50</sub> (Rat) = 100 mg/kg Dermal LD<sub>50</sub> (Rabbit) = 225-300 mg/kg Inhalation LC<sub>50</sub> (Rat) = 200 ppm/4 hr., 1100 ppm vapor/1 hr

#### Section 12 - ECOLOGICAL INFORMATION

 $LC_{50}$  (Fathead Minnows) = 9 mg/L/96 hr.  $EC_{50}$  (Daphnia) = 8.6 mg/L/48 hr.

Bioaccumulation is not expected to be significant. This product is readily biodegradable.

#### Section 13 - DISPOSAL CONSIDERATIONS

As sold, this product, when discarded or disposed of, is a hazardous waste according to Federal regulations (40 CFR 261). It is listed as Hazardous Waste Number Z000, listed due to its toxicity. The transportation, storage, treatment and disposal of this waste material must be conducted in compliance with 40 CFR 262, 263, 264, 268 and 270. Disposal can occur only in properly permitted facilities. Refer to state and local requirements for any additional requirements, as these may be different from Federal laws and regulations. Chemical additions, processing or otherwise altering this material may make waste management information

My Company Validation Date: 11/19/2013 Handout #3
Chemical Stuff
Safety Data Sheet

presented in the MSDS incomplete, inaccurate or otherwise inappropriate.

#### Section 14 - TRANSPORT INFORMATION

**U.S.** Department of Transportation (DOT)

Proper Shipping Name: Methyltoxy

Hazard Class: 3, 6.1

UN/NA Number: UN0000 Packing Group: PG 2

Labels Required: Flammable Liquid and Toxic

International Maritime Organization (IMDG)

Proper Shipping Name: Methyltoxy Hazard Class: 3 Subsidiary 6.1 UN/NA Number: UN0000

Packing Group: PG 2

Labels Required: Flammable Liquid and Toxic

#### **Section 15 - REGULATORY INFORMATION**

#### **U.S. Federal Regulations**

Comprehensive Environmental Response and Liability Act of 1980 (CERCLA):

The reportable quantity (RQ) for this material is 1000 pounds. If appropriate, immediately report to the National Response Center (800/424-8802) as required by U.S. Federal Law. Also contact appropriate state and local regulatory agencies.

Toxic Substances Control Act (TSCA): All components of this product are included on the TSCA inventory.

Clean Water Act (CWA): Methyltoxy is a hazardous substance under the Clean Water Act. Consult Federal, State and local regulations for specific requirements.

Clean Air Act (CAA): Methyltoxy is a hazardous substance under the Clean Air Act. Consult Federal, State and local regulations for specific requirements.

Superfund Amendments and Reauthorization Act (SARA) Title III Information:

SARA Section 311/312 (40 CFR 370) Hazard Categories:

Immediate Hazard: X Delayed Hazard: X Fire Hazard: X Pressure Hazard:

Reactivity Hazard:

My Company Validation Date: 11/19/2013

## Handout #3 Chemical Stuff Safety Data Sheet

This product contains the following toxic chemical(s) subject to reporting requirements of SARA Section 313 (40 CFR 372).

Component	CAS Number	Maximum %
Methyltoxy	000-00-0	80

#### **State Regulations**

California: This product contains the following chemicals(s) known to the State of California to cause cancer, birth defects or reproductive harm:

Component	CAS Number	Maximum %
Methyltoxy	00-00-0	80

#### **International Regulations**

Canadian Environmental Protection Act: All of the components of this product are included on the Canadian Domestic Substances list (DSL).

Canadian Workplace Hazardous Materials Information System (WHMIS):

Class B-2 Flammable Liquid

Class D-1-B Toxic

Class D-2-A Carcinogen

Class D-2-B Chronic Toxin

Class E Corrosive

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the SDS contains all the information required by the Controlled Products Regulations.

European Inventory of Existing Chemicals (EINECS): All of the components of this product are included on EINECS.

EU Classification: F Highly Flammable; T Toxic; N Dangerous to the Environment

EU Risk (R) and Safety (S) Phrases:

R11: Highly flammable

R23/24/25: Toxic by inhalation, in contact with skin and if swallowed

R37/38: Irritating to respiratory system and skin

R41: Risk of serious damage to eyes

R43: May cause sensitization by skin contact

R45: May cause cancer

R51/53: Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment

S53: Avoid exposure - obtain special instructions before use

S16: Keep away from sources of ignition - No Smoking

S45: In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible)

S9: Keep container in a well-ventilated place

S36/37: Wear suitable protective clothing and gloves

S57: Use appropriate container to avoid environmental contamination.

