DEATH ON THE JOB

THE TOLL OF NEGLECT

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

30TH EDITION • MAY 2021

AFL-CIO

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CONTENTS

EXECUTIVE SUMMARY

This 2021 edition of "Death on the Job: The Toll of Neglect" marks the 30th year the AFL-CIO has produced a report on the state of safety and health protections for America's workers. April 28, 2021, marked 50 years since the Occupational Safety and Health Act went into effect, promising every worker the right to a safe job. More than 627,000 workers now can say their lives have been saved since the passage of the OSH Act.

Over the last 50 years, there has been significant progress made toward improving working conditions and protecting workers from job injuries, illnesses and deaths. Federal job safety agencies have issued many important regulations on safety hazards, silica, coal dust and other health hazards, strengthened enforcement and expanded worker rights. These initiatives have undoubtedly made workplaces safer and saved lives. But much more progress is needed.

The Trump administration worked to dismantle this progress, attacking workplace safety protections and longstanding structures for issuing future protections, cutting agency budgets and staff, and totally failing to respond to the COVID-19 pandemic in workplaces.

The Democratic majority in the House of Representatives helped improved oversight, accountability and action on critical worker protections, and took opportunities to oppose anti-worker attacks by the Trump administration. However, the Republican-controlled Senate blocked much-needed protections and reforms in job safety. Now with a Democratic majority in all of Congress, there are more opportunities for action on long-needed worker protection legislation.

The recent election of President Biden brings promise and hope to a nation and world decimated by the COVID-19 pandemic, and to working people who have struggled for years under anti-worker policies that make their workplaces more dangerous.

Fifty 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 2019:

- 275 workers died each day from hazardous working conditions.
- 5,333 workers were killed on the job in the United States.
- An estimated 95,000 workers died from occupational diseases.
- The job fatality rate was 3.5 per 100,000 workers, the same as the previous year.
- Latino and Black worker fatalities increased; these workers are at greater risk of dying on the job than all workers.
- Employers reported nearly 3.5 million work-related injuries and illnesses.
- Musculoskeletal disorders continue to make up the largest portion (30%) of 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 2019 were:
- Alaska (14.1 per 100,000 workers)
- Wyoming (12.0 per 100,000 workers)
- North Dakota (9.7 per 100,000 workers)
- Montana (7.8 per 100,000 workers)
- West Virginia (6.4 per 100,000 workers)

Industries with the highest fatality rates in 2019 were:
- Agriculture, forestry, and fishing and hunting (23.1 per 100,000 workers)
- Mining, quarrying, and oil and gas extraction (14.6 per 100,000 workers)
- Transportation and warehousing (13.9 per 100,000 workers)
- Construction (9.7 per 100,000 workers)
- Wholesale trade (4.9 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, workplace infection and outbreak information is limited because there is no national surveillance system.
- Racial inequities in working conditions, disease and death were made worse and exploited.
- The Trump administration's response to the need for workplace safety protections was wholly inadequate; instead of providing strong requirements, it ignored science, and offered weak recommendations that were voluntary and plagued with political interference and corporate influence.
- The federal Occupational Safety and Health Administration (OSHA) has so far cited 346 employers for COVID-19 violations that resulted in an average penalty of $3,751 per violation.
- Several state OSHA plans have issued emergency temporary standards 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.

Workplace violence remains a serious and growing problem:
- Workplace violence deaths increased to 841 in 2019, while more than 30,000 violence-related lost-time injuries were reported.
- Workplace violence is the third-leading cause of workplace death.
- 454 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, and were five times more likely to be killed by a relative or domestic partner in the workplace than men.
- There is no federal OSHA standard to protect workers from workplace violence.

Latino and Black workers, often laboring in dangerous working conditions, are more likely to die on the job:

- The Latino fatality rate rose sharply to 4.2 per 100,000 workers in 2019, higher than the national average and a 14% increase from the previous year.
- Deaths among all Latino workers increased in 2019: 1,088 deaths, compared with 961 in 2018. Some 66% of those who died were immigrants.
- The Black worker fatality rate of 3.6 per workers continues to be higher than the national average.
- 634 Black workers died on the job—the highest number in more than two decades.

Older workers are at high risk. In 2019:

- More than one-third of workplace 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 9.4 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 2020 still are too few and declining:

- There are only 1,798 inspectors (774 federal and 1,024 state) to inspect the 10.1 million workplaces under the Occupational Safety and Health Act's jurisdiction.
- The number of OSHA inspectors is near its lowest number since the agency opened 50 years ago.
- There is one inspector for every 82,881 workers.
- The current OSHA budget amounts to $3.97 to protect each worker.

Penalties in FY 2019 still are too weak:

- The average penalty for a serious violation was $3,923 for federal OSHA.
- The average penalty for a serious violation was $2,137 for OSHA state plans.
- The median penalty for killing a worker was $12,144 for federal OSHA.
- The median penalty for killing a worker was $6,899 for state OSHA plans.
- Only 110 worker death cases have been criminally prosecuted under the Occupational Safety and Health Act since 1970.

Much Work Remains to Be Done

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

- OSHA and the Mine Safety and Health Administration (MSHA) to issue emergency COVID-19 safety standards to protect workers immediately from the virus that has ravaged 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.
- OSHA to increase attention to the serious safety and health problems faced by Latino, Black, immigrant and aging workers.

- 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. The Senate should pass legislation to ensure this is done.
- OSHA and MSHA to develop and issue rules on emergency response and silica in mining.
- The Environmental Protection Agency to fully implement the Toxic Substances Control Act to protect workers from chemical exposures.
- 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.
- Congress to pass the Protecting the Right to Organize (PRO) Act so that workers can freely form a union without employer interference or intimidation, organize for safe jobs, and hold employers and job safety agencies accountable.

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

THE STATE OF WORKERS' SAFETY AND HEALTH

This 2021 edition of "Death on the Job: The Toll of Neglect" marks the 30th 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 workplace safety 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.

Fifty years ago on April 28, the OSH Act went into effect, promising every worker the right to a safe job. More than 627,000 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. Workplace hazards kill and disable more than 100,000 workers each year—5,333 from traumatic injuries and an estimated 95,000 from occupational diseases. The job fatality rate remains stagnant, and job injuries and illnesses continue to be severe undercounts of the real problem.

Under President Trump, the political landscape and direction of the job safety agencies shifted dramatically from the Obama administration. President Trump ran on a pro-business, deregulatory agenda, promising to cut regulations by 70%. His administration aggressively sought to repeal or weaken many Obama administration rules. Through executive orders, legislative action, and delays and rollbacks in regulations, the Trump administration proposed to cut the job safety budget, rolled back workplace enforcement and weakened workers' rights to safety protections. 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. There was 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. As a result, important safety and health protections were repealed or weakened.

From 2017 to 2019, job safety and health enforcement at both the Occupational Safety and Health Administration (OSHA) and the Mine Safety and Health Administration (MSHA) largely had been maintained, but in the fall of 2019, OSHA began reducing the number of inspections involving significant cases and complex hazards, and in the COVID-19 pandemic, was largely absent from workplaces where it has the authority and responsibility to enforce workplace safety laws. At both job safety agencies, the number of inspectors declined significantly; OSHA reached its lowest number of job safety inspectors since the early 1970s, when the agency

[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 2019 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.

opened, and MSHA began consolidating coal and metal/nonmetal inspectors into one. Just last year, the number of OSHA inspectors increased for the first time in years, but these figures remain low compared with previous years, and relative to the massive responsibility of the agency.

President Trump proposed cuts in in key worker safety and health programs in the budgets for FY 2018–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 National Institute for Occupational Safety and Health (NIOSH) job safety research budget by more than 40%. Congress rejected these proposed cuts, providing an OSHA budget that still only amounts to $3.97 to protect each worker.

The election of President Biden was critical to an improved federal response to the COVID-19 pandemic and to improving working conditions and reducing workplace injuries, illnesses and deaths. On his second day in office, he issued executive orders to launch a dedicated public health response to the pandemic, and to protect workers through job safety COVID-19 protections and enforcement. President Biden has appointed and nominated strong candidates focused on worker protection to lead job safety and health agencies and labor agencies. Immediately upon taking office, he appointed a longtime United Steelworkers (USW) safety and health leader, James Frederick, as acting assistant secretary for occupational safety and health. In April 2021, the Senate confirmed Marty Walsh as secretary of labor. With a background in the construction trades, Walsh is a strong worker advocate who has served in the Massachusetts House of Representatives and as Boston mayor. In April 2021, President Biden nominated Doug Parker to be assistant secretary of labor for occupational safety and health—the head of OSHA. Parker is the current head of the California state OSHA program, served on the Biden-Harris transition team, served in chief policy roles at MSHA and was executive director of Worksafe—a nonprofit organization focused on workplace injury, illness and death prevention. John Howard continues to serve as the head of NIOSH. This is a sharp contrast to President Trump, who nominated corporate officials to head the job safety agencies—people who had records of opposing enforcement and regulatory actions.

The Democratic majority in Congress has improved the environment for occupational safety and health protections. 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—but pro-worker legislative progress stalled in the Republican-controlled Senate, where it was difficult or impossible to move emergency public health measures. Now with a Democratic majority in both houses, Congress has focused on oversight of the nation's COVID-19 response and protection as well as economic relief, and has been able to move on other bills that are critical to saving workers' lives and livelihoods, such as those on workplace violence and improving workers' right to organize unions.

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.

JOB FATALITIES, INJURIES AND ILLNESSES

In 2019, 5,333 workers lost their lives on the job as a result of traumatic injuries, an increase from 2018, according to fatality data from the Bureau of Labor Statistics (BLS). The rate of fatal job injuries in 2019 remained the same as 2018, at 3.5 per 100,000 workers.[2] Each day in this country, an average of 15 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. There is no national comprehensive surveillance system for occupational illnesses. In total, about 275 workers die each day due to job injuries and illnesses. The cost of these injuries and illnesses is enormous—estimated at $250 billion to $330 billion a year.[4,5]

Workplace deaths drastically increased for Latino workers in 2019, immediately leading up to the pandemic: 1,088 Latino workers died on the job, an increase from 961 in 2018 and 903 deaths in 2017. The fatality rate among Latino workers (4.2 per 100,000) is now the same as the rate in 2008—a 14% increase from 2018 and 20% higher than the overall job fatality rate of 3.5 per 100,000 workers. The job fatality rate for Latino workers peaked in 2001 at 6.0 per 100,000 workers.

Of the 1,088 Latino workers killed on the job in 2019, 66% were born outside of the United States. The number of deaths due to falls (267) increased 40% from 2018. In 2018, there were 1,028 workplace deaths reported for all immigrant workers, the highest number in at least 12 years; this information was not reported for 2019. In 2020, the Bureau of Labor Statistics updated its disclosure methodology resulting in significantly fewer publishable data for immigrants—leading to less transparency about a significant number of workplace deaths in the United States. This has resulted in previously published data by state, country and gender no longer being available for Latino workers, as well as occupation, industry and other information no longer being available for many other immigrant workers.[6] Fatalities among all foreign-born workers continue to be a serious problem. Targeted OSHA enforcement and training programs in workplaces and industries with greater density of Latino and immigrant workers have been effective at reducing job fatalities and improved working conditions. The Trump administration did not carry forward these programs instituted by the Obama administration.

Black workers face an increased risk of work-related deaths, with a job fatality rate of 3.6 per 100,000 workers, an increase from recent years. In 2019, 634 Black workers died— the highest number in more than two decades and a 51% increase in the last decade. In 2018, 615 Black workers died on the job and 530 Black workers died on the job in 2017. The number of deaths

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[2] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2019.
[3] Takala, J., P. Hämäläinen, K.L. Saarela, et al., "Global Estimates of the Burden of Injury and Illness at Work in 2012," Journal of Occupational and Environmental Hygiene, 11:5, 326–337, (2014), DOI: 10.1080/15459624.2013.863131.
[4] Liberty Mutual Research Institute for Safety, news release, April 16, 2002.
[5] Leigh, J.P., "Economic Burden of Occupational Injury and Illness in the United States," The Milbank Quarterly, Vol. 89, No. 4, (2011).
[6] *See* bls.gov/iif/oshfaq1.htm#accessingourdata.

due to violence on the job, excluding animals, (162) increased 33% from 2018. The fatal injury rate for Black workers in 2019 remains unchanged from 2018 at 3.6 per 100,000 workers but is an increase from 3.2 in 2017, the first time it has been higher than the overall fatality rate (3.5) in at least five years. The number of serious work injuries and illnesses also increased among Black workers (from 71,600 to 73,930).

Workers 65 or older have nearly three times the risk of dying on the job than all workers, with a fatality rate of 9.4 per 100,000 workers in 2019. Workers ages 55–64 also are at increased risk, with a fatality rate of 4.6 per 100,000 workers. In 2019, 38% of all fatalities (2,005 deaths) occurred in workers ages 55 years or older, with 793 of these deaths occurring in workers ages 65 years or 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.[7]

The job fatality rate for all self-employed workers—a group that lacks OSHA coverage—continues to remain high at 13.2 per 100,000 workers, more than four times the rate among wage and salary workers (2.9 per 100,000). In 2019, 1,098 contract workers died on the job—21% of all worker deaths. BLS had begun reporting details on fatalities that involve workers employed as contractors in 2012 in response to concerns about safety and health issues among these workers. This year, these data no longer were reported due to an update in disclosure methodology and reduction in publishable data—decreasing the transparency of workplace deaths among contractors.

States with the highest fatality rates include Alaska (14.1 per 100,000 workers), Wyoming (12.0 per 100,000 workers), North Dakota (9.7 per 100,000 workers), Montana (7.8 per 100,000 workers) and West Virginia (6.4 per 100,000 workers). In 2019, the job fatality rate increased in 24 states, compared with 2018.

In 2019, agriculture, forestry, and fishing and hunting continues to be the most dangerous industry (23.1 deaths per 100,000 workers), followed by mining, quarrying, and oil and gas extraction (14.6 per 100,000 workers), transportation and warehousing (13.9 per 100,000 workers), construction (9.7 per 100,000 workers) and wholesale trade (4.9 per 100,000 workers).

Transportation incidents, in particular roadway crashes, continue to be the leading cause of workplace deaths, responsible for 2,122 or 40% of all fatalities in 2019, followed by deaths from falls, slips and trips (880).

Workplace violence deaths increased (from 828 to 841 deaths) and are now the third-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, 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 failed to act; under Trump's watch, OSHA did not meet any of its deadlines to move the workplace violence rulemaking forward. In April 2021, the House passed the

[7] Bureau of Labor Statistics, Employment Projections—2020–29, news release, Sept. 1, 2020, available at bls.gov/news.release/pdf/ecopro.pdf.

Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195), requiring federal OSHA to promulgate a standard to protect these workers at especially high risk of violence on the job, and the Senate must act.

In 2019, 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 2019, state and local public sector employers reported an injury rate of 4.6 per 100 workers, significantly higher than the reported rate of 2.8 per 100 among private sector workers.[8]

Musculoskeletal disorders (MSDs) continue to account for the largest portion of work-related injuries and illnesses, accounting for 30% in private industry. Industries with the highest incidence rates continue to be those in health care and social assistance, transportation, and warehousing and storage. It is important to recognize that the numbers and rates of MSDs reported by BLS represent only a portion of the total MSD problem. The BLS MSD data are limited to cases involving one or more days away from work, the cases for which BLS collects detailed reports. Similar detailed reports are not collected for injuries and illnesses that do not involve lost work time or those that result in job transfer or restriction, but not in time lost from work. Moreover, these figures do not include injuries suffered by public-sector or postal workers, nor do they reflect the underreporting of MSDs by employers.

WORKPLACE INJURIES AND ILLNESSES ARE UNDERREPORTED AND COSTLY

Reported Cases Understate Problem

Over the last 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

[8] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2019.

69% of work-related injuries.[9, 10, 11, 12] 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.[13] 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.[14] The study observed that multiple factors impacted 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.[15] 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.[16] 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 mid-sized and large establishments to keep records.[17]

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[9] Boden, L.I., and A. Ozonoff, "Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses," Annals of Epidemiology, Vol. 18, No. 6, (2008), *available at* 10.1016/j.annepidem.2007.11.003.
[10] Rosenman, K.D., A. Kalush, M.J. Reilly, et al., "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, *available at* 10.1097/01.jom.0000205864.81970.63.
[11] Davis, L., K. Grattan, S. Tak, et al., "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), *available at* 10.1002/ajim.22327.
[12] Wuellner, S., and D. Bonauto, "Injury Classification Agreement in Linked Bureau of Labor Statistics and Workers' Compensation Data," American Journal of Industrial Medicine, Vol. 57, No. 10, (2014), *available at* 10.1002/ajim.22289.
[13] Almberg, K.S., L.S. Friedman, D. Swedler and R.A. Cohen, "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), *available at* 10.1002/ajim.22826.
[14] Mendeloff, J., and R. Burns, "States with low non-fatal injury rates have high fatality rates and vice-versa," American Journal of Industrial Medicine, Vol. 56, pp. 509–519, *available at* 10.1002/ajim.22047 (2013).
[15] Wiatrowski, W.J., "Examining the Completeness of Occupational Injury and Illness Data: An Update on Current Research," Monthly Labor Review, June 2014, *available at* bls.gov/opub/mlr/2014/article/examining-the-completeness-of-occupational-injury-and-illness-data-an-update-on-current-research.htm.
[16] 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.
[17] 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.

BLS also has recognized the need to make changes in its program in order to collect more complete and accurate injury and illness statistics. It 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.[18] The initial results showed that the survey needed improvements to reduce respondent burden, to improve survey completion and to identify OSHA-recordable injuries, but it has potential to be a supplement to the existing employer-based injury and illness survey. BLS will continue to work on improvements to the survey throughout 2021.[19] 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.[20] 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.[21] 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-wage payments) of injuries resulting in cases involving five or more days of lost time. If indirect costs also are considered, 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).[22] 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 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

[18] 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.
[19] Yu, E. and K. Monaco, "Overview of the Results of the Household Survey of Occupational Injuries and Illnesses Pilot and On-going BLS Activities," U.S. Bureau of Labor Statistics, December 2020, *available at* bls.gov/iif/hsoii-update-12052020-final.pdf.
[20] 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).
[21] 2019 Liberty Mutual Workplace Safety Index, *available at* business.libertymutualgroup.com/business-insurance/Documents/Services/DS200.pdf.
[22] Liberty Mutual Research Institute for Safety, news release, April 16, 2002.

than the cost of cancer.[23] 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. Fifty percent of the costs were borne by workers and their family members.[24]

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.[25]

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.[26] 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. For example, the maximum compensation for loss of an eye is $261,525 in Pennsylvania, but only $27,280 in 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 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.