My Company Válidation Dáte: 11/19/2013

#### Chemical Stuff Safety Data Sheet

#### **Section 16 - OTHER INFORMATION**

National Fire Protection Association (NFPA) Ratings: This information is intended solely for the use of individuals trained in the NFPA system

Health: 3

Flammability: 3 Reactivity: 0

#### Version 1.0 prepared 8/13/2013

ACGIH American Conference of Governmental Hygienists

AKA Also Known As, Synonym

CAS Chemical Abstract Service

IARC mg/m<sup>3</sup> International Agency for Research of Cancer

milligrams per Cubic Meter No, None, Not listed NA Not Applicable, Not Available

ND Not Determined

Not measurable, significant, noticeable, or an affect NIL

NTP National Toxicology Program

OSHA Occupational Safety and Health Administration

parts per million ppm

Yes, Does Exists, Is Listed,

## **OSHA FactSheet**

## Your Rights as a Whistleblower

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

#### Whistleblower Laws Enforced by OSHA

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

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

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

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

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

#### **Unfavorable Personnel Actions**

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

Such actions may include:

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

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

#### Filing a Complaint

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

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

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

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

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

## How OSHA Determines Whether Retaliation Took Place

The investigation must reveal that:

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

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

## Limited Protections for Employees Who Refuse to Work

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

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

## Whistleblower Protections in the Transportation Industry

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

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

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

## Whistleblower Protections for Voicing Environmental Concerns

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

## Whistleblower Protections When Reporting Corporate Fraud

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

#### **More Information**

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

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

For more complete information:



U.S. Department of Labor www.osha.gov (800) 321-OSHA

#### HANDOUT #5

#### Refusing to Work because Conditions are Dangerous

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

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

#### REFUSING WORK IS PROTECTED IF:

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

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

#### CONDITIONS ARE MET, NEXT STEPS:

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

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

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

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

Source: <a href="http://www.osha.gov/as/opa/worker/refuse.html">http://www.osha.gov/as/opa/worker/refuse.html</a>

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## Handout #6

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

## Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office

ABC Co. Establishment name City Anywhere State USA

	Identify the person Describe the case			Classi	fy the case												
(A) Case No.	(B) Employee's Name	Job Title (e.g.,	or onset	(E) Where the event occurred (e.g. Loading dock north end)				oox for each ca		Enter the nu days the inju worker was:	ured or ill	Check th	ne "injur		nn or cho	oose one	type of
			of illness		person ill (e.g. Second degree burns on right							(M)					Ses
			(mo./day)		forearm from acetylene torch)	Death	Days away from work		ed at work	Away From	On job transfer or restriction		isorder	atory ion	ing	Hearing Loss	All other illness
									Other record- able cases	Work (days)	(days)	Injury	Skin Disorde	Respiratory Condition		Hearin	All oth
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Tammy Newcomer	Chemist	2/5	Lab	Breathing difficulty-inhaled		Χ			13				Х			
					chlorine gas												
2	Pat James	Electrican	3/4	Maintenance Dept.	Gunshot wound left shoulder		Χ			25	28	Х					
					from ex-wife on 3rd shift												
																	<u> </u>
3	Jose Ortega	CNA	5/30	3rd FI, South wing	Hernia, lower right abdomen			Х			5	Х					<u> </u>
					from lifting resident												<u> </u>
																	<u> </u>
4	Georgina Gonzella	Welder	6/29	Welding Area	Welder flash, both eyes from				Х								Х
					TIG welder												
		<u> </u>										.,					
5	William Handwerk	Temp Help	8/7	Shipping Department	Broke left wrist from fall to		Х			5	15	Х					<u> </u>
		1			dock floor				1			-	1				<b> </b>
	Duite and Casa	lamitan	40/4	Des C On d El	No distink from used swings							V					<u> </u>
6	Privacy Case	Janitor	10/4	Rm 6, 2nd FI,	Needlestick from used syringe				Х			Х	-				<del>                                     </del>
				North Wing	Right Hand												<u> </u>
7	Ellen Bass	Press Opr	12/5	Sheet Metal Dept.	Hearing loss, right ear				Х	1			-			Х	<u> </u>
	Lifeti Dass	i iess Opi	12/3	Oneet Wetai Dept.	ricaring 1055, right car				^			1				^	<del>                                     </del>
		1		<u> </u>	Page totals	0	3	1	-	3 43	48	3 4	1 0	1	0	1	1

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Skin Disorder

Page 1 of 1 (2) (3) (4)



## HANDOUT #7 Employers Must Provide and Pay for PPE



#### **Personal Protective Equipment (PPE)**

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

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

#### **Employer Obligations**

- Performing a "hazard assessment" of the workplace to identify and control physical and health hazards.
- ✓ Identifying and providing appropriate PPE for employees.
- Training employees in the use and care of the PPE.
- Maintaining PPE, including replacing worn or damaged PPE.
- Periodically reviewing, updating and evaluating the effectiveness of the PPE program.

#### Workers should:

- ✓ Properly wear PPE
- ✓ Attend training sessions on PPE
- ✓ Care for, clean and maintain PPE, an
- ✓ Inform a supervisor of the need to repair or replace PPE.

#### **Employers Must Pay for Personal Protective Equipment (PPE)**

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

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

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

- Metatarsal foot protection
- Rubber boots with steel toes
- Non-prescription eye protection
- Prescription eyewear inserts/lenses for full face respirators
- Goggles and face shields

- Fire fighting PPE (helmet, gloves, boots, proximity suits, full gear)
- Hard hats
- Hearing protection
- Welding PPE

## HANDOUT #7 Employers Must Provide and Pay for PPE



#### Payment Exceptions under the OSHA Rule

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

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

#### **OSHA Standards that Apply**

#### **OSHA General Industry PPE Standards**

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

#### **OSHA Construction PPE Standards**

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

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

OSHA standards are online at www.osha.gov.

#### Sources:

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

#### HANDOUT #8a

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

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

#### SUBPARTS

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

0-1	W-II ' WI ' O
Subpart D	Walking-Working Surfaces
Subpart E	Means of Egress
Subpart F	Powered Platforms, Manlifts,
	and Vehicle-Mounted Work
	Platforms
Subpart G	Occupational Health and
	Environmental Control
Subpart H	Hazardous Materials
Subpart I	Personal Protective Equipment
Subpart J	General Environmental
	Controls
Subpart K	Medical and First Aid
Subpart L	Fire Protection
Subpart M	Compressed Gas and
	Compressed Air Equipment
Subpart N	Materials Handling and
	Storage
Subpart O	Machinery and Machine
	Guarding
Subpart P	Hand and Portable Powered
	Tools
Subpart Q	Welding, Cutting and Brazing
Subpart R	Special Industries
Subpart S	Electrical
Subpart Z	Toxic and Hazardous
	Substances

#### SECTIONS

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

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

NOTES:		

#### EXAMPLE: READING OSHA STANDARDS – BREAKING DOWN THE NUMBERS

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

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

#### **NUMBERS:**

 FED. REG.	<u>PART</u> 1010	 CASE ALPHA	(13)	CASE ROMAN (ii)	$\frac{\text{ITALICIZED}^*}{(b)(7)(iii)}$
	1711	 (   1   1		(	\ // // // \ /\ /\ / \ / \ / \ / \ / \

<sup>\*</sup>For standards promulgated prior to 1979, italics are used to list the fourth set of parentheses. After 1979, a capital/upper case letter is used in this space.

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#### HANDOUT #8b

#### How to Read the OSHA Standards 29 CFR 1926 – Construction

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

#### **SUBPARTS**

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

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

#### **SECTIONS**

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

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

NOTES:		

#### **EXAMPLE: READING OSHA STANDARD NUMBERS**

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

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

#### BREAKING DOWN THE NUMBER:

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

<sup>\*</sup>For standards promulgated after 1979, a capital/upper case letter is used in the fourth set of parentheses. Prior to 1979, the fourth set of parenteses are italicized.