COVID-19 PANDEMIC AND WORKER SAFETY

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, so far has resulted in more than 146 million cases and 3 million deaths, including more than 31 million cases and 567,000 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.[27]

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[23] Leigh, J.P., "Economic Burden of Occupational Injury and Illness in the United States," The Milbank Quarterly, Vol. 89, No. 4, (2011).
[24] Leigh, J.P., and J. Marcin, "Workers' Compensation Benefits and Shifting Costs for Occupational Injuries and Illnesses," Journal of Occupational and Environmental Medicine, Vol. 54, No. 4, (2012), *available at* 10.1097/JOM.0b013e3182451e54.
[25] 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/sites/default/files/inequality_michaels_june2015.pdf.
[26] Pro Publica and National Public Radio, "Insult to Injury: America's Vanishing Worker Protections," March 2015, *available at* propublica.org/series/workers-compensation.
[27] *See* cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html.

Working-age adults have been hit the hardest—essential workers who have had to share air with other people and who have been provided few or no protections. Many union members are among the hundreds of thousands of workers across the country lost to this contagious virus.[28]

COVID-19 exposures are preventable, as is noticeable in communities that have instituted strong precautionary measures. In workplaces, the implementation of exposure control prevention plans by employers saves lives. Swift public health intervention and workplace safety standards that require strong measures through these plans 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 one of the largest burdens of the disease that could have been prevented, and what must be done to protect working people.

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

The State of the COVID-19 Pandemic 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 inadequate pandemic preparedness, the virus 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, 2020, all 50 states had reported a case of COVID-19, and New York City had become an epicenter of infection. The virus has continued to spread through every state in waves, with major surges again in August and December–January, and another surge is expected imminently, as people return to workplaces without strong control measures in place to prevent exposures and before herd immunity is reached with vaccines, especially among those at greatest risk of COVID-19 exposures.

The first major workplace outbreaks largely affected front-line workers—health care workers, first responders and transit workers—those most likely to interact in close quarters with the public likely to be infected with the virus. In the Seattle area, one of the first workplace outbreaks was in 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 COVID-19 exposures:

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

As the pandemic raged, the virus continued to infect inadequately protected workers and the public in settings where they shared the same air with other people for long durations. Because it is difficult or impossible to control one's surroundings in the workplace, many worker advocates early on called for strong standards and employer plans instituting the hierarchy of controls to prevent exposures to the virus as the most effective forms of protection against the virus.

[28] *See* aflcio.org/covid-19/memoriam.

COVID-19 in the Workplace

There remains no comprehensive national surveillance system to collect case information by industry and occupation, and employer reporting of COVID-19 cases still is mandatory only in a few states with specific standards or orders. For the first few months of the pandemic, testing was extremely limited, so identifying confirmed cases in a timely manner was additionally complicated, but that no longer is the case. In the absence of a national system, unions stepped in early in the pandemic to gather information from members about their exposures, infections and employer responses.[29]

To minimize the role of the workplace and institute strong prevention measures, many employers have pushed a narrative through the media and policies that COVID-19 is community spread, rather than workplace spread, but it is absolutely clear that workplace spread has played the major role in U.S. COVID-19 outbreaks throughout the pandemic. The evidence of workplace outbreak and worker infection has grown significantly since the start of the pandemic, and recent evidence shows the workplace is a major setting responsible for the spread of COVID-19.

The Centers for Medicare and Medicaid Services is the only federal agency with requirements for employers to report infection information. Since May 2020, it has published information weekly on known and suspected infections and deaths among nursing home staff and residents. Between May 24, 2020, and March 28, 2021, at least 563,575 cases of COVID-19 among nursing home staff were confirmed, with 193,919 suspected to be infected, 1,875 deaths and 170 reinfections. Throughout the pandemic, these nursing home data have been an early indicator of the trends about to take hold nationwide. The most recent nursing home data show an upward trend in cases. Recently there have been four consecutive weeks of rising staff infections—a 39% increase in infection for staff since mid-March, and a reinfection rate of more than 7% for staff and 12% for residents. Reinfections with variants has shown to be particularly concerning; cases have been documented recently in nursing facilities after vaccination in Illinois and Kentucky.[30,31]

The Centers for Disease Control and Prevention (CDC) publishes limited information on infections of health care personnel and correctional staff, but all data are voluntarily provided by

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[29] Health Professionals and Allied Employees, American Federation of Teachers, "Exposed and At-Risk," July 2020, *available at* 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, *available at* nationalnursesunited.org/covid-19-survey; and Amalgamated Transit Union, "WE DON'T COME TO WORK TO DIE": A Survey of Transit Unions on the Frontlines of COVID-19, May 2020, *available at* atu.org/atu-pdfs/covid19/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.

[30] Teran R.A., K.A. Walblay, E.L. Shane, et al., "Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members — Chicago, Illinois, December 2020–March 2021," Morbidity and Mortality Weekly Report, published electronically April 21, 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7017e1.

[31] Cavanaugh A.M., S. Fortier, P. Lewis, et al., "COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program — Kentucky, March 2021," Morbidity and Mortality Weekly Report, published electronically April 21, 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7017e2.

states and appear to be a major undercount compared with other sources. Even though the CDC reported at least 458,134 health care personnel infected and 1,524 health care worker deaths as of April 4, 2021, an investigation by the Guardian and Kaiser Health News counted 3,607 health care worker deaths in the first year of the pandemic alone.[32] This also is a clear undercount when compared with the nursing home data above. Because of the nonmandatory reporting, only 18% of data collected through the CDC identified if the case was a health care worker.[33]

According to the CDC data, there have been 87,815 cases and 143 deaths among correctional staff between March 31, 2020, and April 2, 2021. The nonprofit Food and Environment Reporting Network has reported 1,833 outbreaks in the meatpacking, food-processing and farming industries, resulting in at least 89,068 infections and 378 deaths between April 22, 2020, and April 5, 2021.

A recent working paper by the National Bureau of Economic Research shows 55% higher risks of infection among essential workers compared with nonessential workers, based on an in-depth analysis from a commercial insurance carrier.[34] Even after excluding those in the health care and social assistance sectors, who are more likely to have intimate, prolonged contact with infected patients, the remaining essential workers were 21% more likely to become infected than nonessential workers. Another key finding of this work shows that dependents living with essential workers faced a 17% higher risk of infection than those living with nonessential workers, and that nonessential workers who live with essential workers have a 38% higher risk of testing positive. The researchers point out that their sample likely underestimates the risks faced by households of the many essential workers who have no insurance coverage, such as part-time grocery clerks, home health aides and others.

Results from the Massachusetts COVID-19 Community Impact Survey detail information on exposure risks and mitigation measures by industry, race, gender and other characteristics.[35] Washington's SHARP program details COVID-19 case rates, showing much higher rates of infection in certain industries.[36] These outbreaks continue; the majority of the new cases and ongoing outbreaks in Michigan are in workplaces, as well in states across the country.[37] These data tend to be better in states with standards and protections that require reporting.

Despite the massive toll of COVID-19 on working people and the critical role of workplace exposures, BLS currently does not have a plan for counting and reporting workplace COVID-19 fatalities.[38]

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[32] *See* www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database.
[33] *See* cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf.
[34] National Bureau for Economic Research, "Measuring the Virus Risk of Essential Workers and Dependents," Issue No. 3, March 2021, *available at* nber.org/digest-2021-03, and National Bureau for Economic Research, "The Impact of the Non-essential Business Closure Policy on Covid-19 Infection Rates," Working Paper, January 2021, *available at* nber.org/papers/w28374.
[35] *See* mass.gov/info-details/covid-19-community-impact-survey.
[36] *See* https://lni.wa.gov/safety-health/safety-research/files/2021/103_06_2021_COVID_Industry_Report.pdf.
[37] *See* michigan.gov/coronavirus/0,9753,7-406-98163_98173_102057---,00.html.
[38] *See* bls.gov/covid19/effects-of-covid-19-on-workplace-injuries-and-illnesses-compensation-and-occupational-requirements.htm.

Health Disparities and Equity

Before the pandemic, as illustrated above, Latino and Black workers faced an increased risk of dying on the job. Latino, Black and immigrant workers have been and continue to be disproportionately impacted throughout the pandemic. Workers of color are disproportionately employed in occupations where large outbreaks have occurred, including meatpacking, food processing, agriculture and transit, and are especially vulnerable when raising job safety concerns. Workplace outbreaks not only severely affect the workers onsite, but increase the risk for their families and communities.

Two recent studies document the disproportionate impact of COVID-19 hospitalizations and emergency room visits on racial and ethnic minorities. Both studies cite occupational factors in essential jobs as one of the major risk factors, underscoring the need for enhanced measures to protect these and other workers from the virus. The studies also underscore the need for enhanced data collection on occupation and industry for individuals infected with, hospitalized or dying from SARS-CoV-2, in order to better assess risk and target interventions to these high-risk occupations and industries.[39,40]

Early in the pandemic, a Morbidity and Mortality Weekly Report examining counties with COVID-19 outbreaks found that 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).[41]

In the Guardian and Kaiser Health News investigation to count every health care worker death in the first year of the pandemic, "Lost on the Frontlines," two-thirds of deceased health care workers for whom the project has data identified as people of color.[42] Lower-paid workers who handled everyday patient care, including nurses, support staff and nursing home employees, were far more likely to die in the pandemic than physicians were.

There are many other studies documenting these disparities now that we are 16 months into COVID-19 spreading throughout the United States. However, racial and ethnic minority working-age adults also have been less likely to have access to a COVID-19 vaccine even though they have experienced the greatest burden of COVID-19 disease. According to CDC

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[39] Romano S.D., A.J. Blackstock, E.V. Taylor, et al., "Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region — United States, March–December 2020," Morbidity and Mortality Weekly Report, 2021;70:560–565. DOI: http://dx.doi.org/10.15585/mmwr.mm7015e2.

[40] Smith A.R., J. DeVies, E. Caruso, et al., "Emergency Department Visits for COVID-19 by Race and Ethnicity — 13 States, October–December 2020," Morbidity and Mortality Weekly Report, 2021;70:566-569. DOI: http://dx.doi.org/10.15585/mmwr.mm7015e3.

[41] Moore, J.T., J.N. Ricaldi, C.E. Rose, 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," Morbidity and Mortality Weekly Report, 2020; 69:1122–1126. DOI: http://dx.doi.org/10.15585/mmwr.mm6933e1.

[42] *See* theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database.

data, at least 63% of reported COVID-19 deaths are among those identifying as Black, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multiple races/other, while these groups up make up only 31% of those who have received the COVID-19 vaccine. Fifty percent of reported COVID-19 deaths are among working-age adults; 58% of the COVID-19 vaccine has been administered to working-age adults and 45% of the vaccine among working-age adults is among workers 50–64 years old.[43,44]

Variants and Vaccines

Several SARS-CoV-2 variants are spreading throughout the United States and the world, and continue to be responsible for many workplace and community outbreaks. These variants are more contagious and more fatal. Some of these variants spread more easily in children, which has not been the case with the original form of the virus.

Variants, or virus mutations, form and take hold in populations the more the virus is expected to spread. The longer this virus goes uncontrolled without prevention measures and vaccine uptake, the more increased risk of more dangerous variants forming and wreaking havoc in high-risk settings. Given that the United States is at least 16 months into the spread of the virus and significant outbreaks are continuing to occur nationally and globally, more variants are likely.

Most recently, Michigan is experiencing massive rates of hospitalization due to a variant that is able to infect and spread through children and is highly contagious, causing surges in hospitalizations, especially among younger people. More than half of the new cases and ongoing outbreaks in Michigan are in workplaces.[45]

A variant was responsible for a major Nebraska community outbreak that stemmed from a workplace—a daycare—and infected more than 100 people.[46] Workplaces remain hotbeds for COVID-19 exposures because workers are sharing the same air space as other people without adequate protections.

The key to controlling the spread of COVID-19, ending the pandemic and infection and death in its wake, is to prevent exposures in high-risk group settings, like workplaces. This is especially true as reaching herd immunity through vaccines is complicated and can take a long time, while the risk of more dangerous and vaccine resistant variants continues to grow.

Several COVID-19 vaccines have received emergency use authorization by the U.S. Food and Drug Administration (FDA) and are being administered across the country. So far, these COVID-19 vaccines are highly effective at preventing serious infection, hospitalization and death, but reaching herd immunity is, and will continue to be, complicated.

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[43] Centers for Disease Control and Prevention, COVID-19 Response, COVID-19 Case Surveillance Public Data Access, Summary, and Limitations (version date: March 31, 2021). (Accessed April 22, 2021.)
[44] Centers for Disease Control and Prevention. COVID Data Tracker, Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States. Updated Daily. (Accessed April 22, 2021.) *See* covid.cdc.gov/covid-data-tracker/#vaccination-demographic.
[45] *See* michigan.gov/coronavirus/0,9753,7-406-98163_98173_102057---,00.html.
[46] *See* 1011now.com/2021/03/26/100-cases-of-uk-covid-19-variant-linked-to-omaha-daycare/.

On April 21, 2021, the Biden administration announced it reached its first goal of administering 200 million vaccine shots within the first 100 days in office. At the time this report was printed, only 30% of the U.S. population was fully vaccinated, and 44% of those vaccinated are 65 years and older—largely not essential workers at greatest risk of COVID-19 exposures. There continues to be access and education challenges, which will lead to a rollout that takes much longer for vaccinating the next segments of the population.

Recent polling still shows that roughly one-quarter of the U.S. population still will not take a vaccine that is made available to them. Estimates for reaching herd immunity vary between the end of summer 2021 and 2022.

As vaccine rollout continues, employers have used this to further shift away from their responsibilities to institute preventive control measures that effectively reduce COVID-19 exposures and infections. Recent evidence of breakthrough infections continues to stress the need for precautionary measures against COVID-19.[47]

COVID-19 Regulatory and Legislative Action

Under the Trump administration, there was no federal regulatory action by OSHA or MSHA, despite union petitions and legal actions filed by the AFL-CIO and affiliates. In the absence of federal action, some states stepped in to protect working people.

In late May, Washington adopted an emergency rule effective on May 26, 2020, and updated it most recently on Jan. 12, 2021. This emergency regulation is enforced by Washington OSHA and requires employers to implement COVID-19 safety plans and not operate in unsafe conditions.[48]

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 amendments and a vote. The standard went into effect July 27, 2020.[49] On Jan. 27, 2021, Virginia subsequently became the first state in the country to issue a permanent standard to protect workers from COVID-19.[50]

Early in the pandemic, Michigan issued a strong and comprehensive executive order that requires employers to develop COVID-19 preparedness and response plans, similar to an OSHA standard. On Oct. 2, the Michigan Supreme Court ruled the governor did not have the authority to issue the

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[47] Cavanaugh A.M., S. Fortier, P. Lewis, et al., "COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program — Kentucky, March 2021," Morbidity and Mortality Weekly Report, published electronically April 21, 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7017e2.

[48] *See* lni.wa.gov/rulemaking-activity/AO21-02/2102CR103EAdoption.pdf; *See also* lni.wa.gov/safety-health/safety-topics/topics/coronavirus - requirements-and-policies; *See also* lni.wa.gov/forms-publications/f414-169-000.pdf.

[49] *See* doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf.

[50] *See* doli.virginia.gov/wp-content/uploads/2021/01/Final-Standard-for-Infectious-Disease-Prevention-of-the-Virus-That-Causes-COVID-19-16-VAC25-220-1.27.2021.pdf.

emergency declarations.[51] Michigan's state OSHA plan then issued an ETS that became effective Oct. 14, 2020, which the plan has been enforcing, and recently extended it through Oct. 14, 2021.[52] Michigan's OSHA plan is now working on a permanent COVID-19 standard.[53]

Oregon OSHA issued an ETS that went into effect in November 2020 and is working on a permanent COVID-19 standard.[54] Also in November, California OSHA issued a COVID-19 ETS after a safety and health coalition group petitioned the Safety and Health Codes Board on May 20, 2020, and the board voted on the standard.[55] Its ETS covers all workers not already covered by the 2009 Aerosol Transmissible Disease standard (8 CCR 5199), and it is the most protective workplace standard in the country, including requirements on using the hierarchy of controls to prevent airborne transmission of the virus, testing and ensuring infected workers are not in the workplace.

In April 2021, the New York state legislature passed the NY HERO Act, which would require the state to offer model prevention plans for airborne infectious diseases that private sector employers must implement. The bill is awaiting the governor's signature. The enforcement mechanism within the state remains unclear, since the state OSHA plan in NY only covers public sector workplaces, but employers who do not comply may face civil penalties and civil action by employees.

In early August 2020, New Mexico Occupational Health and Safety Bureau 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.[56] This emergency rule was renewed in December.[57]

The governors of Massachusetts and New Jersey issued executive orders to protect workers. These orders are not comprehensive, do not require employers to create a comprehensive prevention plan to protect workers from COVID-19 and the enforcement mechanisms are unclear. The New Jersey order contains worker training requirements. Several other states issued a variety of orders and passed legislation related to COVID-19 presumption of illness for workers' compensation.

Business groups have pushed some states to pass liability shield laws, despite employers' responsibility under the law to ensure a safe workplace. Meanwhile, other states, like Washington, have initiated efforts to address future workplace pandemic planning, requiring the reporting and notification to employees of outbreaks, presumption of illness and anti-retaliation measures in the case of future public health disasters. The health emergency standard has passed the legislature and is awaiting the governor's signature.[58]

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[51] *See* michigan.gov/whitmer/0,9309,7-387-90499_90705-540600--,00.html.
[52] *See* michigan.gov/documents/leo/Final_MIOSHA_Rules_705164_7.pdf.
[53] *See* michigan.gov/leo/0,5863,7-336-76741-555024--,00.html.
[54] *See* osha.oregon.gov/rules/advisory/infectiousdisease/Pages/default.aspx.
[55] *See* dir.ca.gov/oshsb/petition-583.html.
[56] *See* env.nm.gov/wp-content/uploads/2020/03/Emergency-Amendment-to-11.5.1.16-final.pdf.
[57] *See* env.nm.gov/wp-content/uploads/2020/12/11.5.1-emergency-amendment-3.pdf.
[58] *See* http://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bill%20Reports/Senate/5115-S.E%20SBR%20FBR%2021.pdf?q=20210415090654.

Efforts to Win National Workplace Safety Standards

The labor movement responded very early in the pandemic and called 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.[59] 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 passed the House on May 15, 2020. However, the ETS provisions did not make it into the final COVID-19 economic package that became law in December 2020.