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#### **HANDOUT 8C**

#### How to Read the OSHA Standards 29 CFR 1915, 29 CFR 1917, 29 CFR 1918 – Maritime Industry

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

#### SUBPARTS OF 29 CFR 1915

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

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

#### **S**ECTIONS

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

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

NOTES:

#### **EXAMPLE: READING OSHA STANDARD NUMBERS**

STANDARD:	Breaking down the Number:							
1915.7(b)(2)(iii)(B) THE ROSTER SHALL CONTAIN, AS A MINIMUM, THE DATE THE FMPI CYFE WAS TRAINED	TITLE	CODE OF FED. REG.	Part	Section	Lower Case Alpha	ARABIC NUMBER	LOWER CASE ROMAN	CAPITAL/ UPPER CASE ALPHA*
AS A COMPETENT PERSON.	29	CFR	1915	.7	(b)	(2)	(iii)	(B)

<sup>\*</sup>For standards promulgated after 1979, a capital/upper case letter is used in the fourth set of parentheses. Prior to 1979, the fourth set of parenteses are italicized.

#### **HANDOUT 8C**

#### How to Read the OSHA Standards 29 CFR 1915, 29 CFR 1917, 29 CFR 1918 – Maritime Industry

#### SUBPARTS OF 29 CFR 1917

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

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

#### **S**ECTIONS

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

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

NOTES:			

#### SUBPARTS OF 29 CFR 1918

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

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

#### **S**ECTIONS

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

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

#### **EXAMPLE: READING OSHA STANDARD NUMBERS**

Standard:	Break	Breaking down the Number:						
29 CFR 1917.43(g)(2)(i)(C) THE DRIVE CHAIN SHALL BE ENCLOSED TO A HEIGHT OF EIGHT FEET (2.44 M) EXCEPT FOR THAT PORTION	TITLE	CODE OF FED. REG.	Part	Section	LOWER CASE ALPHA	ARABIC NUMBER	LOWER CASE ROMAN	Capital/ Upper Case Alpha*
AT THE LOWER HALF OF THE LOWER SPROCKET.	29	CFR	1917	.43	(g)	(2)	(i)	(C)

STANDARD:	Breaking down the Number:							
1918.66(a)(14)(iii)(A) [HOLDING BRAKES TORQUE]125 PERCENT WHEN USED WITH AN OTHER THAN MECHANICALLY	TITLE	CODE OF FED. REG.	Part	Section	Lower Case Alpha	ARABIC NUMBER	LOWER CASE ROMAN	CAPITAL/ UPPER CASE ALPHA*
CONTROLLED BRAKING MEANS;	29	CFR	1918	.66	(a)	(14)	(iii)	(A)

<sup>\*</sup>For standards promulgated after 1979, a capital/upper case letter is used in the fourth set of parentheses. Prior to 1979, the fourth set of parenteses are italicized.



#### **Government Resources**

OSHA: <a href="http://www.osha.gov/">http://www.osha.gov/</a> Contact the OSHA Office nearest you or contact the toll free number: 1-800-321-OSHA (6742)

NIOSH: <a href="http://www.cdc.gov/niosh/">http://www.cdc.gov/niosh/</a>
Phone NIOSH at
1-800-CDC-INFO (1-800-232-4636)
or Email at: <a href="mailto:cdc.gov">cdc.gov</a>

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

#### Universities

#### **CORNELL UNIVERSITY**

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

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

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

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

#### **COSH GROUPS**

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

NATIONAL COUNCIL FOR OCCUPATIONAL SAFETY & HEALTH National COSH is a federation of local and statewide "COSH" groups:

<a href="http://www.coshnetwork.org/">http://www.coshnetwork.org/</a>

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

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

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

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

#### **Unions**

The following is a sample list of unions with links to useful health and safety information. **AFL-CIO:** <a href="http://www.aflcio.org/Issues/Job-Safety">http://www.aflcio.org/Issues/Job-Safety</a>

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

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

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

**UAW** Health and Safety Department: http://www.uaw.org/healthsafety

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#### **Navigating the OSHA Website**

http://www.osha.gov

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



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#### HANDOUT #11

#### Identifying Safety and Health Problems in the Workplace

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

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

HEAL	TH HAZARDS	SAFE	TY HAZARDS
	mon types of health hazards in the workplace		mon types of safety hazards in the workplace are:
are:		0	Slips, trips and falls
0	Chemical (asbestos, solvents, chlorine)	0	Being caught in or struck by moving machinery or other
0	Biological (tuberculosis, HIV, hepatitis, molds)		objects
0	Physical (noise, heat and cold, radiation, vibration)	0	Fire and explosions
0	Ergonomics or Repetitive Strain Injuries (carpal	0	Transportation and vehicle-related accidents
Ü	tunnel syndrome, back injuries)	0	Confined spaces
0	Psychological (stress)	0	Violence
	health hazards enter your body:	_	s, Trips and Falls
0	Breathing (inhalation)	0	Bad housekeeping and poor drainage can make floors and
0	Swallowing (ingestion)	_	other walking surfaces wet and slippery.
0	Skin (absorption)	0	Electrical wires along the floor pose a tripping hazard.
0	Cuts (injection)	0	You can fall if you are not provided with fall protection
<del></del> .			equipment, guardrails, and safe ladders.
	narm caused by health hazards depends on:		th In or Struck By Moving Machinery/Objects
0	Strength, or potency, of the agent.		inery can cause injuries in different ways:
0	Amount of the agent that is present.	0	You can get parts of your body caught in or struck by
0	How long you are exposed to the agent.		exposed moving parts if machines are not properly
0	Part of your body that is exposed.		guarded, or not locked out when being repaired.
		0	You can be struck by flying objects from machines without
		<u> </u>	protective guards.
	s of health effects:		and Explosions
0	Acute: the effect shows up right away.	0	Improper labeling, handling or storage of certain materials
0	Chronic: problems show up after a long period of		can pose a risk of fire or explosion.
	exposure and/or long after the exposure ends.	0	Every workplace should have an evacuation plan for getting
0	Local: only the part of the body that was exposed		people out of a building in case of fire and an alarm or alert
	is affected.		system to quickly inform employees of an emergency.
0	Systemic: an agent enters the body and affects	0	Every worker should be trained on what to do in case of an
	other parts of the body.		emergency.
Canc	er	Tran	sportation and Vehicle-Related Accidents
0	Cancer is a term for many diseases in different	0	Operators of vehicles and equipment can be injured or
	parts of the body.		cause injury to pedestrians if equipment is unsafe or if
0	Carcinogens are agents that cause cancer.		adequate training has not been provided.
0	There is no totally safe level of exposure to	0	You can be seriously injured or killed after being hit by a
	something that causes cancer.		vehicle while repairing roads or doing other work in traffic
0	Cancer from a workplace exposure may develop		zones. This danger exists when traffic is not properly
	10, 20 or more years after the exposure.		routed and/or adequate barriers are not placed between
			the workers and the traffic.
Repr	oductive effects	Conf	ined Spaces
0	Both men and women can be affected by	0	A confined space is an area with small openings for a
	reproductive hazards at work.		worker to enter and exit and is not designed for regular
0	Reproductive hazards cause miscarriages and birth		work. Examples of confined spaces include manholes,
	defects.		sewer digestors and silos. There are many hazards in
			confined spaces.
		0	Workers can become unconscious and die from a lack of
			oxygen.
		0	There may be too much oxygen, or other chemicals that
			can catch fire or explode.
		0	Poisonous gases and vapors, such as hydrogen sulfide or
			carbon monoxide, may also build up in a confined space.
		0	Confined spaces can also pose physical hazards. They can
			be very hot or cold, very loud, or slippery and wet.
		0	Grain, sand or gravel can bury a worker.
Sensi	itization		ence
	itization  You may become allergic or sensitive to some	Viole	
<b>Sens</b> i	You may become allergic or sensitive to some	Viole	Violence on the job is a growing problem.
	You may become allergic or sensitive to some agents you work with. Sensitization can develop	Viole	Violence on the job is a growing problem. Homicides are the second leading cause of workplace
	You may become allergic or sensitive to some	Viole	Violence on the job is a growing problem.

Intentional blank page to accommodate 2-sided printing.