On his second day in office, Jan. 21, 2021, President Biden signed an Executive Order on Protecting Worker Health and Safety. It directs OSHA to "consider whether any emergency temporary standards on COVID-19, including with respect to masks in the workplace, are necessary, and if such standards are determined to be necessary, issue them by March 15, 2021," and directs MSHA to "consider whether any emergency temporary standards on COVID-19 applicable to coal and metal or non-metal mines are necessary, and if such standards are determined to be necessary and consistent with applicable law, issue them as soon as practicable."[60] On March 10, 2021, the AFL-CIO Executive Council renewed its call for strong worker protections, including an ETS.[61]

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[59] AFL-CIO petition to the U.S. Department of Labor (DOL) with 24 national and international unions, *available at* aflcio.org/statements/petition-secretary-scalia-osha-emergency-temporary-standard-infectious-disease. National Nurses United (NNU) also sent a similar petition to DOL on March 5, 2020.
[60] *See* whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/.
[61] *See* https://aflcio.org/about/leadership/statements/protecting-workers-covid-19.

On April 26, 2021, the emergency rule was sent to the White House Office of Management and Budget for formal review, but as of the date this report went to press, an OSHA COVID-19 ETS has not been issued.[62]

The health care and meatpacking industries, in particular, have blocked efforts for laws that would require stronger prevention measures in workplaces, especially that prevent airborne transmission. Public Citizen recently obtained documents from the U.S. Department of Agriculture in response to a request under the Freedom of Information Act, which show how the meatpacking industry vehemently resisted the few attempts by the Trump administration to stop the spread of COVID-19 in meatpacking plants last spring.[63] The American Hospital Association has blockaded efforts for an OSHA standard from the very beginning of the pandemic, and continues to do so.[64,65]

As many seem to view the vaccines as a reason to bring many people back into workplaces immediately, this remains dangerous without protective measures and standards in place that also prevent exposures. The most effective prevention measure continues to be keeping people from gathering together, such as in the workplace; and where that is not possible, such as in essential workplaces, ensuring effective measures to prevent people from being in crowded spaces and breathing the same air.

Federal Agency Guidance

The Trump administration relied on issuing guidelines throughout the pandemic, primarily through the Centers for Disease Control and Prevention. Guidelines are voluntary and have no legal force.

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, such as respirators for health care workers. In March 2020, 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 hundreds of various guideline documents based on topic and industry that change frequently with no public notification.[66] In the Trump administration, instead of providing clear, evidence-based recommendations, the guidelines were plagued with political interference and business demands. Throughout the pandemic, CDC

[62] *See* reginfo.gov/public/do/eoReviewSearch.
[63] *See* citizen.org/news/usda-meatpacking-industry-collaborated-to-undermine-covid-19-response-foia-docs-show/.
[64] *See* aha.org/action-alert/2020-03-12-action-alert-urge-house-leadership-withdraw-provision-coronavirus-funding.
[65] *See* aha.org/fact-sheets/2020-11-09-fact-sheet-osha-emergency-temporary-standard-proposals.
[66] *See* cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc.

guidelines have been vague and do not create requirements to ensure employers are maintaining safe workplaces.[67]

In the fall, the CDC recognized, then subsequently removed, airborne transmission of SARS-CoV-2 from its website. On Sept. 18, 2020, 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."[68] However, three days later, on Sept. 21, 2020, 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.[69] The science is clear and has become abundant in the past year: SARS-CoV-2 can be spread by all three forms of transmission: contact, droplet and, primarily, small aerosol particles. The CDC still has not fully acknowledged that SARS-CoV-2 is spread primarily by small aerosol particles, which has prevented workers from being adequately protected.

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.

We have not learned from our past. A 2006 review by the SARS Commission, established by the government of Ontario, Canada compared and contrasted Vancouver and Toronto hospitals with different infection control practices during the province's SARS outbreak, which lasted February through June 2003, infecting 375 people and killing 44. The Vancouver hospital sought to protect workers through infection control practices using the precautionary principle and N95 respirators (to protect against aerosolized exposures), and had one severe case. The Toronto hospital, however, did not take a precautionary approach and relied largely on surgical masks for droplet exposures. This decision led to a major outbreak "that brought Toronto to its knees" with 45% of the cases being health care workers who, in many cases, brought the illness and death home to their families.[70] This review also illustrates the hospital industry pushback on the use of N95 respirators.[71] The same problems persist in the United States and could have been directly applied to the COVID-19 initial outbreaks. A recent article reviewing the science of SARS-CoV-2 transmission demonstrates the need for respiratory protection to protect against aerosol transmission of the virus.[72]

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[67] *See* osha.gov/Publications/OSHA3990.pdf; *See also* osha.gov/Publications/OSHA4045.pdf.
[68] *See* amp.cnn.com/cnn/2020/09/20/health/cdc-coronavirus-airborne-transmission/index.html.
[69] *See* academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa939/5867798.
[70] *See* archives.gov.on.ca/en/e_records/sars/report/.
[71] *See* cidrap.umn.edu/news-perspective/2007/01/ontario-sars-report-cites-health-system-failings.
[72] *See* https://khn.org/news/article/year-into-pandemic-feds-design-new-mask-guidelines-to-better-protect-more-workers/ .

On Jan. 29, 2021, OSHA issued stronger COVID-19 guidance, which outlines critical measures for developing workplace exposure control plans to prevent COVID-19 exposures and eliminates arbitrary risk categories by industry.[73] On March 10, 2021, MSHA released COVID-19 guidance for the first time in the pandemic.[74] Both agency guidelines are centered around infection control plans and include important workplace practices such as the use of the hierarchy of controls, training, isolation of cases, recording and reporting COVID-19 infections and deaths, screening and testing, and anti-retaliation measures.

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 permitted these practices under certain conditions. Some of these guidelines and EUAs have been revised or revoked after union and external pressure to investigate the safety of these methods.

The FDA and CDC have begun a phased approach to eliminating these crisis policies, based on supply.[75,76] The CDC's updated guidelines optimize respirator supplies, given the expanded supply of respiratory protection. CDC guidelines no longer provide information for decontamination combined with respirator reuse. The FDA has written to health care providers urging them to return to conventional care practices; however, it still has not withdrawn its EUAs allowing respirator decontamination. To date, OSHA has not changed any of its respirator crisis policies.

Early in the pandemic, President Trump had the authority to invoke the Defense Production Act to quickly increase the production and supply and improve allocation of PPE, testing supplies and other equipment, but refused to use the full force of this authority to outline a plan for U.S. manufacturers to produce respirators and other critical PPE workers needed during the pandemic. Sixteen months into the pandemic, PPE supply has slowly increased on its own, but is still low. On Oct. 8, 2020, the AFL-CIO, eight unions and several environmental organizations filed a lawsuit to increase PPE supply and transparency from the federal government.[77] This case is still pending.

COVID-19 Enforcement Activity

Under the Trump administration, federal OSHA took the position that it had all the tools needed to ensure employers were maintaining safe working conditions during the pandemic. However, at a minimum the administration completely failed to act using those tools. Under President Trump, the agency investigated few complaints and issued fewer citations. Through Feb. 28, 2021,

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[73] *See* osha.gov/coronavirus/safework.
[74] *See* msha.gov/protecting-miners.
[75] *See* fda.gov/medical-devices/letters-health-care-providers/fda-recommends-transition-use-decontaminated-disposable-respirators-letter-health-care-personnel-and.
[76] *See* cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html.
[77] *See* https://biologicaldiversity.org/w/news/press-releases/lawsuit-targets-feds-failure-to-protect-frontline-workers-from-covid-19-2020-10-08/.

federal OSHA received 1,644 formal complaints, 12,199 nonformal complaints and 2,074 referrals. Of these, it has opened investigations for only 425 of the complaints and 165 of the referrals. It also has opened 949 fatality/catastrophe investigations, where a worker has died from COVID-19. Of the complaints, more than 3,000 were from health care workers, and more than 1,600 were from retail workers.

As of Feb. 28, 2021, federal OSHA issued COVID-19 related citations to 346 employers, resulting in a total current penalty of $4,249,987 and $3,751 average penalty per violation. Federal OSHA also issued 189 hazard alert letters, which do not result in a violation. The majority of serious violations were violations of the respiratory protection standard, 1910.134. The majority of other-than-serious violations were related to recordkeeping. Federal OSHA has only issued five general duty clause citations. Four of the violations occurred in the meatpacking industry and were issued to JBS Foods Inc./Swift Beef Company, Smithfield Packaged Meats Corp., Elkhorn Valley Packing and JBS Green Bay Inc. The other general duty clause violation was in other transportation equipment manufacturing and was issued to Peterson Manufacturing/Maxi-Seal Harness Systems. The total initial penalties for these five violations were $66,423.

Some states with state plan OSHA programs have taken a more aggressive enforcement approach than federal OSHA in utilizing their emergency standards and protections. Overall, state OSHA programs cited 1,199 employers, resulting in total current penalties of $11,791,141 and $4,870 average penalty per violation. This included 314 willful violations, largely in Washington, with a few in California, New Mexico and Virginia. In comparison, federal OSHA issued zero willful violations until April 2021. State programs also issued nine repeat violations that resulted in an average penalty of $8,159, largely due to hazard communication or injury and illness prevention program violations. This compares with federal OSHA, which issued one repeat violation with no penalty for failure to fit test respirators. Some states also provide their enforcement information publicly, including California and Michigan.[78,79] This is important, as public releases can act as a deterrent for employers, lead to compliance and is a strategic way to utilize OSHA's limited resources.[80] For example, Nevada issued an enforcement directive in July 2020.[81]

The Biden administration's OSHA issued a revised Interim Enforcement Directive and National Emphasis Program for COVID-19; both went into effect March 12, 2021.[82,83] In April 2021, OSHA cited a tax office in Massachusetts for failing to protect workers because the business allegedly prohibited employees and customers from wearing face coverings despite a statewide

[78] *See* dir.ca.gov/dosh/COVID19citations.html.
[79] *See* michigan.gov/leo/0,5863,7-336-100207_105974---,00.html?page=1&limit=10&filterCategories=&searchQuery=.
[80] Johnson, M.S., "Regulation by Shaming: Deterrence Effects of Publicizing Violations of Workplace Safety and Health Laws." American Economic Review, 110 (6): 1866–1904, (2020).
[81] *See* http://dir.nv.gov/uploadedFiles/dirnvgov/content/home/features/OSHA%20Enforcement%20Process%20Letter%2007-23-20.pdf.
[82] *See* osha.gov/memos/2021-03-12/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19.
[83] *See* osha.gov/enforcement/directives/dir-2021-01cpl-03.

order, required employees to work within six feet of one other and customers for multiple hours while not wearing face coverings, and failed to implement ventilation and other critical prevention measures. This is OSHA's largest COVID-19 fine ($136,532) and first willful violation to date.[84] OSHA also cited the Albany (New York) Medical Center for violations of providing respirators and adhering to its respiratory protection program requirements.[85] Complaints recently have been filed against another poultry plant in Oklahoma.[86]

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.

For the entire four-year term of the Trump administration, OSHA did not have a confirmed head of the agency. Enforcement did not change significantly for the first two years; however, enforcement policy changes in 2019 changed the focus of OSHA inspections to be more about quantity rather than emphasizing significant inspections. The number of onboard OSHA inspectors declined significantly 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, declined.

Since taking office, the Biden administration's OSHA has responded to several major workplace safety incidents. In late January, a liquid nitrogen leak at a Georgia poultry plant killed at least six people, sent a dozen to the hospital and forced the plant to evacuate; many of these workers were Latino and immigrants.[87] In Florida, an investigation into a lead smelter is expected to be significant as the employer is allowing toxic occupational lead exposures; many of these workers are Black or immigrants.[88]

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.

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[84] *See* osha.gov/news/newsreleases/region1/04132021.
[85] *See* news10.com/news/albany-county/albany-med-hit-with-osha-violations/.
[86] *See* meatpoultry.com/articles/24795-seaboard-pushes-back-on-new-osha-complaint-filed-by-ufcw.
[87] *See* npr.org/2021/02/02/963093026/investigation-into-fatal-gas-leak-at-georgia-poultry-plant-could-take-years.
[88] *See* https://projects.tampabay.com/projects/2021/investigations/lead-factory/gopher-workers/.

Compliance Staffing and Inspections

The number of federal OSHA compliance inspectors declined significantly during the Trump administration, and reached its lowest level since the early 1970s (when the agency opened). As of December 2020, federal OSHA had 774 inspectors (excluding supervisors), up from 746 in 2019—the lowest in the history of the agency—but still down from 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.

State OSHA plans have 1,024 inspectors, similar to the 1,024 inspectors in 2018, but that number still is down from 1,063 inspectors in 2017. There are currently a total of 1,798 federal and state OSHA inspectors responsible for enforcing the safety and health law at more than 10.1 million workplaces, compared with 1,767 inspectors in 2018 and 1,815 inspectors in 2017.[89]

In FY 2020, federal OSHA inspectors conducted 21,674 inspections, and the state OSHA agencies combined conducted 32,062 inspections. This was a significant decrease from past years due to reduced enforcement activity during the COVID-19 pandemic; a 35% reduction for federal OSHA and a 24% reduction for state OSHA agencies.

For the first time, inspection data in federal agencies was requested and provided by federal OSHA. In FY2020, federal OSHA conducted 502 inspections in federal agencies, including 269 inspections at the Department of Defense, 132 at the Department of Interior, 107 at the Veterans Administration and 92 at the Department of Agriculture.

The overall number of federal OSHA inspections remained relatively constant or somewhat increased during the Trump administration, but the agency conducted 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 (a 24% decline); the number of inspections for ergonomic hazards declined 55%, from 69 to 31; the number of inspections for workplace violence declined 29%, from 49 to 35; the number of inspections for process safety management declined 26%, from 234 to 172; and the number of inspections for combustible dust declined 24%, from 491 to 372.

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.[90] 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, and increases the weight of quick inspections related to four fatal hazards—falls, caught in, struck by and electrical

[89] This reflects the number of federal inspectors plus the number of inspectors "on board" reflected in the FY 2021 state plan grant applications. It does not include compliance supervisors.
[90] *See* osha.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf.

hazards. The new system masks the significant decrease in these inspections during the Trump administration. In FY 2020, OSHA reported 43,217 EUs for inspections and investigations, but this cannot be compared with the EWS EUs. Additionally, the COVID-19 pandemic has made non-COVID-19 FY 2020 enforcement data precarious and difficult to compare.

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 253 years under current staffing and inspection levels; however, OSHA was not able to conduct many inspections across the board in 2020 because of the COVID-19 pandemic. In 2019, pre-pandemic, this figure was 162 years. The current level of federal and state OSHA inspectors provides one inspector for every 82,881 workers. This compares with the benchmark of one labor inspector for every 10,000 workers recommended by the International Labor Organization for industrialized countries.[91] In 20 states, the ratio of inspectors to employees is greater than one per 100,000 workers, with Florida having the highest ratio at one inspector per 164,520 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 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 2021, there are 1,896 federal OSHA staff responsible for the safety and health of 147.8 million workers at more than 10.2 million workplaces. The number of workers in FY 2020 was more than a 6% decline from the previous year due to the COVID-19 pandemic.

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 901 federal OSHA inspectors (including supervisors), or 6.1 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

[91] 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.

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, 2021, increased the maximum penalty for serious violations to $13,653, and for willful and repeat violations to $136,532.[92] 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 2020, the average penalty for a serious violation for federal OSHA was $3,923, compared with an average penalty of $3,717 for serious violations in FY 2019. In the state OSHA plans in FY 2020, the average penalty for a serious violation remained lower, at $2,137; in FY 2019, it was $2,032.

The number of willful violations cited by federal OSHA in FY 2020 was 385, an increase from FY 2019 and FY 2018 that was unrelated to COVID-19 violations but still far lower than the 524 willful violations issued during FY 2016, the last full year of the Obama administration. The average penalty per willful violation was $70,797 in FY 2020, compared with $59,373 in FY 2019 and $61,900 in FY 2018. The average penalty per repeat violation was $15,340 in FY 2020, compared with $14,109 in FY 2019. In states with state-run OSHA plans, in FY 2020, there were 149 willful violations issued, with an average penalty of $44,248 per violation, and 1,927 repeat violations issued, with an average penalty of $5,505 per violation.

In FY 2020, federal OSHA issued 847 violations to federal agencies, including four willful violations and 69 repeat violations. Federal OSHA does not issue monetary penalties as a result of violations to federal agencies.

For FY 2020, federal OSHA reported that the agency brought 89 "significant" enforcement cases.[93] This continues to be fewer than FY 2016 (131), but is more than FY 2019 (84), FY 2018 (65) and FY 2017 (53).[94] It is unclear how significant enforcement cases may have been impacted by the COVID-19 pandemic and reduction in enforcement activity.

According to OSHA inspection data, the average total penalty in a fatality case in FY 2020 was just $14,459 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 more accurate picture of the typical penalties in cases involving worker deaths.

[92] 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.
[93] 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.
[94] 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.

The median current penalty per fatality investigation conducted in FY 2020 was $12,144 for federal OSHA and the median current penalty was $6,899 for the state OSHA plans combined, according to enforcement data provided by OSHA in April 2021. This compares with the respective penalties in FY 2019: $9,282 for federal OSHA and $4,050 for the state OSHA plans. These data include enforcement cases that still are under contest, and some cases that still are open. Increased penalties in FY 2020 are likely a reflection of the COVID-19 pandemic: OSHA conducted significantly fewer total inspections throughout the year and the Trump administration issued significantly fewer citations than OSHA typically issues in a fiscal year. The pandemic created a smaller pool of data in total and inspections were focused on COVID-19, rather than the many safety and other hazards OSHA typically cites throughout the year.

Enforcement Initiatives and Policies

Throughout the Trump administration, and in the four-year absence of a confirmed assistant secretary, there was only one major overhaul or reorientation of OSHA's enforcement program. A number of enforcement programs and initiatives implemented by the Obama administration continued. However, key policies and practices implemented by the Obama administration to enhance worker rights and improve transparency and disclosure were rolled back.

In response to calls from the business community, the Trump administration in April 2017 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 would aid the inspection, could serve as the walkaround representative.[95] 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.

The Trump administration also backtracked on Obama administration 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. OSHA reported only fatalities it investigated and, citing privacy concerns, would not release the name of the deceased worker. Worker fatality information no longer was posted on the home page of OSHA's website, which instead displayed initiatives OSHA was taking to cooperate with employers. Families of workers killed on the job protested this change in policy, which diminished attention to these workplace deaths.

[95] 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 (USW), Feb. 21, 2013, *available at* osha.gov/laws-regs/standardinterpretations/2013-02-21.

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 had 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. A recent study found that one OSHA press release was the equivalent of 210 inspections, an essential compliance assistance tool given limited agency resources.[96] 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 was a policy or practice to issue press releases on all significant enforcement cases. Press releases have resumed under the Biden administration.

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 (TWI) 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, 77 new cases were added to the log of the Severe Violator Enforcement Program in FY 2020. As of the end of FY 2020, more than 690 employers remained in the severe violator program subject to OSHA enforcement.[97]

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 who 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. 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 declined significantly. In FY 2020, OSHA issued 13 Hazard Alert Letters but no 5(a)(1) citations. This was a decline from the 31 HALs in FY 2019, although there also were no 5(a)(1) citations, and these numbers may have been impacted by the COVID-19 pandemic.

[96] Johnson, Matthew S., "Regulation by Shaming: Deterrence Effects of Publicizing Violations of Workplace Safety and Health Laws." American Economic Review, 110 (6): 1866–1904, (2020).
[97] OSHA Inspection Data in Response to AFL-CIO Data Request, FY 2020.

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, only 110 cases have been referred for prosecution under the act, with defendants serving a total of at least 112 months in jail. During this time, there were approximately 420,000 workplace fatalities, according to National Safety Council and Bureau of Labor Statistics data, about 20% to 30% of which were investigated by federal OSHA.[98, 99]

By comparison, the Environmental Protection Agency reported in FY 2020 that there were 247 criminal enforcement cases initiated under federal environmental laws—and in 89% of the criminal cases charged, an individual defendant was prosecuted, and those prosecutions generated a total 94% conviction rate. This included 146 criminal cases after March 2020.[100] 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

[98] "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, updated April 26, 2021. The information for the early years of the statute is incomplete and may not include all cases prosecuted.

[99] 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.

[100] U.S. Environmental Protection Agency, EPA Enforcement Annual Results 2020, *available at* epa.maps.arcgis.com/apps/Cascade/index.html?appid=9dfe57199392498f872bac6bf2e4867c.

provisions of environmental statutes.[101, 102, 103] 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.[104]

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. [105] Scalia, who started in September 2019, did 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 that were not available at the time of this report.

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 placed a greater emphasis on voluntary programs, while maintaining OSHA's enforcement program. It is still too early in the Biden administration to see the effects of OSHA's voluntary programs.

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[101] Goldsmith, Andrew D., "Worker Endangerment Initiative," PowerPoint presentation, American Bar Association, Occupational Safety and Health Committee, Miami Beach, Florida, February 2009.
[102] 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* justice.gov/opa/pr/departments-justice-and-labor-announce-expansion-worker-endangerment-initiative-address.
[103] Memorandum of Understanding between the U.S. Departments of Labor and Justice on Criminal Prosecutions of Worker Safety Laws, Dec. 17, 2015, *available at* justice.gov/enrd/file/800526/download.
[104] "Frontline: A Dangerous Business Revisited," March 2008, *available at* pbs.org/wgbh/pages/frontline/mcwane/penalty/initiative.html.
[105] 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. Alliances can be made at the national, regional or state level, with more than 1,000 alliances having been created. To date, federal OSHA has 38 national alliances. In the midst of the pandemic, where meatpacking employers were not instituting key measures to keep workers safe, on June 28, 2020, federal OSHA created an alliance with the North American Meat Institute, a meatpacking industry trade association.[106]

Coverage

OSHA law still does not cover 8.1 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 private sector counterparts.[107,108] 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 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. Specifically, the FAA issued a 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.[109]

The COVID-19 pandemic continues to highlight the consequences of inadequate OSHA coverage in workplaces across the country. Even with protections, enforcement and adequate resources, OSHA could not reach many workplaces to ensure workers are protected.

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 23 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.

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[106] *See* osha.gov/alliances/nami/nami.

[107] 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.

[108] Some states provide safety and health protection to public employees under state laws that are not OSHA-approved plans. In 2014, Massachusetts enacted legislation establishing legally binding safety and health protections for public employees, but this law has not been submitted for federal OSHA approval.

[109] 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.

Adequate funding for OSHA's whistleblower program remains a serious concern.[110] The COVID-19 pandemic placed an even greater responsibility on an already starved program, limiting the agency's ability to respond to workers alleging retaliation for raising safety concerns on the job or wearing their own PPE. In February 2021, OSHA was assigned two new whistleblower statutes to enforce—the Criminal Antitrust Anti-Retaliation Act and the Anti-Money Laundering Act—but has not received increased funding to carry out this additional responsibility, or resources to rebuild the program to the levels it has needed for years.

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 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 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 Biden administration has prioritized vulnerable workers, equity issues and workers having a stronger voice in the workplace. The Biden administration has continued the annual public whistleblower stakeholder meeting, but it remains to be seen if the formal advisory committee will resume and if there will be any structural changes to the program itself.

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 were serious concerns that such a centralization would 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 2020 show that the number of cases received and completed by the agency increased from FY 2019. In FY 2020, OSHA received 3,448 cases and completed 3,122 cases. This compares with 3,091 cases both received completed in FY 2019. Cases completed include cases from other fiscal years, and not all cases received are completed in the same fiscal year. In FY 2020, 74% of the cases received (2,539 out of 3,448) were 11(c)

[110] *See* nelp.org/publication/osha-failed-protect-whistleblowers-filed-covid-retaliation-complaints/.

complaints. Workers also filed large numbers of whistleblower cases under the Federal Rail Safety Act (154), the Surface Transportation Act (308) and the Sarbanes-Oxley Act (143).[111]

The number of whistleblower cases filed under the Trump administration declined, and due to the cutbacks in whistleblower staff, the backlog in cases has grown and continues to be a serious problem. However, the number of cases increased during the COVID-19 pandemic, and it is expected that there will be a significant number of 11(c) cases received in 2021.

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 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.[112] 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.[113] This policy interpretation greatly limits the

[111] Occupational Safety and Health Administration, Whistleblower Investigation Data, Report Period: Oct. 1, 2019, to Sept. 30, 2020.
[112] Richard E. Fairfax, Deputy Assistant Secretary, Memorandum for Regional Administrators, Whistleblower Program Managers, "Employer Safety Incentive and Disincentive Policies and Practices," March 12, 2012, *available at* osha.gov/as/opa/whistleblowermemo.html.
[113] 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.

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 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.[114]

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 took 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 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. During the four years of the administration, MSHA largely maintained its enforcement programs, while expanding voluntary programs for mine employers.

At the urging of the mining industry, MSHA 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 changes, finalized on April 9, 2018, were challenged by the mining unions, and a court overturned the rule in June 2019, declaring it would make working conditions more dangerous than the rule it replaced.

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

[114] 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.

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), the complicated form of CWP, were reported from just three clinics in Appalachia from 2013 to 2017.[115] 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%.[116] 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 µg/m^3. The standard was set to be lowered following the issuance of the new OSHA silica rule, which reduced permissible exposures to 50 µg/m^3 for industries under OSHA's jurisdiction. However, even under massive pressure, the Trump administration opted 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 refused to take further action even in the face of the alarming increase in CWP among miners.

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 coal hauling caused by machines and scoops (80 FR 53073). Data from MSHA for 2020 reports seven fatalities in power haulage operations in coal mining, demonstrating that this remains a serious problem, and that a new proximity detection standard is needed.[117]

In another area, 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 was focused on the effectiveness of the rule in preventing adverse health effects and the most effective control measures for reducing exposures.[118] To date, no changes to the coal dust rule have been proposed.

Until the COVID-19 pandemic, the Trump administration largely maintained MSHA's enforcement programs and policies, but MSHA did not conduct many inspections after March 2020. In 2020, there were 28,725 coal mine citations issued, with 49,260 citations issued in metal and nonmetal mining. In 2019, 43,593 coal mine citations and 55,751 metal and nonmetal mine citations were issued.

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[115] Blackley, D.J., L.E. Reynolds, C. Short, et al., "Progressive Massive Fibrosis in Coal Miners From 3 Clinics in Virginia," Journal of the American Medical Association, 319(5):500–501, (2018).
[116] Blackley, D.J., C.N. Halldin and A.S. Laney, "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.
[117] Mine Safety and Health Administration, Fatality Reports, *available at* msha.gov/data-reports/fatality-reports/search.
[118] 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.

Impact inspections were placed on hold during the pandemic and only occurred in the first three months of 2020. During these months, 17 inspections were conducted in coal mines and nine were conducted in metal and nonmetal mines, and if the trend had continued, there would have been more inspections than in 2019, but still fewer than in 2016. In 2019, the number of impact inspections for high-hazard mines, while an increase from 2018, still was significantly less than 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). There have been no mines placed on the potential pattern of violations (POV) list since 2015. Since the POV program was initiated in 2010 with 51 mines placed on the list, the number of mines on the list has declined significantly.

For FY 2021, Congress appropriated $260.5 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, allocating $258.9 million for total mine enforcement. This compares with $254.5 million in total mine enforcement programs in FY 2019. MSHA had 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 targeted expertise in each of the current mine safety enforcement programs, since many inspectors come from either coal or metal and nonmetal industries.

In 2020, MSHA filed 18 discrimination complaints on behalf of miners, the lowest number in a decade, and sought 11 reinstatement cases. In 2019, there was a significant decline in sought reinstatement cases, even though the number of discrimination complaints was similar to 2018. It is not clear why the number of discrimination complaints declined and reinstatements remained low; the COVID-19 pandemic may have played a role.

The Trump administration took concerning actions that limited 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 visited 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. This practice stopped, but put many lives in danger.

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 four years of the Trump administration, overall mining fatalities ranged between 27 and 29 deaths. Data from MSHA for 2020 show 29 overall fatalities in mining, with an increase in metal and nonmetal miner deaths at 24 fatalities, and a decrease in deaths in coal miners with five fatalities. 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.

It is anticipated that the Biden administration will take a similar approach to mine safety and health as the Obama administration. Jeannette Galanis was appointed as the acting assistant secretary of labor for mine safety and health until a permanent assistant secretary is nominated and confirmed. Galanis previously served as MSHA chief of staff in the Obama administration. In its first 100 days, the Biden administration has placed a larger emphasis on COVID-19 protections for miners, as discussed previously. It is anticipated the current administration will halt Trump-era efforts to roll back or weaken other protections, and will resume work on standards for silica and proximity detection systems for mining equipment.

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 intervention.

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.

Despite mounting research and other evidence, refusal by the CDC and the corporate infectious disease community to recognize airborne transmission as the major route by which these viruses spread has inhibited early intervention and the protective measures that would be most effective at preventing infection, symptoms, chronic disease and death. These measures include ensuring people do not share the same air space or inhale potentially contaminated air through distancing, occupancy, proper ventilation and the use of respirators rather than face coverings in crowded indoor spaces for long durations (i.e., the workplace).

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, thought 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.[119]

Health care workers caring for Ebola victims at the center of the epidemic and in other countries also were 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 as the United States continues to experience during the COVID-19 pandemic, CDC guidelines are only voluntary, have no legal force and can be changed at any time in a way that is piecemeal, and can be harmful where comprehensive prevention plans that focus on preventing exposures also do not exist. OSHA is the agency with the authority to set and enforce workplace protections against health and safety hazards—including infectious diseases—CDC guidelines are not enough to protect workers.

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. Federal OSHA has some limited, existing 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 transmissible diseases such as tuberculosis,

[119] *See* who.int/health-topics/ebola/#tab=tab_1.

influenza and coronaviruses.[120,121] 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 would have ensured employers were better prepared for the current coronavirus pandemic, and could provide the essential framework for an emergency temporary standard for COVID-19 and workplace prevention plans.

Workplace Violence

Workplace violence is a major problem that is getting worse for workers in the United States. It is the third-leading cause of death on the job and the fifth-leading cause of nonfatal injury with days away from work in private industry. In 2019, more than one in every six work-related deaths was attributed to workplace violence for a total of 841—more than from equipment or fires and explosions. This is an increase from 828 in 2018 and 807 in 2017.

During the Obama 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 under the Trump administration, progress stalled. Legislation that just passed the House, the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195), would require federal OSHA to promulgate a standard to protect these workers at especially high risk of violence on the job. A court decision in recent years supports the need for an OSHA standard, recognizing workplace violence as a serious hazard that can be controlled, and that workers need protection from this growing threat.

Workplace violence has increased in the COVID-19 pandemic due to confrontations about pandemic safety recommendations and policies inside of workplaces. This is especially true in already-high-risk settings for violence: health care, transit, retail and other settings. The CDC issued guidance for retail and service businesses recognizing that threats and assaults had increased in this sector.[122] Workplace violence has increased largely because employers are

[120] 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.
[121] In April 2021, the New York state legislature passed the NY HERO Act, which would require the state to offer model prevention plans for airborne infectious diseases that private sector employers must implement. The bill is waiting to be signed by the governor, and the enforcement mechanism is unclear. The state OSHA plan in New York only covers public sector workplaces.
[122] CDC, "Limiting Workplace Violence Related to COVID-19," Sept. 1, 2020, *available at* cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/limit-workplace-violence.html.

requiring workers to implement COVID-19 prevention policies with customers and clients without proper support and training.

Homicides and Suicides

Homicides account for the majority of workplace violence deaths: 454 in 2019, similar to 453 in 2018 and 458 in 2017. Eighty-eight of these homicides were among women workers, a proportion that has increased since last year despite the number of total workplace homicides remaining largely unchanged. In 2019, workplace homicide was the second-leading cause of job death for women workers, accounting for 20% of their work-related fatalities (roadway incidents was first). Domestic violence in the workplace has become a worsening problem; women were more than five times more likely to be killed by a relative or domestic partner at work than men.

White workers experienced 43% of workplace homicides and Hispanic or Latino workers experienced 16% of homicides. Homicides among Black workers were disproportionate relative to overall employment: Black workers experienced 28% of workplace homicides, while representing only 13% of total employment. Overall, homicides were responsible for 20% of deaths among Black workers (127 out of 634 deaths), 7% of deaths among Latino workers (74 out of 1,088 deaths) and 6% of deaths among white workers (197 out of 3,297 deaths). Data were not available for Asian workers in 2019.

Workplace homicides largely occur in retail trade (84 deaths), accommodations and food services (57 deaths), public administration (most likely due to police protection) (51 deaths), and transportation and warehousing (45 deaths). Firearms were the primary source involved in workplace homicides, responsible for 362 workplace deaths.

In 2019, 307 workers committed suicide at work, the largest number of work-related suicides since BLS began reporting this data—291 deaths in 1992. The last major increases in workplace suicides were just as the recession hit in 2008, when workplace suicides increased by 33%, and in 2016, when workplace suicides increased by 27%. Hopelessness, uncertainty and toxic work environments that include increased work pressures, workplace bullying and lack of control most likely have contributed to this growing problem. One study published by NIOSH examined U.S. workplace suicides from 2003 to 2010.[123] In that time period, 1,719 people died by workplace suicide. According to the study results, workplace suicides were highest for men, workers ages 65 to 74 years, those in protective service occupations, and those in farming, fishing and forestry.

Nonfatal, Serious Injuries

The majority of nonfatal injuries from violence occur in health care, social assistance and educational services. The Bureau of Labor Statistics reported that in private industry, more than 30,000 workplace violence incidents led to injuries involving days away from work in 2019. These attacks are serious, underreported and often leave workers physically and emotionally scarred for life. Women workers experience two-thirds of these serious injuries.

[123] Tiesman, H.M., S. Konda, D. Hartley, et al., "Suicide in U.S. Workplaces, 2003–2010: A Comparison With Non-Workplace Suicides," Vol. 48, Issue 6, pp. 674–682, June 2015, *available at* ajpmonline.org/article/S0749-3797(14)00722-3/abstract.

Even as the reported overall U.S. injury and illness rate has steadily declined since 1992—by 71% overall—the injury rate for workplace violence decreased until the late 1990s, then increased to 4.4 per 10,000 workers. All of these numbers and rates only reflect injuries that led to days away from work, not all violence-related injuries reported or all that occur.

Health care workers are more than three times as likely to suffer a workplace violence injury as other occupations, and workers in psychiatric settings are at especially great risk, with a workplace violence injury rate of 152.4 per 10,000 workers. This is a decrease since 2018 (175.0) which was a decrease from 2017, when the highest-ever-recorded injury rate for this industry was 181.1. Work-related violence is significant in other areas, too. In 2019, transit and intercity bus drivers and food service managers experienced serious violence injuries at rates of 15.9 and 12.6 per 10,000 workers, respectively. Since 2008, the rate of workplace violence injuries has increased 237% in private sector educational services, 250% in state government and 134% in local government.

Health Care and Social Assistance

Workers in the health care and social service industries are particularly affected. The nature of their front-line work—direct contact with patients and clients—makes these workers at great risk for job-related violence. There were 32 homicides among workers in health care and social assistance in 2019, compared with 24 in 2018 and 31 in 2017.

In 2019, the health care and social assistance sector accounted for 48% of lost-time injuries from workplace violence (excluding violence from animal and insects). Workers in nursing and residential care facilities experienced the greatest number of injuries from violence, followed by those in hospitals, social assistance and ambulatory health care services. Nursing assistants, orderlies and psychiatric aides, home health and personal care aides, and registered nurses were the occupations at greatest risk of injuries from violence, and patients were responsible for 54% of reported injuries related to violence.

In 2019, the private sector rate of workplace violence in health care and social assistance was 14.7 per 10,000 workers, an increase of 52% since 2010. During the same decade, workplace violence rates for hospitals increased 95%—specifically, 98% in psychiatric hospitals, although this difference has fluctuated over time and last year was much higher at 149%. Since 2010, the rate of violence in nursing and residential care facilities has increased 41%, in home health services 39% and in social assistance 25%. Home-based services such as home health, client management and social services have been playing a larger role in physical and mental care.

Public sector workers are at even greater risk from workplace violence. In 2019, state government health care and social service workers were *more than 10 times* more likely to be assaulted than private sector health care workers (151.6 vs. 14.7 per 10,000 workers). In state government, psychiatric aides experienced injuries caused by violence at a rate of 1,460.1 per 10,000 workers; home health and personal care aides at 380.2 per 10,000 workers; nursing assistants at 216.9 per 10,000 workers. Survey results released in 2012 by the Merit Systems Protection Board reported that one in eight federal government employees witnessed workplace

violence.[124] The majority of these accounts came from the Veterans Administration, where 23% of employees said they had witnessed at least one act of violence at work over a two-year period.

This violence against health care and social service workers is foreseeable and preventable. With the expected job growth in the health care and social assistance sectors, workplace violence events will continue to rise without safeguards in place. Workplace controls are more necessary than ever to address this systemic and serious issue, and reduce the prevalence and severity of violence in the workplace.

OSHA Guidelines and Enforcement

During the Obama administration, in the absence of a federal standard, OSHA enhanced its efforts to address the growing problem of workplace violence through guidelines and enforcement initiatives using the general duty clause (Section 5(a)(1) of the OSH Act).