#### Filing an OSHA Complaint - Tips for Completing the Complaint Form

#### **INSTRUCTIONS Provided on the Form:**

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

#### Here are tips for completing the form:

- Be specific and include appropriate details: The information on the complaint form may be the only description of the hazard that the inspector will see before the inspection. The inspector will base his or her research and planning on this information.
- 2. Establishment Name, Address, & Type of Business: Be thorough and specific. The inspector's research on the company and the industry's hazards will be based on this information.
- Hazard Description/Location: The hazard description is the most important part of the form. Your answer should explain the hazards clearly. If your complaint is about chemicals, identify them whenever possible and attach copies of labels or SDSs if you can. Identify the location so the inspector will know where to look.
- 4. Has this condition been brought to the attention of the employer or another government agency? You should indicate on the form if you have tried to get the employer to fix the hazard before filing the complaint. Also, if another agency, such as a local fire or building department, has been notified of these hazards, OSHA may want to consult with them.

U.S. Department of I Occupational Safety and H	.abor ealth Admi	nistration	1)			
Notice of Alleged Sa	fety or H	lealth Haza	ards			
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	Site Phone	, ,	_ر ۷	Site FAX		
Mailing Address						
	Mail Phone			Mail FAX		
Management Official				Telephone		
Type of Business						
HAZARD DESCRIPTION/Lexposed to or threatened by each hazard	OCATION.) Specify the per	Describe briefly the h ticular building or wo	azard(s) which you akaite where the ai	i believe exist. Incha lleged violation exists.	de the approximate numb	er of employees
Has this condition been brough	to the	□ Emplover	□ Other Gen	eniment Agency(	specifit)	4
attention of:	to the	. ,			specify)	<del>ل</del> الم
Please Indicate Your Desire:		☐ Do NOT reve			(5)	
The Undersigned believes that a an Occupational Safety or Healt exists which is a job safety or he at the establishment named on the archives the safety of the archives the safety of the archives the archives archive	h standard ealth hazard	(Mark "X" in O □ Employee □ Representativ			nfety and Health Con ecify)	numittee
Complainant Name					Telephone	
Address(Street, City, State, Zip)			6			
Signature					Date	
If you are an authorized represent and your title:	otative of emp	oloyees affected b	y this complai	nt, please state the	e name of the organi	zation that you
Organization Name: Your T	itle:					
•						

- 5. Do NOT reveal my name: OSHA will keep your name off the complaint, if you wish. Remember that discrimination for health and safety activity is illegal. If you are a union representative, you may wish to have your name on the complaint.
- 6. Signature and address: It is important to sign the complaint if you want OSHA to conduct an onsite inspection. Also, your address will allow OSHA to send copies of inspection related materials to you.

#### Handout #12a

#### **General Industry Complaint Scenario**

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

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

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

NOTES:		

#### Notice of Alleged Safety or Health Hazards

#### For the General Public:

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

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

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

#### For Federal Employees:

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

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

#### **INSTRUCTIONS:**

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

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

**NOTE:** 

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

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

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

Do not send the completed form to this Office.

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

### **Notice of Alleged Safety or Health Hazards**

			Complaint N	lumber		
Establishment Name						
Site Address						
	Site Phone		Si	te FAX		
Mailing Address						
]	Mail Phone		M	ail FAX		
Management Official			Te	elephone		
Type of Business						
HAZARD DESCRIPTION/LO exposed to or threatened by each hazard.	CATION.	Describe briefly the hazard	d(s) which you be	elieve exist. Include	the approximate number	ber of employees
exposed to of threatened by each nazard.	specify the par	rucular building of worksi	te where the alleg	ed violation exists.		
Has this condition been brought	to the	~ Employer ~	Other Govern	ment Agency(sp	ecify)	
attention of:				<i>5</i> 7 1	<b>3</b> /	
Please Indicate Your Desire:		~ Do NOT reveal i	ny name to m	y Employer		
		~ My name may be	e revealed to the	ne Employer		
The Undersigned believes that a	violation of	(Mark "X" in ONE	box)			
an Occupational Safety or Health	standard					
exists which is a job safety or he		~ Employee	6.1		ety and Health Cor	mmittee
at the establishment named on th	is form.	~ Representative o	f Employees	~ Other (speci		
Complainant Name					Telephone	
Address(Street,City,State,Zip)						
Signature					Date	
0						
If you are an authorized represent	tative of emp	ployees affected by the	nis complaint,	please state the i	name of the organi	ization that you
represent and your title:	-					
Organization Name: Your Ti	tle:					