In April 2015, OSHA updated its "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers,"[125] a comprehensive document outlining the contents of violence prevention programs using hazard assessments and the hierarchy of controls. Earlier, OSHA issued several guidance documents for other high-risk populations, including "Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments" and a fact sheet, "Preventing Violence against Taxi and For-Hire Drivers."[126,127]

In 2011, OSHA issued a directive, "Enforcement Procedures for Investigating or Inspecting Incidents of Workplace Violence," which established uniform procedures for OSHA field staff when responding to incidents and complaints of workplace violence and conducting inspections in industries with a high risk of workplace violence, including health care and social service settings and late-night retail establishments.[128] In January 2017, the agency issued a new directive, "Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence." This directive clarifies the different types of health care settings where workplace violence incidents are reasonably foreseeable; expands the OSHA recognized high-risk industries to include corrections and taxi driving; and provides more resources and guidance to OSHA inspectors.[129]

In 2016, federal OSHA Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming) instituted a regional emphasis program in residential mental intellectual and

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[124] U.S. Merit Systems Protection Board, "Employee Perceptions of Federal Workplace Violence: A Report to the President and the Congress of the United States,"(2012), *available at* mspb.gov/netsearch/viewdocs.aspx?docnumber=759001&version=761840&application=ACROBAT.
[125] U.S. Department of Labor, OSHA, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers," April 2015, *available at* osha.gov/Publications/osha3148.pdf.
[126] U.S. Department of Labor, OSHA, "Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments," OSHA 3153-12R, 2009, *available at* osha.gov/Publications/osha3153.pdf.
[127] U.S. Department of Labor, NIOSH, "Taxi Drivers: How to Prevent Robbery and Violence," November 2019, *available at* osha.gov/sites/default/files/publications/OSHA3976.pdf.
[128] U.S. Department of Labor, OSHA, "Enforcement Procedures for Investigating or Inspecting Workplace Violence," CPL 02-01-052, Sept. 8, 2011.
[129] U.S. Department of Labor, OSHA, "Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence," CPL 02-01-058, Jan. 10, 2017.

developmental disability facilities (NAICS 623210), focused on workplace violence hazards.[130] This program was renewed yearly and now is effective through September 2024.

OSHA's enhanced enforcement efforts resulted in an increased number of workplace violence inspections conducted and citations for general duty clause violations during the Obama administration. The Trump administration continued these programs, but conducted fewer workplace violence inspections and issued fewer citations, which halted completely during the COVID-19 pandemic.

In FY 2020, OSHA conducted 43 workplace violence inspections. OSHA issued two serious violations that resulted in a current median penalty of $12,687, and one repeat violation that resulted in an initial penalty of $72,930. During the COVID-19 pandemic, on-site inspections and enforcement slowed significantly.

In FY 2019, OSHA conducted 76 workplace violence inspections—13 of these involved a fatality or catastrophe. OSHA issued four serious violations that resulted in a current median penalty of $11,082, and one repeat violation that resulted in an initial penalty of $72,930.

In FY 2018, OSHA conducted 78 workplace violence inspections—10 of these involved a fatality or catastrophe. OSHA issued two serious violations that each resulted in an initial penalty of $12,934, and two repeat violations that each resulted in an initial penalty of $71,137.

In FY 2017, OSHA conducted 85 workplace violence inspections—four of these involved a fatality or catastrophe. OSHA issued six serious violations that resulted in an initial median penalty of $11,525.

In FY 2016, OSHA conducted 124 workplace violence inspections—15 of these involved a fatality or catastrophe. OSHA issued nine serious violations that resulted in a current median penalty of $12,471, and two willful serio us violations that resulted in a current median penalty of $42,000.

This compares with 33 inspections in FY 2015, 90 inspections in FY 2014 and 91 inspections in FY 2013.

Where there are workplace violence hazards, but OSHA may not issue a general duty clause citation, the agency can issue a Hazard Alert Letter—a voluntary measure that warns employers about the dangers of workplace violence and identifies corrective actions. OSHA issued HALs in 40 investigations in FY 2020, 65 in FY 2019, 60 in FY 2018, 64 in FY 2017, 71 in FY 2016, 18 in FY 2015, two in FY 2014 and five in FY 2013.

The need for enhanced efforts by OSHA to address workplace violence was underscored by a March 2016 report by the U.S. Government Accountability Office. The report, "Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence," examined the magnitude of the problem, existing workplace violence prevention programs and policies, state

[130] U.S. Department of Labor, OSHA, "Regional Notice CPL 20-05 (04-01)," Oct. 1, 2019, *available at* osha.gov/sites/default/files/enforcement/directives/CPL_20-05_04-01.pdf.

and local ordinances and the need for these programs and policies, including the need for an OSHA workplace violence prevention standard for health care and social service workers. The report found that workplace violence is a serious and growing concern for 15 million health care workers, and is preventable through violence prevention programs.[131] The GAO recommended that OSHA improve workplace violence citation training for its inspectors, follow up on Hazard Alert Letters, assess current efforts and determine whether the agency should take regulatory action.

A decision by the Occupational Safety and Health Review Commission affirmed OSHA's authority to enforce against workplace violence hazards under the general duty clause. In March 2019, OSHRC issued a 3–0 decision in *Secretary of Labor v. Integra Health Management Inc.*, finding that workplace violence is a serious and recognized hazard that can feasibly be controlled and mitigated.[132] This case involved the death of a young woman caseworker stabbed by a home-based client in 2012. Following an investigation, OSHA cited Integra for a serious violation of Section 5(a)(1) of the Occupational Safety and Health Act, the general duty clause, for exposing employees to "the hazard of being physically assaulted by members with a history of violent behavior," and for failing to report the employee's death in a timely manner to OSHA. OSHA sought a total of $10,500 in penalties. In 2015, an administrative law judge upheld the citations, but the employer appealed the case to the full review commission, where it was pending since July 2015. The AFL-CIO and several unions filed briefs in support of OSHA's citations against Integra, citing OSHA's clear authority over enforcing violence prevention in the workplace and experience in workplace violence recognition and abatement measures, as well as industry recognition of the problem.[133]

While this ruling will assist OSHA in enforcing against workplace violence hazards, OSHA's authority to use the general duty clause is limited. Securing a general duty clause citation requires a higher burden than having an enforceable standard that outlines for the employer the requirements specific to workplace violence.

OSHA under the Trump administration took very limited action on workplace violence, despite the severity of the issue and the ability to mitigate it in specific settings. The total number of workplace violence inspections by the agency decreased throughout the Trump administration.

Federal Regulatory Action

In response to the growing threat from workplace violence, there have been increased efforts to secure workplace violence protections through mandatory regulations. In July 2016, a coalition of unions petitioned OSHA to develop a federal workplace violence standard for health care and

[131] U.S. Government Accountability Office, "Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence," March 2016, *available at* gao.gov/products/GAO-16-11.
[132] U.S. Occupational Safety and Health Review Commission, *Secretary of Labor v. Integra Health Management, Inc.,* OSHRC Docket No. 13-1124, March 4, 2019, *available at* oshrc.gov/assets/1/18/Integra_Health_Management,_Inc._Docket_13-1124_Combined_post.pdf?8328.
[133] Brief of the American Federation of Labor and Congress of Industrial Organizations as *Amicus Curiae* in Support of Complainant, Secretary Of Labor, OSHRC Docket No. 13-1124, Dec. 18, 2015.

social assistance workers.[134] Another union petition was filed seeking a standard in the health care sector. In response to the petitions, OSHA issued a request for information to seek input and information on a workplace violence standard, and in early January 2017 held a public meeting of interested stakeholders. At the meeting, the Obama administration announced that OSHA was accepting the petitions and would develop and promulgate a workplace violence standard for health care and social assistance, a critical first step in the process for federal OSHA to protect workers.

However, the Trump administration failed to move forward on the development of the workplace violence standard. It was placed into "long term" status on the Trump administration's first regulatory agenda and moved back onto the agenda in Fall 2017; however, the standard never underwent small business review or advanced. It is anticipated that the Biden administration will prioritize this issue.

In February 2021, Rep. Joe Courtney (Conn.) introduced legislation—The Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195)—to help protect these workers. Similar legislation had been passed by the House of Representatives in November 2019 with bipartisan support (251–158) as H.R. 1309. The bill requires OSHA to issue a federal workplace violence prevention standard, requiring employers in the health care and social service sectors to develop and implement a plan to identify and control workplace violence hazards. The bill ensures that front-line workers have input in the plan, helping employers identify commonsense measures like alarm devices, lighting, security, and surveillance and monitoring systems to reduce the risk of violent assaults and injuries. The legislation would ensure OSHA protections against violence for all covered workers in the scope of the bill, regardless of whether they otherwise have OSHA coverage in their state. The bill incorporates important elements from OSHA's current "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

The bill passed April 16, 2021, with even more bipartisan support than in the previous Congress (254–166). The bill has been received in the Senate, where Sen. Tammy Baldwin (Wis.) had previously championed similar legislation, and it has been referred to the Committee on Health, Education, Labor and Pensions.

State Regulations and Legislation

A number of states have taken action to adopt laws, standards and policies on workplace violence, which vary widely. In December 2016, the California Department of Industrial Relations filed its final workplace violence standard with the California secretary of state, with an effective date of April 1, 2017.[135] This comprehensive standard, issued in response to a legislative mandate, protects health care workers in the public and private sectors from workplace violence. It was developed through consensus rulemaking, and it is a good model for a comprehensive regulatory approach to combat workplace violence. In response to a 2014

[134] "Labor Organizations Petitioning the U.S. Department of Labor for an OSHA Workplace Violence Prevention Standard for Healthcare and Social Assistance," July 12, 2016, *available at* safetyandhealthmagazine.com/ext/resources/document-downloads/unions-petition.pdf.
[135] "Workplace Violence Prevention in Health Care," General safety orders, New Section: 3342," effective April 1, 2017, *available at* dir.ca.gov/oshsb/Workplace-Violence-Prevention-in-Health-Care.html.

petition from a teacher, the California Occupational Safety and Health Standards Board tasked an advisory committee to examine workplace violence prevention in *all* California workplaces, which currently is going through the state process to develop a workplace violence standard for all of general industry.

New York passed a comprehensive workplace violence standard in 2006, but it only covers the public sector.[136] Public employers are required to develop and implement programs to prevent and minimize workplace violence. Connecticut, Illinois, Maryland, New Jersey and Washington have adopted some form of legislation specifically focused on health care settings. The Maryland legislation, which was implemented on Oct. 1, 2014, addresses all workplace injuries in health care facilities by means of an overall safety program, which includes workplace violence hazards. The measure requires public and private health care employers to establish a safety committee consisting of management and employees, and it requires the committee to establish a safety program that consists of 1) a written policy; 2) an annual comprehensive risk assessment and recommendations for injury prevention; 3) a process for reporting, responding to and tracking incidents of workplace injuries; and 4) regular safety and health training.

State and local ordinances are an important piece in addressing workplace policies and practices related to workplace violence, but workers need a strong, comprehensive OSHA standard to address this growing national problem.

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.[137,138] 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.[139]

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 families via clothing, equipment, skin and hair; and dispose of chemicals and sort through

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[136] "Public Employer Workplace Violence Prevention Programs," 12 NYCRR PART 800.6, effective June 7, 2006, *available at* https://labor.ny.gov/workerprotection/safetyhealth/PDFs/PESH/WPV/Workplace%20Violence%20Prevention%20Regulations.pdf.

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

[138] Takala, J., P. Hämäläinen, K.L. Saarela, et al., (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.

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

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 derailed EPA's efforts to fulfill its legislative mandate, and protect workers and the public from dangerous chemical exposures. The Biden administration has taken some initial positive steps to reset EPA's course on using science and evidence in TSCA implementation, and more action is needed to ensure workers are protected from chemical exposures, as mandated by Congress.

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.[140]

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' (ACGIH) Threshold Limit Values from 1968.[141] Most of these limits were set by ACGIH in the 1940s and 1950s, based upon the scientific evidence 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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[140] 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.
[141] 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.[142] 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 (RFI) 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—all chemical regulatory activity for OSHA had been removed for the near future, including this development of standards on styrene and 1-bromopropane, and updates in PELs. During his administration, the only OSHA 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. [143,144]

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. According to a recent congressional report, it takes OSHA between 4.3 and 11.5 years to issue a new standard—an average of 8 years.[145] The most time OSHA has taken to complete the rulemaking process was 19 years each for the two most recent chemical standards—silica and beryllium. 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, 8.1 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 in 2020, it would have taken federal OSHA inspectors 253 years to visit every workplace in the country once—in 2019, when OSHA enforcement was not impacted by the pandemic, it would have taken federal OSHA 162 years. Unions have some ability to bring in OSHA to help investigate a

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[142] *See* osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=24990.
[143] 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.
[144] 84 Fed. Reg. 41667. *See* govinfo.gov/content/pkg/FR-2019-08-15/pdf/2019-17450.pdf.
[145] Congressional Research Service, "Occupational Safety and Health Administration (OSHA): Emergency Temporary Standards (ETS) and COVID-19," (Updated April 27, 2021), *available at* crsreports.congress.gov/product/pdf/R/R46288.

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.

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. Additionally, state OSHA plans could have chosen to adopt and enforce the 1989 PELs federal OSHA was required to vacate. Minnesota OSHA continues to enforce the 1989 PELs.[146] California recently resumed activity on chemicals through its Health Effects Advisory Committee, prioritizing chemicals for which to establish PELs.[147]

EPA: Opportunity for Progress

The Toxic Substances 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

[146] *See* dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-differences-between-minnesota-and-federal .
[147] *See* dir.ca.gov/dosh/DoshReg/5155Meetings.html.

- 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)

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 LSCA. 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.

Early Implementation of the Revised TSCA

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 delayed issuing chemical assessments, weakened the protections proposed by the previous administration and narrowed the scope of uses that the agency will assess for the first 10 chemicals. 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.

During the Trump administration's four years, EPA 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 set the stage for all future implementation of the new chemical law unless reissued under another administration. 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.[148] The agency finalized its risk

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

evaluation for asbestos without addressing legacy and disposal uses, stating its intention to issue a separate evaluation for these uses.

Initially, the agency had 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 has issued final risk evaluations for all 10 priority chemicals, has identified 20 high-priority and low-priority chemicals for evaluation, and has begun holding stakeholder meetings for the risk management stage for the first 10 chemicals.

In March 2019, EPA issued a ban on consumer uses of methylene chloride, but not industrial uses as proposed by the Obama administration. According to a recent study, 85 people died due to methylene chloride exposure in 1980–2018, and 87% of these were workers.[149] Methylene chloride can overcome a person in minutes, and long-term exposures cause chronic health conditions, including cancer. Most of these deaths have been workers exposed to methylene chloride paint strippers. With the proposal to ignore risks to workers and only ban consumer uses, the Labor Council for Latin American Advancement (LCLAA) and Natural Resources Defense Council filed a legal challenge for the agency's failure to address risks caused by industrial uses.[150] North America's Building Trades Unions supported the petitioners through an amicus brief. A court decision is anticipated.

In response to the final risk evaluations for the initial 10 priority chemicals, unions, environmental groups and allies have filed several legal challenges against the agency for ignoring major occupational uses. The United Steelworkers (USW) challenged the methylene chloride final risk evaluation, stating that the evaluation underestimated risks to workers by assuming personal protective equipment sufficiently protected workers and ignored other exposure scenarios.[151] The UAW challenged the final risk evaluations for HBCD, citing similar issues leading to an underestimate of risks to workers.[152] It is anticipated that the Biden administration will reverse course, better reflect science in evidence in its evaluations, and more appropriately examine and mitigate risks to workers ignored in the last four years.

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 emphasized the allowance of 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 allowed 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. In 2020, EPA allowed a new chemical onto the market with risk of more than 25,000 times its acceptable risk level for

[149] Hoang A., K. Fagan, D.L. Cannon, et al., "Assessment of Methylene Chloride–Related Fatalities in the United States, 1980–2018," JAMA Internal Medicine, published online April 19, 2021, *available at* https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2778965.
[150] *See* epa.gov/sites/production/files/2019-02/documents/2019-02-19_methylene_chloride_rulemaking_litigation_-_nrdc_complaint.pdf.
[151] *See* https://m.usw.org/news/media-center/articles/2020/august/USW-lawsuit-against-EPA.pdf.
[152] *See* epa.gov/sites/production/files/2020-12/documents/hbcd_re_uaw_petition_1.pdf.

workers, based solely on the warning statements about PPE in the Safety Data Sheets.[153] 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. Any claim that existing general OSHA standards will protect workers is maliciously inaccurate.

Since 2011, OSHA only has issued 28 general duty clause citations for airborne exposures of (existing, not new) chemicals—there is no OSHA PEL for 20 of these, and for the remaining eight 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.

The Biden administration issued an executive order to evaluate all policies, guidelines, templates and regulations related to LSCA and has announced updates to the new chemicals program to reflect the full scope of chemical exposures, including worker exposures as identified in the law. On March 29, 2021, the EPA announced several instances where the approach under the Trump administration made assumptions related to worker exposures that did not ensure protections for human health and the environment.[154] The agency has stopped issuing "not likely to present an unreasonable risk" findings based on a proposed Significant New Use Rule and will incorporate reasonably foreseen conditions of use when determining potential risks, including the absence of worker protections or the assumption that OSHA standards adequately protect workers. Additionally, EPA plans to use orders to mandate necessary worker protections as appropriate and collect additional safety information if needed to make a risk assessment.

Additional promising initial decisions by President Biden were to fill positions within the agency with people with a history of environmental justice, including Michal Ilana Freedhoff as the principal deputy assistant administrator for chemical safety and pollution prevention. Freedhoff was instrumental in the creation and passage of LSCA. This is a stark deviation from President Trump's appointees, who were closely tied to the chemical industry—at least one of whom

[153] *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/.
[154] *See* epa.gov/chemicals-under-tsca/important-updates-epas-tsca-new-chemicals-program.

actively worked for the chemical industry to derail LSCA implementation, including Nancy Beck, Alexandra Dunn and Michael Dourson. With pressure from environmental, labor and public health groups, Dourson was not confirmed.

The passage of the LSCA has been a key opportunity to protect workers and the public from acute and chronic chemical exposures. Despite four years of an administration closely tied with the chemical industry, unions, public health professionals and other advocates worked to hold EPA accountable to its legislative mandate and to enhance coordination between EPA and OSHA for effective chemical regulation. This has happened through active engagement in the rulemaking process and litigation focused on EPA's legislative mandate to assess and regulate toxic chemicals to protect workers as a vulnerable subpopulation. Biden's first months in office brings a promise for LSCA to protect working people from dangerous chemicals and the enormous public health burden of work-related disease.

WHAT NEEDS TO BE DONE

Over the past 50 years, there has been significant progress made toward improving working conditions and protecting workers from job injuries, illnesses and deaths. Federal job safety agencies have issued important regulations on many safety hazards, silica, coal dust and other health hazards, strengthened enforcement and expanded worker rights. These initiatives undoubtedly have made workplaces safer and saved lives. But much more progress is needed.

The Trump administration worked to dismantle progress made, attacking longstanding workplace safety protections and the structures for issuing future protections for working people. The Trump administration carried out an assault on regulations—targeting job safety rules on beryllium, mine examinations and injury reporting, and cutting agency budgets and staff—and totally failed to lead and respond to the COVID-19 pandemic that the nation's workers needed to survive and the nation needed to end.

The Democratic majority in the House of Representatives led to improved oversight, accountability and action on critical worker protections, and opportunities to oppose anti-worker attacks by the Trump administration. However, the Republican-controlled Senate blocked much-needed protections and reforms in job safety. Now with a democratic majority in all of Congress, there are more opportunities for action on long-needed worker protection legislation.

The election of President Biden brought promise and hope to a nation and world decimated by the COVID-19 pandemic, and to working people who have struggled for years under anti-worker policies that make their workplaces more dangerous. The new administration has had to take off running in the midst of a pandemic that has devastated working-age adults and has a massive agenda ahead of them. It takes much longer to fix a broken system than it does to dismantle it.

The pandemic exposed the regulatory safety and health structures that had been weakened over decades and exploited by the Trump administration. Job safety agencies need to be rebuilt, not only restored to the pre-Trump era, but in ways that reflect the most significant barriers to ensuring workers are protected and can fully exercise their rights. This requires a refocus of

national attention, energy and action on the enormous role and impact these agencies play to provide workplace oversight and prevent the disease, injuries and death that plague working people across the country. After years of starved budgets, funding and staffing for job safety agencies, and decades of allocating an agency with a massive mission—OSHA—too few resources, there must be new dedication to substantially increase resources to protect workers, and address ongoing and emerging safety and health problems.

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

All workplace policies must recognize that employment is a significant determinant of health. Severe inequities in dangerous working conditions have created an unacceptable discrepancy in those who face the largest burdens of disease, injury and death because of their jobs. Initiatives to address the safety and health risks posed by changes in the workforce and employment arrangements must continue. There must be renewed, dedicated attention given to the increased risk of fatalities and injuries faced by workers of color and immigrant workers, aging workers and enhanced efforts to protect temporary and contract workers.

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, and the anti-retaliation protections for workers who report injuries fully enforced. The emergency response rulemaking to protect our first responders must be reignited after being placed on the back burner last year.

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

OSHA standards for chemical hazards are obsolete and must be updated. EPA must fully implement the new toxic chemicals reform law and coordinate with OSHA and NIOSH, taking action to address the risks to both the public and to workers.

In mining, MSHA must continue initiatives to focus increased attention on mines with a record of repeated violations and stronger enforcement action against mines with patterns of violations. The agency must fully enforce the coal dust rule and act swiftly on new rules on silica and proximity detection for mobile equipment. 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 50 years old and is out of date. Congress must pass the Protecting America's Workers Act to extend the law's coverage to workers currently excluded, strengthen civil and criminal penalties for violations, and strengthen the rights of workers and their representatives. Improvements to update and strengthen the OSH Act's anti-retaliation provisions are particularly needed, so workers can report job hazards and injuries, and exercise safety and health rights without fear. Congress must pass the Protecting the Right to Organize (PRO) Act so that workers can freely form a union without employer interference or intimidation, organize for safe jobs and hold employers and job safety agencies accountable.

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.

LOOKING BACK OVER 30 YEARS OF SAFETY AND HEALTH

DEATH ON THE JOB: THE TOLL OF NEGLECT

30-Year Comparison of Death on the Job, 1992–2021

Characteristic	Subcharacteristics	1992 Report	2021 Report[1]
Fatalities[2]	Total number	6,083	5,333
	Total rate (per 100,000 workers)	9.0	3.5
	Private industry	5.0	3.8
	Agriculture, forestry, fishing	24.0	23.1
	Mining	27.0	14.6
	Construction	14.0	9.7
	Manufacturing[3]	4.0	--
	Wholesale trade	5.0	4.9
	Retail trade	4.0	2.0
	Government	4.0	1.8
Injuries and Illnesses[4]	Number	6.8 million	3.5 million
	Rate (per 100 workers)	8.8	3.0
	Number, private industry	2,331,100	888,220
	Median days away from work	6	8
Workforce	Annual establishments	6,517,561	10,284,169
	Annual average employment	107,321,596	149,019,724
OSHA Resources	Full-time equivalent staff	2,421	1,826
	Inspectors (federal and state)	1,953	1,798
	Years to inspect (federal)	84	253 [5]
	Inspector per workers	1 : 54,952	1 : 82,881
	Budget	$296,500,000	$ 590,287,000
Penalty for Serious Violation	National average (federal and state)[6]	$620	$2,973

Sources: AFL-CIO Death on the Job: The Toll of Neglect, April 1992. U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, Survey of Occupational Injuries and Illnesses, and Employment and Wages Annual Averages, 1992 and 2019. U.S. Department of Labor, Occupational Safety and Health Administration, Congressional Budget Justification, 2019. U.S. Department of Labor, Occupational Health Administration, IMIS and OIS databases, FY 2020.

[1]The 2021 report published 2019 fatality data from the U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI).

[2]In 1992, the U.S. Bureau of Labor Statistics initiated the Census of Fatal Occupational Injuries, which provided more complete data on the number and rate of work fatalities. The 1992 data first was released by the agency in October 1993.

[3]Fatality rates for manufacturing, private industry were not reported by the Bureau of Labor Statistics for 2019 due to an update to its disclosure methodology that resulted in significantly fewer publishable data. www.bls.gov/iif/oshfaq1.htm#accessingourdata. In 2018, this job fatality rate was 2.2 per 100,000 workers.

[4]Work injuries and illnesses are employer reported and have been shown to be a severe undercount—roughly one-third—of the true toll.

[5]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement. In 2019, this was 162 years.

[6]National penalty data from AFL-CIO Death on the Job Report, 1993. Penalty data from the 1992 report was sourced from the Dayton Daily News and only included penalties related to fatal and serious injuries.

COVID-19 WORKER HEALTH AND SAFETY

OVERVIEW AND STATE COMPARISIONS

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

	FEDERAL OSHA	STATE PLAN OSHA
Formal and Nonformal Complaints[1]		
Formal COVID-19 Complaints	1,644	28,299
Nonformal COVID-19 Complaints	12,199	38,067
% of COVID-19 Formal Complaints with Inspections	13.1%	5.9%
% of COVID-19 Nonformal Complaints with Inspections	2.6%	3.9%
COVID-19 Inspections Opened	1,771	5,725
Inspection with citation, HAL or closed[1,2]	1,166	4,318
Citation	346	1,199
Hazard Alert Letters	189	-
Accidents[3]	-	530
Complaints[3]	425	2,469
Fatality/Catastrophe[3]	949	676
Referrals[3]	165	1,021
Referral-Employer Reported[3]	106	42
Program Planned[3]	1	729
Complaints by Industry[3]		
Health Care	3,103	-
Retail Trade	1,682	-
Grocery Stores	235	-
Construction	406	-
General Warehousing and Storage	265	-
Restaurants and Other Eating Places	854	-
Automotive Repair	123	-
Violations - Total[1,4]	1,133	2,421
Willful	0	314
Repeat	1	9
Serious	831	1,140
Other	301	958
Penalties - Total ($)[1,4]	4,249,987	11,791,141
Willful	--	6,001,213
Repeat	0	73,430
Serious	3,289,298	5,274,806
Other	960,689	441,692
Average Penalty/Violation ($)	3,751	4,870
Willful	--	19,112
Repeat	0	8,159
Serious	3,958	4,627
Other	3,192	461

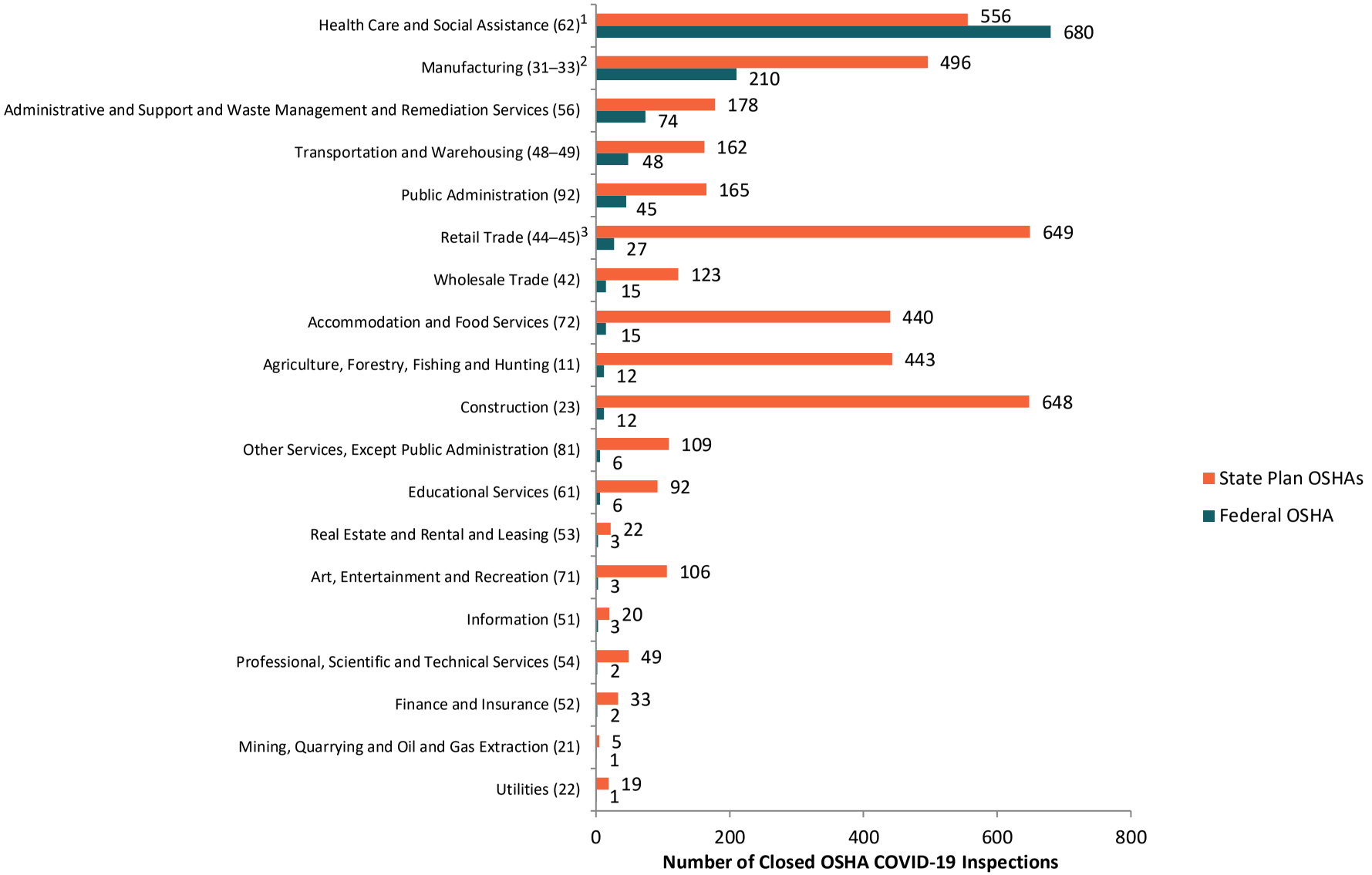
[1]Occupational Safety and Health Administration, OIS Federal Inspection Reports, Jan. 1, 2020 to Feb. 28, 2021; OSHA, COVID Response Summary, Enforcement data April 20–Feb. 28, 2021, Updated March 22, 2021, 10:30 a.m. ET, (Accessed March 25, 2021, 2 p.m. ET), osha.gov/enforcement/covid-19-data.

[2]Many inspections were conducted remotely. At least 775 inspections included a remote code, but the exact numbers are not known as the code wasn't implemented at the same time as remote inspections began.

[3]COVID Response Summary, Enforcement data April 20–Feb. 28, 2021, Updated March 22, 2021, 10:30 a.m. ET. (Accessed March 25, 2021 2 p.m. ET), osha.gov/enforcement/covid-19-data. Complaints by industry data were not provided for state plan OSHA.

[4]Violations and current penalties include citations issued during COVID-19 inspections of any recordkeeping standard (1904), 1910.1020, 1910.1030, 1910.1200, 1910.132, 1910.134, 1910.141, 1910.145, 1910.133, 1910.151, 5(a)(1), state OSHA COVID-19 emergency temporary standards, 8 CCR 5199 or other state standards equivalent to the federal. Violations and penalties were not included in the totals if clearly not related to COVID-19.

Number of Federal OSHA and State Plan OSHA COVID-19 Inspections by Industry (Two-Digit NAICS Code)



Source: Occupational Safety and Health Agency OIS Inpection Reports, Jan. 1, 2020, to Feb. 28, 2021.

[1]For federal OSHA, hospitals (622) accounted for 230 of these inspections, and nursing and residential care facilities (623) accounted for 359 inspections. For state plan OSHAs, hospitals accounted for 228 of these inspections, and nursing and residential care facilities accounted for 114 inspections.

[2]For federal OSHA, animal slaughtering and processing (3116) accounted for 83 of these inspections. For state plan OSHAs, animal slaughtering and processing accounted for 55 of these inspections.

[3]For federal OSHA, supermarkets and other grocery (445110) accounted for seven of these inspections. For state plan OSHAs, supermarkets and other grocery accounted for 131 of these inspections.

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

State	Residents				Staff			
	Confirmed with COVID-19	Suspected to Have COVID-19	COVID-19 Deaths	COVID-19 Reinfections	Confirmed with COVID-19	Suspected to Have COVID-19	COVID-19 Deaths	COVID-19 Reinfections
Alabama	14,286	3,360	2,189	1	12,737	5,129	36	5
Alaska	255	309	12	0	386	1,102	1	0
Arizona	6,827	2,554	1,214	1	6,037	2,148	15	1
Arkansas	11,350	3,810	2,180	8	9,905	3,353	37	6
California	58,496	41,783	9,059	7	50,068	15,390	207	1
Colorado	7,118	1,765	1,748	4	7,501	2,197	17	4
Connecticut	11,588	3,537	2,863	4	7,490	1,960	17	0
District of Columbia	813	322	143	0	827	120	6	1
Delaware	2,037	527	418	0	1,809	485	3	5
Florida	29,236	8,661	4,800	4	33,076	7,397	96	4
Georgia	18,206	6,299	3,136	1	13,037	4,491	30	1
Hawaii	253	628	65	0	230	641	0	0
Idaho	1,862	558	269	0	2,294	1,059	5	0
Illinois	32,905	9,222	7,051	6	26,135	8,705	85	4
Indiana	21,564	3,970	5,444	1	17,790	4,462	41	3
Iowa	11,196	3,888	2,496	1	11,463	7,285	38	2
Kansas	8,763	2,173	1,745	0	8,780	4,145	7	1
Kentucky	13,842	2,173	2,424	4	11,381	2,776	28	5
Louisiana	12,522	1,497	2,723	6	10,701	1,590	51	3
Maine	1,645	773	283	0	1,438	1,470	2	0
Maryland	10,402	2,260	2,174	1	9,039	2,111	76	2

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

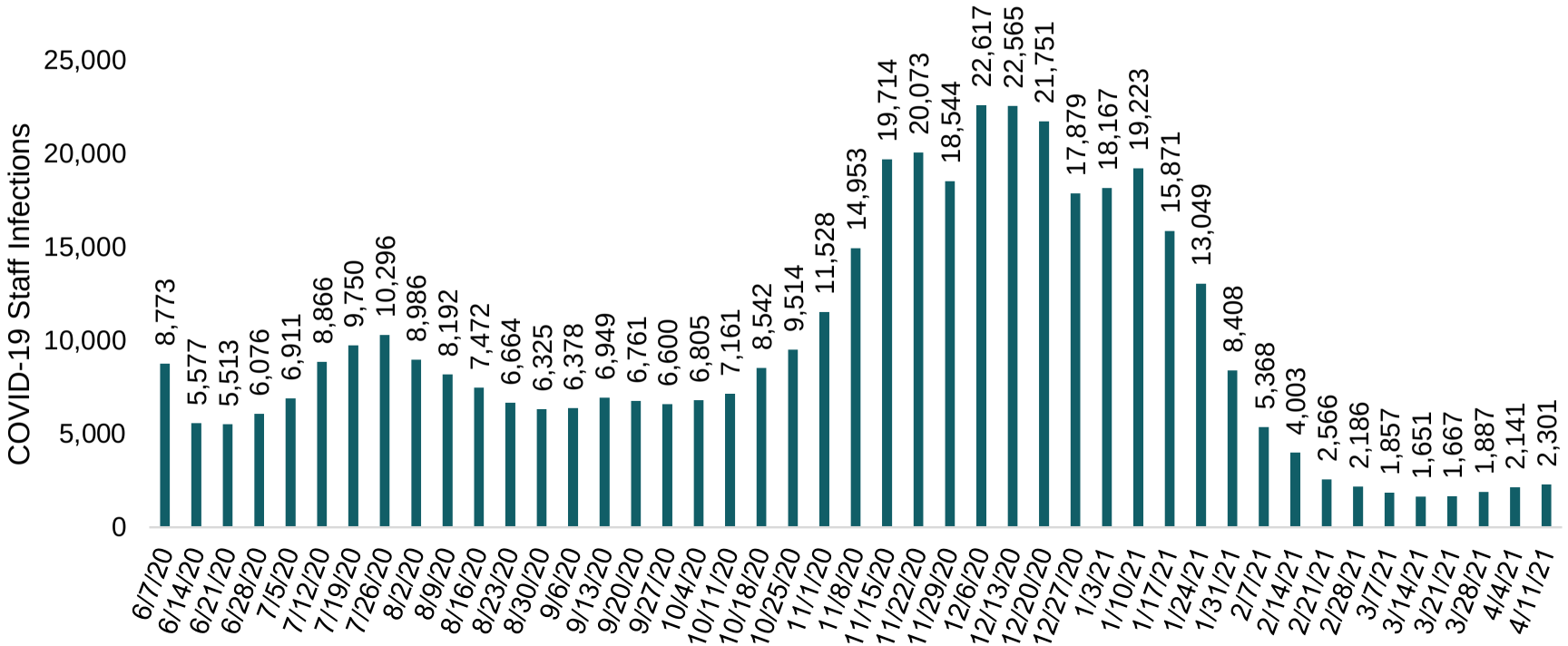
State	Residents				Staff			
	Confirmed with COVID-19	Suspected to Have COVID-19	COVID-19 Deaths	COVID-19 Reinfections	Confirmed with COVID-19	Suspected to Have COVID-19	COVID-19 Deaths	COVID-19 Reinfections
Massachusetts	16,457	5,010	4,605	2	12,225	2,892	27	7
Michigan	13,669	4,373	3,661	4	14,736	9,764	61	15
Minnesota	9,208	3,156	2,339	2	12,054	8,905	48	8
Mississippi	9,343	2,886	1,748	0	7,566	4,176	68	0
Missouri	21,404	4,351	3,536	4	16,408	5,357	42	3
Montana	1,515	352	317	0	1,573	975	7	0
Nebraska	4,364	1,377	835	0	5,078	3,591	8	0
Nevada	3,110	1,286	518	0	2,705	1,554	14	0
New Hampshire	2,737	1,602	552	0	1,987	1,785	3	0
New Jersey	18,864	4,801	5,295	2	14,256	3,180	108	5
New Mexico	3,189	442	634	2	2,787	680	8	3
New York	33,236	8,370	8,280	14	37,604	5,010	108	33
North Carolina	20,398	4,659	3,814	3	16,342	5,501	53	4
North Dakota	2,509	511	634	0	3,806	1,902	6	1
Ohio	38,115	6,824	7,599	5	31,722	5,985	42	10
Oklahoma	10,782	1,801	1,993	2	8,551	2,511	48	2
Oregon	1,930	1,196	452	0	2,006	1,263	6	0
Pennsylvania	40,150	12,826	10,182	22	30,259	12,474	74	11
Rhode Island	4,563	946	1,084	8	3,491	764	10	8
South Carolina	10,004	3,700	1,737	2	7,894	3,693	36	1
South Dakota	2,645	682	727	0	2,943	1,722	6	1