#### Filing an OSHA Complaint - Tips for Completing the Complaint Form

#### **INSTRUCTIONS Provided on the Form:**

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

#### Here are tips for completing the form:

- Be specific and include appropriate details: The information on the complaint form may be the only description of the hazard that the inspector will see before the inspection. The inspector will base his or her research and planning on this information.
- 2. Establishment Name, Address, & Type of Business: Be thorough and specific. The inspector's research on the company and the industry's hazards will be based on this information.
- Hazard Description/Location: The hazard description is the most important part of the form. Your answer should explain the hazards clearly. If your complaint is about chemicals, identify them whenever possible and attach copies of labels or SDSs if you can. Identify the location so the inspector will know where to look.
- 4. Has this condition been brought to the attention of the employer or another government agency? You should indicate on the form if you have tried to get the employer to fix the hazard before filing the complaint. Also, if another agency, such as a local fire or building department, has been notified of these hazards, OSHA may want to consult with them.

U.S. Department of I Occupational Safety and H	Labor ealth Admi	inistration	1			
Notice of Alleged Sa	fety or H	lealth Haz	ards			
			Complain	t Number		
Establishment Name			_			
Site Address						
	Site Phone		2 )	Site FAX		
Mailing Address						
	Mail Phone			Mail FAX		
Management Official				Telephone		
Type of Business						
HAZARD DESCRIPTION/L exposed to or threatened by each hazard	OCATION: Specify the per	Describe briefly the h sticular building or we	azard(s) which you orknite where the al	believe exist. Inch leged violation exist	ude the approximate musi ta.	ber of employees
Use this condition have brought		- Envolver	Other Gen	Acceptance Acceptance	denoité.	4
Has this condition been brought attention of:	t to the	□ Employer		enument Agency	(specify)	4
Please Indicate Your Desire:		☐ Do NOT rev	ry be revealed to		<u>(5)</u>	
The Undersigned believes that a an Occupational Safety or Healt exists which is a job safety or he at the establishment named on the art of the stablishment named on the art of the safety of the art of art of a	th standard ealth hazard	(Mark "X" in O □ Employee □ Representativ	,		Safety and Health Co pecify)	ommittee
Complainant Name					Telephone	
Address(Street,City,State,Zip)			6			
Signature					Date	
If you are an authorized represer represent and your title:	ntative of emp	ployees affected b	by this complain	it, please state ti	he name of the organ	nization that you
Organization Name: Your T	litle:					

- 5. Do NOT reveal my name: OSHA will keep your name off the complaint, if you wish. Remember that discrimination for health and safety activity is illegal. If you are a union representative, you may wish to have your name on the complaint.
- 6. Signature and address: It is important to sign the complaint if you want OSHA to conduct an onsite inspection. Also, your address will allow OSHA to send copies of inspection related materials to you.

## Handout #12b Construction Complaint Scenario

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

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

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

NOTES:			

#### Notice of Alleged Safety or Health Hazards

#### For the General Public:

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

#### For Federal Employees:

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

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

#### **INSTRUCTIONS:**

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

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

**NOTE:** 

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

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

Do not send the completed form to this Office.

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

### **Notice of Alleged Safety or Health Hazards**

			Complaint N	Number		
Establishment Name						
Site Address						
	Site Phone		S	ite FAX		
Mailing Address						
	Mail Phone		N	Iail FAX		
Management Official			T	elephone		
Type of Business						
HAZARD DESCRIPTION/LO	CATION. 1	Describe briefly the hazar	d(s) which you b	elieve exist. Include th	ne approximate numb	er of employees
exposed to or threatened by each hazard.	Specify the par	rticular building or worksi	te where the alleg	ged violation exists.		
Has this condition been brought attention of:	to the	~ Employer ~	Other Govern	nment Agency(spec	eify)	
Please Indicate Your Desire:		~ Do NOT reveal a ~ My name may b				
The Undersigned believes that a an Occupational Safety or Health exists which is a job safety or he at the establishment named on th	standard alth hazard	(Mark "X" in ONE  ~ Employee  ~ Representative of		~ Federal Safety ~ Other (specify		nmittee
Complainant Name					Telephone	
Address(Street,City,State,Zip)						
Signature					Date	
If you are an authorized represent represent and your title:	tative of emp	ployees affected by the	his complaint,	please state the na	me of the organi	zation that you
Organization Name: Your Ti	tle:					