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

State	Residents				Staff			
	Confirmed with COVID-19	Suspected to Have COVID-19	COVID-19 Deaths	COVID-19 Reinfections	Confirmed with COVID-19	Suspected to Have COVID-19	COVID-19 Deaths	COVID-19 Reinfections
Tennessee	15,509	2,584	2,723	2	14,343	2,641	32	1
Texas	49,887	8,953	8,653	4	38,739	8,539	178	3
Utah	2,602	859	376	0	2,956	1,008	12	2
Vermont	293	291	71	0	275	586	0	0
Virginia	14,255	3,600	2,625	3	9,848	4,475	32	0
Washington	5,226	2,338	1,142	0	4,585	2,940	15	1
West Virginia	4,417	2,152	702	1	3,465	4,773	6	1
Wisconsin	8,299	2,881	1,805	2	10,205	6,820	9	1
Wyoming	981	244	209	0	1,042	437	10	1
Total:	**644,827**	**195,122**	**131,284**	**133**	**563,575**	**193,919**	**1,875**	**170**

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, 2020–March 28, 2021. Last updated April 8, 2021. (Accessed April 13, 2021.)

Nursing Home Staff Confirmed COVID-19 Cases, June 2020–April 2021



Source: Center for Medicare and Medicaid Services, Division of Nursing Homes/Quality, Safety, and Oversight Group/Center for Clinical Standards and Quality. Data collected June 7, 2020–April 11, 2021. (Accessed April 23, 2021.)

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	23	1,015	1	N/A	N/A	N/A	23	1,015	1
Arizona	1	162	N/A	N/A	N/A	N/A	2	5	3	3	167	3
Arkansas	52	6,809	22	20	897	N/A	N/A	N/A	N/A	72	7,706	22
California	14	2,144	20	71	2,281	3	29	5,770	2	114	10,195	25
Colorado	9	646	14	47	985	8	7	93	N/A	63	1,724	22
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	1	31	N/A	1	31	N/A
Delaware	6	1,032	7	N/A	N/A	N/A	N/A	N/A	N/A	6	1,032	7
Florida	N/A	N/A	N/A	N/A	N/A	N/A	9	280	3	9	280	3
Georgia	14	509	6	2	2	N/A	6	268	N/A	22	779	6
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	1	18	N/A	1	18	N/A
Idaho	4	94	N/A	29	991	3	4	114	N/A	37	1,199	3
Illinois	52	1,872	15	63	2,372	20	5	190	N/A	120	4,434	35
Indiana	4	1,298	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	1,298	N/A
Iowa	26	6,600	22	1	N/A	1	9	391	2	36	6,991	25
Kansas	28	3,969	28	17	338	N/A	N/A	N/A	N/A	45	4,307	28

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	13	893	4	8	53	1	N/A	N/A	N/A	21	946	5
Louisiana	2	51	N/A	38	923	N/A	4	100	N/A	44	1,074	N/A
Maine	1	50	1	4	90	N/A	4	36	N/A	9	176	1
Maryland	3	570	6	2	50	N/A	N/A	N/A	N/A	5	620	6
Massachusetts	33	263	N/A	178	888	4	N/A	N/A	N/A	211	1,151	4
Michigan[2]	1	88	1	2	3	N/A	23	588	1	26	679	2
Minnesota	19	2,120	3	49	584	N/A	N/A	N/A	N/A	68	2,704	3
Mississippi	27	1,200	8	N/A	N/A	N/A	N/A	N/A	N/A	27	1,200	8
Missouri	9	1,348	4	5	148	1	2	41	N/A	16	1,537	5
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	23	7,236	27	14	123	N/A	N/A	N/A	N/A	37	7,359	27
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	1	33	N/A	N/A	N/A	N/A	13	395	2	14	428	2
New Mexico	2	84	N/A	2	7	N/A	1	N/A	1	5	91	1
New York	N/A	N/A	N/A	2	138	N/A	2	187	N/A	4	325	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	54	4,803	23	8	336	1	14	535	N/A	76	5,674	24
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	7	60	N/A	75	2,447	N/A	26	470	N/A	108	2,977	N/A
Pennsylvania	30	1,251	10	3	155	1	91	968	6	124	2,374	17
Rhode Island	6	78	N/A	2	180	N/A	75	346	13	83	604	13
South Carolina	29	141	N/A	11	22	N/A	N/A	N/A	N/A	40	163	N/A
South Dakota	5	2,088	5	2	8	N/A	N/A	N/A	N/A	7	2,096	5
Tennessee	8	723	5	1	38	N/A	4	322	N/A	13	1,083	5
Texas	13	1,518	9	3	53	2	4	50	2	20	1,621	13
Utah	5	462	2	19	186	N/A	N/A	N/A	N/A	24	648	2
Vermont	N/A	N/A	N/A	1	6	N/A	1	27	N/A	2	33	N/A
Virginia	15	1,338	10	2	8	N/A	N/A	N/A	N/A	17	1,346	10
Washington	7	482	4	117	1,139	3	159	1,755	8	283	3,376	15
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]	15	949	6	7	781	N/A	N/A	N/A	N/A	96	2,120	10
Wyoming	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	N/A
Total[3]	**572**	**58,313**	**286**	**854**	**17,725**	**49**	**407**	**13,030**	**43**	**1,833**	**89,068**	**378**

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, 2020–April 5, 2021.

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

[3]Totals include cases that may not be attributable to state or specific food industry.

COVID-19 Infections and Deaths Among Health Care Personnel[1,2,3]

Available Data	Number
Data with Health Care Personnel Status	4,360,350
Percentage of Data with Health Care Personnel Status[3]	18%
COVID-19 Cases Among Health Care Personnel	458,134
Health Care Personnel Data with Death Status	365,316
Percentage of Health Care Personnel Status Data with Death Status	80%
COVID-19 Deaths Among Health Care Personnel[4]	1,524

Source: Centers for Disease Control and Prevention. Updated April 4, 2021. covid.cdc.gov/covid-data-tracker/#health-care-personnel.

[1]The CDC provides states with a Human Infection with a 2019 Novel Coronavirus Case Report Form used for COVID-19 case reporting (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 case reporting 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 563,575, and the number of staff reported to have died from COVID-19 was 1,875, from May 24, 2020, to March 28, 2021.

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

[4]The Lost on the Front Lines investigation by The Guardian and Kaiser Health News found that 3,607 U.S. health care workers died from COVID-19 during the pandemic thus far. theguardian.com/us-news/2021/apr/08/us-health-workers-deaths-covid-lost-on-the-frontline.

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	2,153	67	1,039	3	37	3,192	70
Alaska[1,2]	2,395	5	0	0	1	2,395	5
Arizona[2]	18,495	62	2,739	0	29	21,234	62
Arkansas[1,2]	12,255	2	0	0	3	12,255	2
California[2]	63,450	254	19,666	2	96	83,116	256
Colorado[2]	10,814	34	1,622	0	34	12,436	34
Connecticut[1]	4,531	20	0	0	17	4,531	20
Delaware[2]	1,968	13	743	0	1	2,711	13
District of Columbia	257	1	199	3	2	456	4
Florida[1,2]	20,811	222	5,731	1	24	26,542	223
Georgia	4,671	104	2,407	5	91	7,078	109
Hawaii	1,976	9	0	0	7	1,976	9
Idaho[2]	4,235	5	472	0	23	4,707	5
Illinois	15,246	12	5,493	6	49	20,739	18
Indiana	4,735	57	1,611	4	27	6,346	61
Iowa	4,843	19	701	2	15	5,544	21

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	7,095	18	1,280	6	16	8,375	24
Kentucky	9,891	64	1,084	5	22	10,975	69
Louisiana	6,154	46	925	6	25	7,079	52
Maine[1]	172	0	0	0	6	172	0
Maryland	5,007	28	2,159	4	26	7,166	32
Massachusetts	3,513	31	809	0	22	4,322	31
Michigan	26,445	144	3,942	4	47	30,387	148
Minnesota	6,070	13	1,082	0	25	7,152	13
Mississippi[1]	2,239	6	0	0	27	2,239	6
Missouri[1]	386	66	0	6	7	386	72
Montana	1,152	6	241	0	18	1,393	6
Nebraska[1,2]	996	6	0	0	5	996	6
Nevada	4,681	53	1,014	3	24	5,695	56
New Hampshire	515	3	168	0	9	683	3
New Jersey	7,128	57	2,252	0	36	9,380	57
New Mexico	6,751	28	704	0	52	7,455	28

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[1,2]	8,263	37	4,976	8	63	13,239	45
North Carolina	11,174	84	0	1	59	11,174	85
North Dakota	649	1	336	1	11	985	2
Ohio	8,019	144	4,783	10	37	12,802	154
Oklahoma[1,2]	8,309	59	1,037	0	4	9,346	59
Oregon	3,676	48	842	0	17	4,518	48
Pennsylvania[1,2]	5,776	119	130	4	18	5,906	123
Rhode Island	1,237	2	324	1	8	1,561	3
South Carolina	3,930	47	1,086	2	32	5,016	49
South Dakota	2,689	7	190	0	11	2,879	7
Tennessee	7,039	14	1,493	5	24	8,532	19
Texas	38,151	259	9,690	44	153	47,841	303
Utah[1]	3,473	16	0	0	11	3,473	16
Vermont[2]	729	0	99	0	13	828	0
Virginia[1]	11,174	84	0	1	59	11,174	85
Washington	6,435	14	1,154	2	39	7,589	16

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[2]	4,825	12	785	0	39	5,610	12
Wisconsin[2]	11,636	26	2,735	0	45	14,371	26
Wyoming[1]	2	3	0	0	45	2	3
Total[3]	**397,586**	**2,519**	**87,815**	**143**	**1,460**	**487,401**	**2,662**

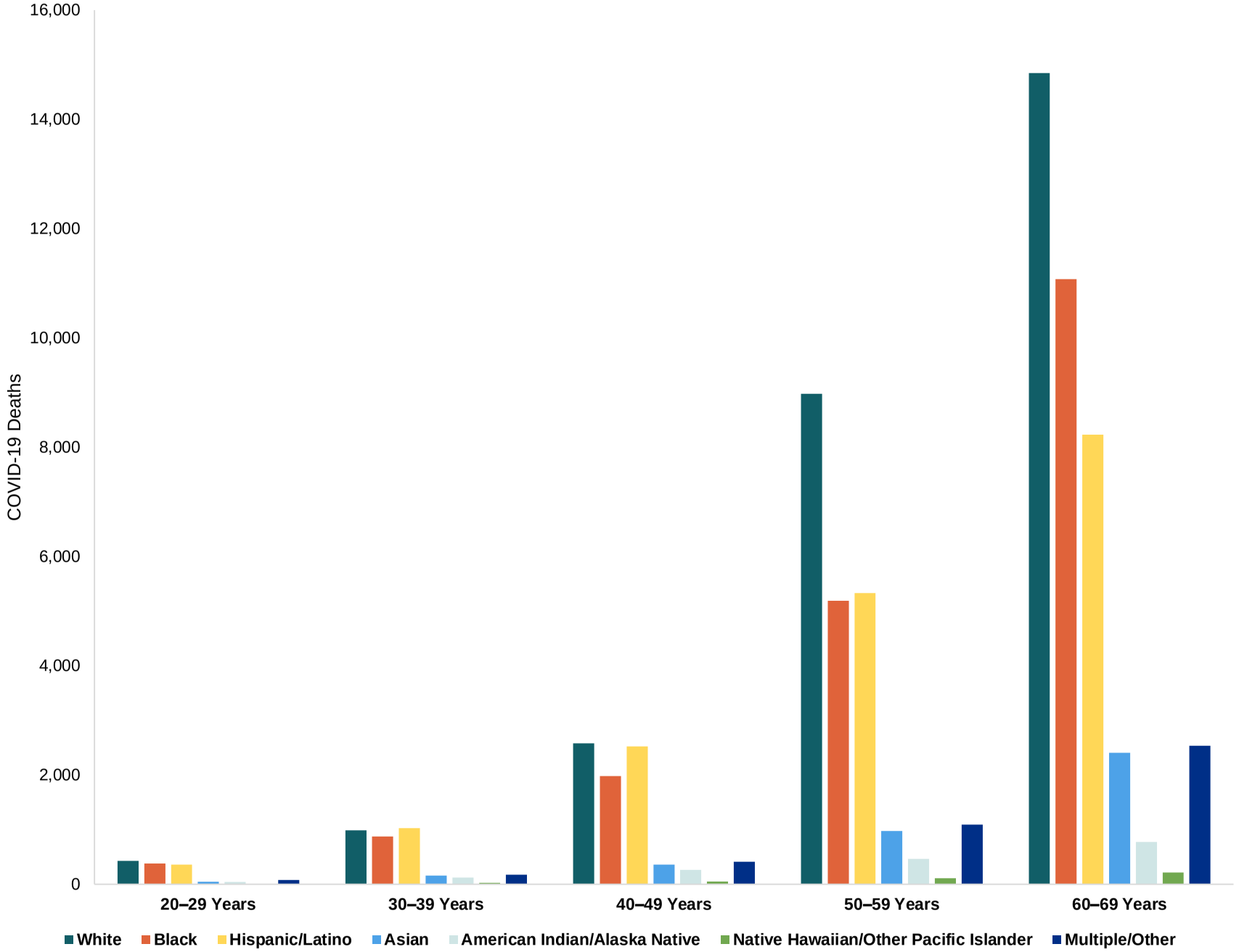
Source: Centers for Disease Control and Prevention. Cumulative data from March 31, 2020–April 2, 2021. covid.cdc.gov/covid-data-tracker/#correctional-facilities (Accessed April 5, 2021.) Cases and deaths are reported to the CDC by the state departments of corrections and the Federal Bureau of Prisons at the facility level.

[1] The CDC reported more cumulative cases or deaths for these states previously than the cumulative data reported and presented on this table. Previously presented data was published in the 29th edition of the Death on the Job Report (October 2020). The reason for the discrepancy and decrease in the number of cumulative cases and deaths is unknown.

[2]These states also include cases from unidentified facilities, in addition to cases tied to particular facilities that are reported by all states.

[3]Totals include Puerto Rico.

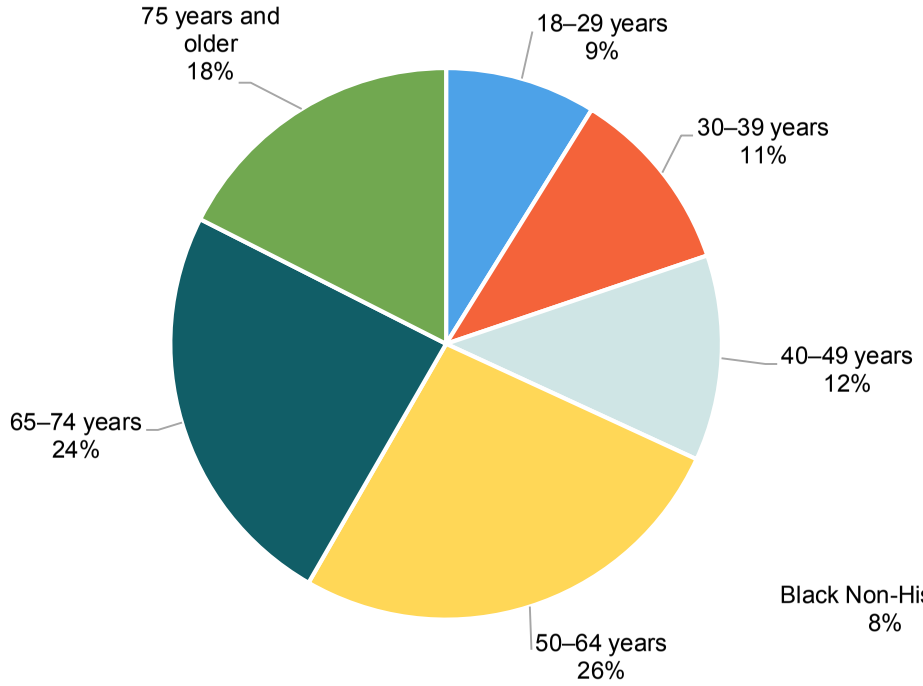
COVID-19 Deaths Among Working-Age Individuals by Race



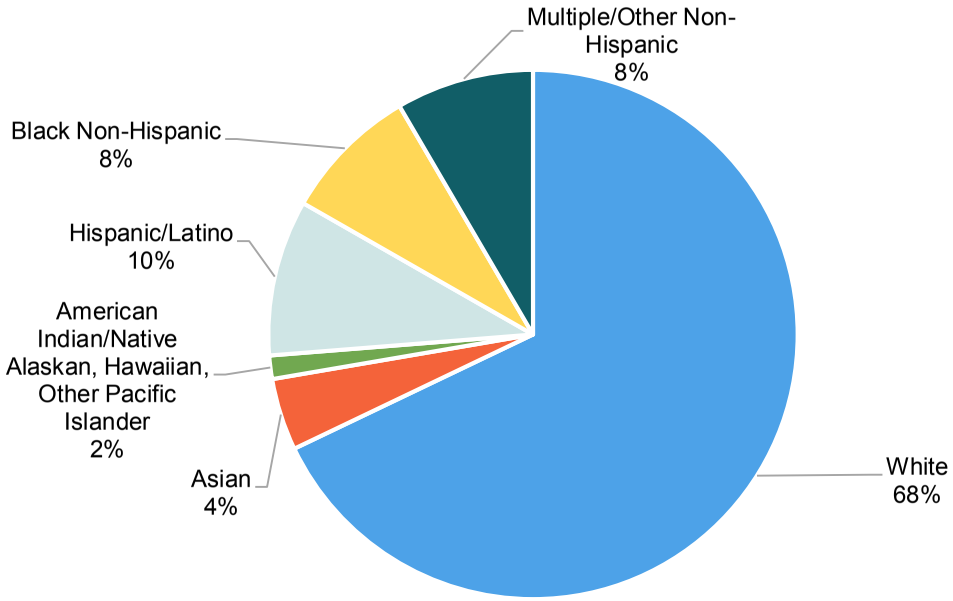
Source: Centers for Disease Control and Prevention, COVID-19 Response, COVID-19 Case Surveillance Public Data Access, Summary, and Limitations (version date: March 31, 2021). (Accessed April 22, 2021.)