#### Filing an OSHA Complaint – Tips for Completing the Complaint Form

#### **INSTRUCTIONS Provided on the Form:**

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

#### Here are tips for completing the form:

- Be specific and include appropriate details: The information on the complaint form may be the only description of the hazard that the inspector will see before the inspection. The inspector will base his or her research and planning on this information.
- Establishment Name, Address, & Type of Business: Be thorough and specific. The inspector's research on the company and the industry's hazards will be based on this information.
- Hazard Description/Location: The hazard description is the most important part of the form. Your answer should explain the hazards clearly. If your complaint is about chemicals, identify them whenever possible and attach copies of labels or SDSs if you can. Identify the location so the inspector will know where to look.
- 4. Has this condition been brought to the attention of the employer or another government agency? You should indicate on the form if you have tried to get the employer to fix the hazard before filing the complaint. Also, if another agency, such as a local fire or building department, has been notified of these hazards, OSHA may want to consult with them.

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Notice of Alleged Sa	fety or H	Iealth Hazar	ds			
			Complaint ?	Number		
Establishment Name						
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	Site Phone		S	ite FAX		
Mailing Address						
	Mail Phone		N	fail FAX		
Management Official			T	elephone		
Type of Business						
HAZARD DESCRIPTION/L exposed to or threatened by each hazard	OCATION.	Describe briefly the hazar	d(s) which you be	dieve exist. Include the	se approximate mumbe	r of amployees
exposed to or timestated by uson ascen-	1. Specify the per	means outding or works	to wrete the stud	en vicanten exists.		
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Has this condition been brough attention of:	t to the			iment Agency(spe	cify)	<b>1</b>
Please Indicate Your Desire:		□ Do NOT reveal : □ My name may b			5	
The Undersigned believes that		(Mark "X" in ONE	box)	`	/	
an Occupational Safety or Heal exists which is a job safety or h	th standard	□ Employee		□ Endoral Safet	v and Health Con	amitta.
at the establishment named on t		☐ Representative of	of Employees			minee
Complainant Name	1	D representation	or Employees	2 June (specia	Telephone	
Address(Street, City, State, Zip)		6			2 seeperous	
Signature					Date	
If you are an authorized represe	ntative of ore	nlosses affected by t	his complaint	nlesse state the m	me of the organic	ration that were
represent and your title:		noyees attended by t	ars companies,	presse some are no	and or the original	and the you
Organization Name: Your?	Title:					

- 5. Do NOT reveal my name: OSHA will keep your name off the complaint, if you wish. Remember that discrimination for health and safety activity is illegal. If you are a union representative, you may wish to have your name on the complaint.
- 6. Signature and address: It is important to sign the complaint if you want OSHA to conduct an onsite inspection. Also, your address will allow OSHA to send copies of inspection related materials to you.

## HANDOUT 12c Maritime Industry Complaint Scenario

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

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

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

NOTES:			

#### Notice of Alleged Safety or Health Hazards

#### For the General Public:

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

#### For Federal Employees:

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#### **INSTRUCTIONS:**

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

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

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

Do not send the completed form to this Office.

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

### **Notice of Alleged Safety or Health Hazards**

			Complaint	Number		
Establishment Name						
Site Address						
	Site Phone		S	Site FAX		
Mailing Address						
=	Mail Phone		N	Mail FAX		
Management Official			Т	Telephone		
Type of Business						
HAZARD DESCRIPTION/LO	OCATION.	Describe briefly the hazar	d(s) which you b	pelieve exist. Inclu	ide the approximate nu	mber of employees
exposed to or threatened by each hazard.	Specify the par	rticular building or worksi	te where the alle	eged violation exists	S	
Has this condition been brought attention of:	to the			nment Agency(	specify)	
Please Indicate Your Desire:		~ Do NOT reveal a	e revealed to			
The Undersigned believes that a an Occupational Safety or Health exists which is a job safety or he at the establishment named on the	n standard alth hazard	(Mark "X" in ONE  ~ Employee  ~ Representative of		~ Federal Sa ~ Other (spe	afety and Health C	Committee
Complainant Name					Telephone	
Address(Street, City, State, Zip)						
Signature					Date	
If you are an authorized represer represent and your title:	ntative of emp	ployees affected by the	his complaint,	, please state the	e name of the orga	nnization that you
Organization Name: Your T	itle:					

2 OSHA-7(Rev. 3/96)