Fully COVID-19 Vaccinated Individuals in the United States by Age and Race

By Age:



By Race:



Source: Centers for Disease Control and Prevention. COVID Data Tracker, Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States. Updated Daily. (Accessed April 22, 2021.) covid.cdc.gov/covid-data-tracker/#vaccination-demographic.

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 2006−2019[1]

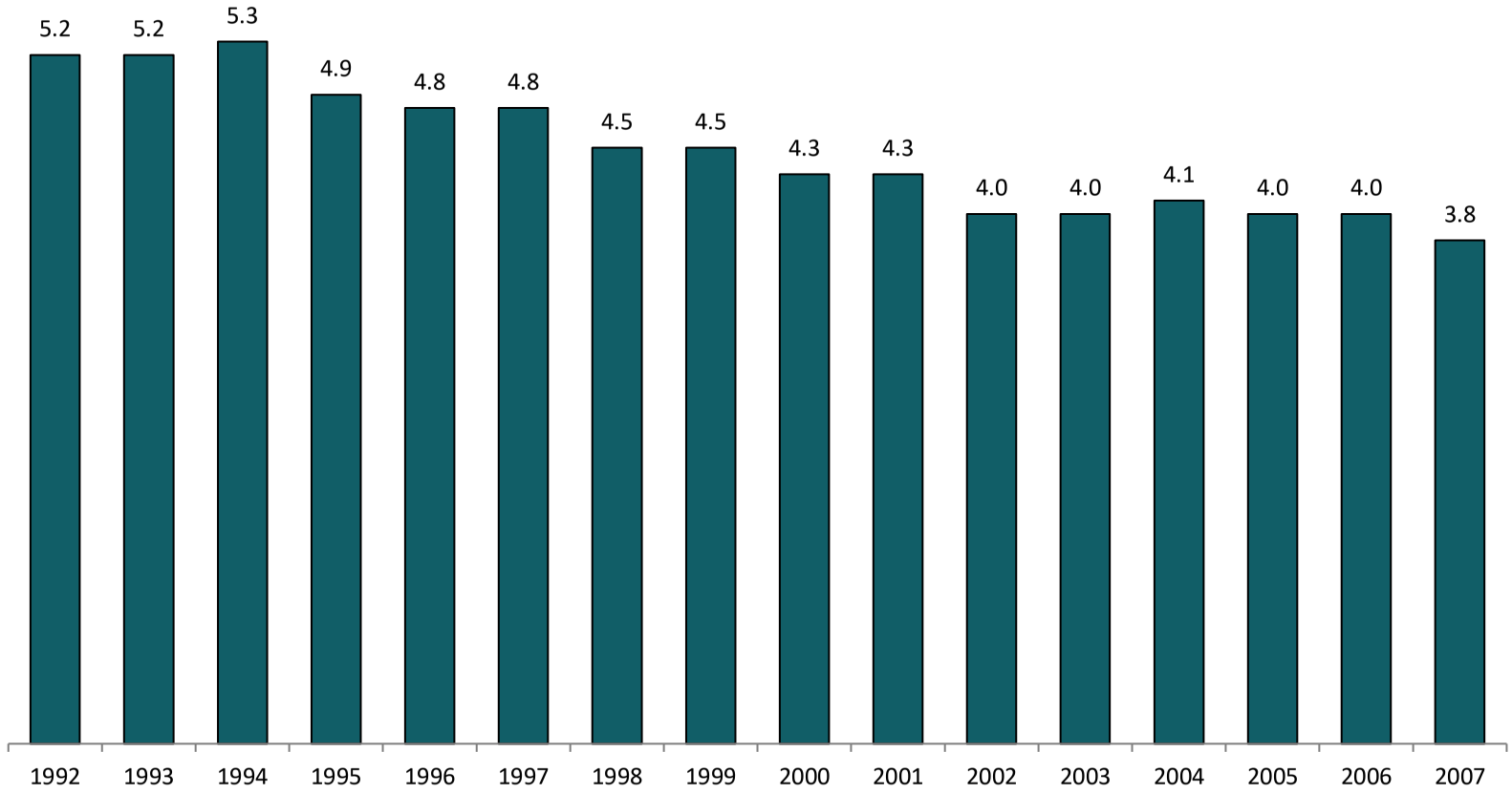
(Hours-Based Fatality Rates)

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
2019	5,333	296,600	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)

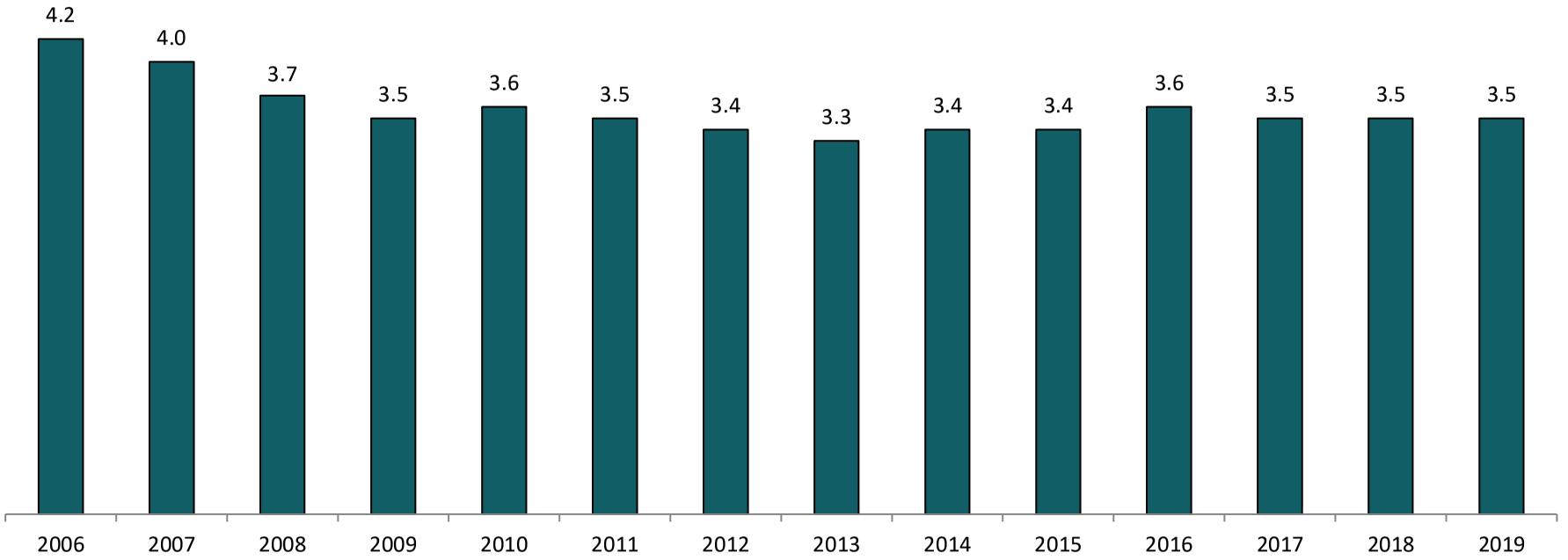


Sources: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries; U.S. Bureau of the Census; and U.S. Department of Defense.

[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, 2006–2019[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, 2009–2019[1,2]
(Hours-Based Rates)

Industry Sector	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
All Industries	3.5	3.6	3.5	3.4	3.3	3.4	3.4	3.6	3.5	3.5	3.5
Agriculture, Forestry, Fishing and Hunting	27.2	27.9	24.9	22.8	23.2	25.6	22.8	23.2	23.0	23.4	23.1
Mining, Quarrying, and Oil and Gas Extraction	12.4	19.8	15.9	15.9	12.4	14.2	11.4	10.1	12.9	14.1	14.6
Construction	9.9	9.8	9.1	9.9	9.7	9.8	10.1	10.1	9.5	9.5	9.7
Manufacturing	2.3	2.3	2.2	2.2	2.1	2.3	2.3	2.0	1.9	2.2	-
Wholesale Trade	5.0	4.9	4.9	5.4	5.3	5.1	4.7	4.8	4.8	5.3	4.9
Retail Trade	2.2	2.2	1.9	1.9	1.9	1.9	1.8	1.9	2.0	1.9	2.0
Transportation and Warehousing	13.3	13.7	15.3	14.6	14	14.1	13.8	14.3	15.1	14.0	13.9
Utilities	1.7	2.8	4.2	2.5	2.6	1.7	2.2	2.8	2.6	2.6	2.0
Information	1.1	1.5	1.9	1.5	1.5	1.2	1.5	1.7	1.6	1.2	-
Financial Activities	1.2	1.3	1.1	0.9	0.9	1.2	0.9	1.2	1.0	1.1	1.0
Professional, Scientific and Technical Services[3]	3.1	2.6	2.9	2.7	2.8	2.7	3.0	3.1	3.0	3.3	0.7
Educational and Health Services	0.8	0.9	0.8	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.8
Leisure and Hospitality	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.6	2.2	2.2	2.2
Other Services, Except Public Administration	2.8	3.0	3.0	2.7	2.7	2.7	3.0	3.2	2.9	2.6	3.0
Government[4]	1.9	2.2	2.2	2.0	2.0	1.9	1.9	2.2	2.0	1.8	1.8

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

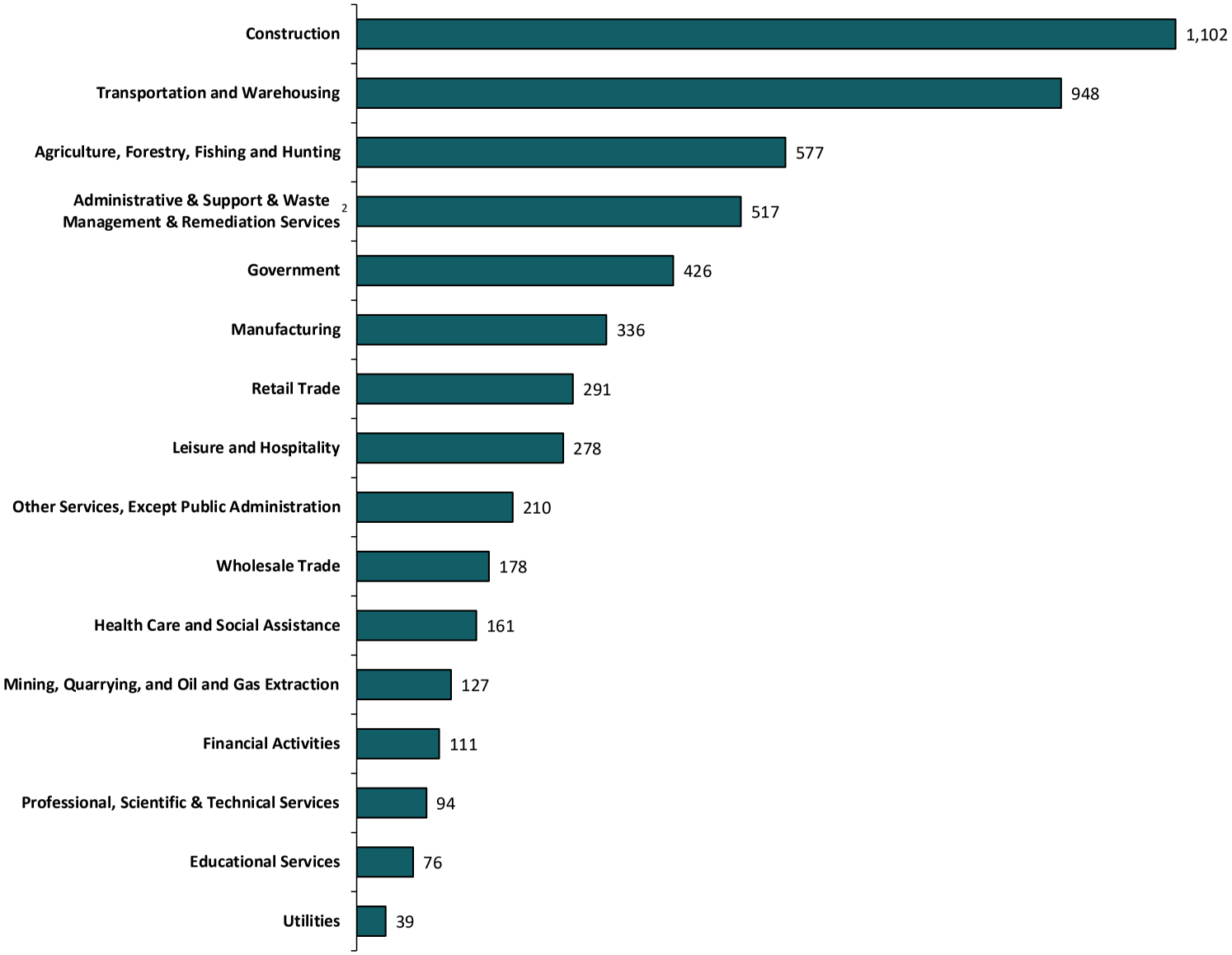
[1]Deaths per 100,000 workers.

[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]Landscaping services was not reported in 2019 for private industry.

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

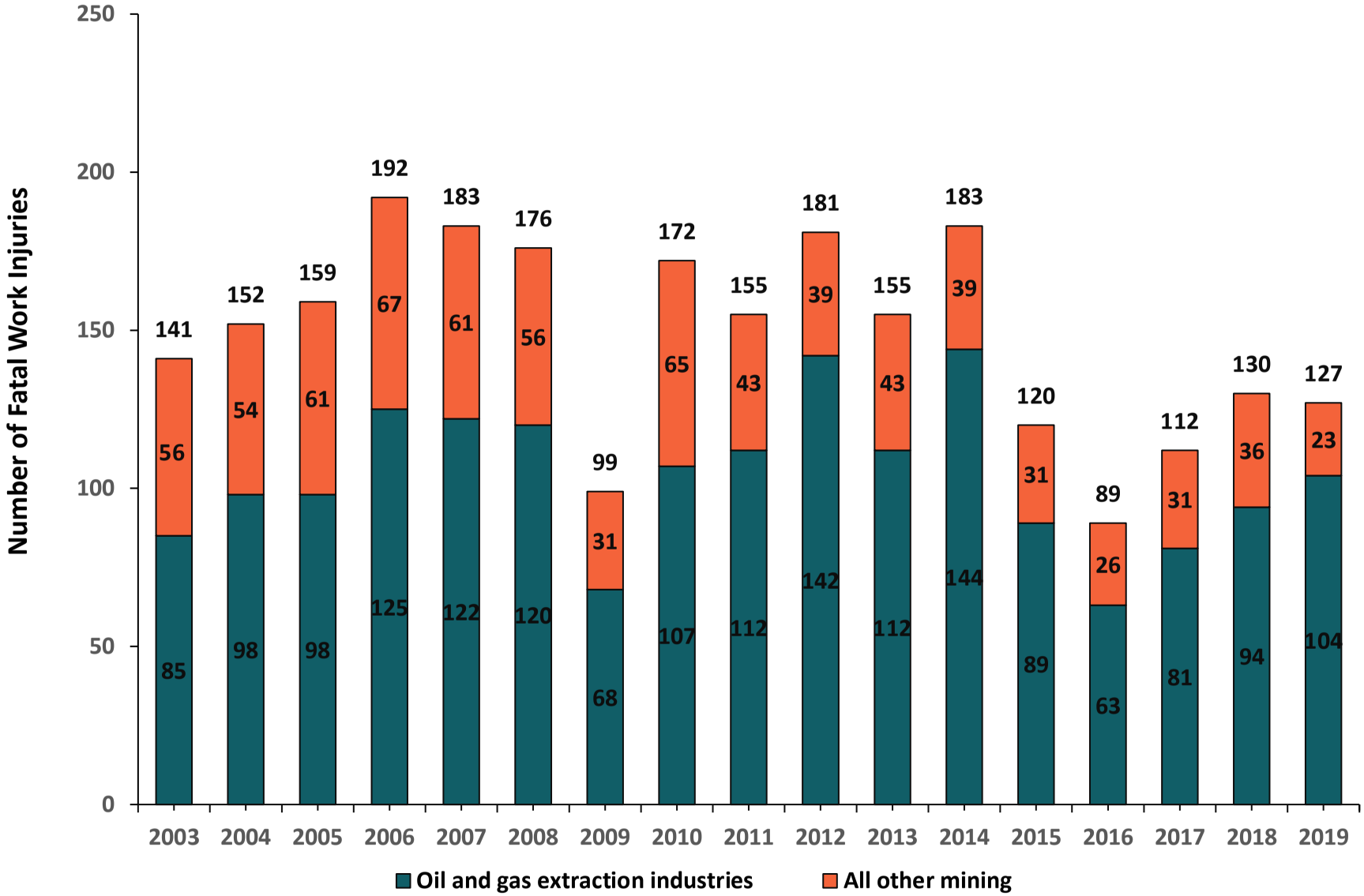
Occupational Fatalities by Industry Sector, 2019
(Total Fatalities 5,333)[1]



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

[1]Fatalities reported for all ownerships and government fatalities may overlap with specific industry sectors listed.
[2]Landscaping services accounted for 252 of these deaths.

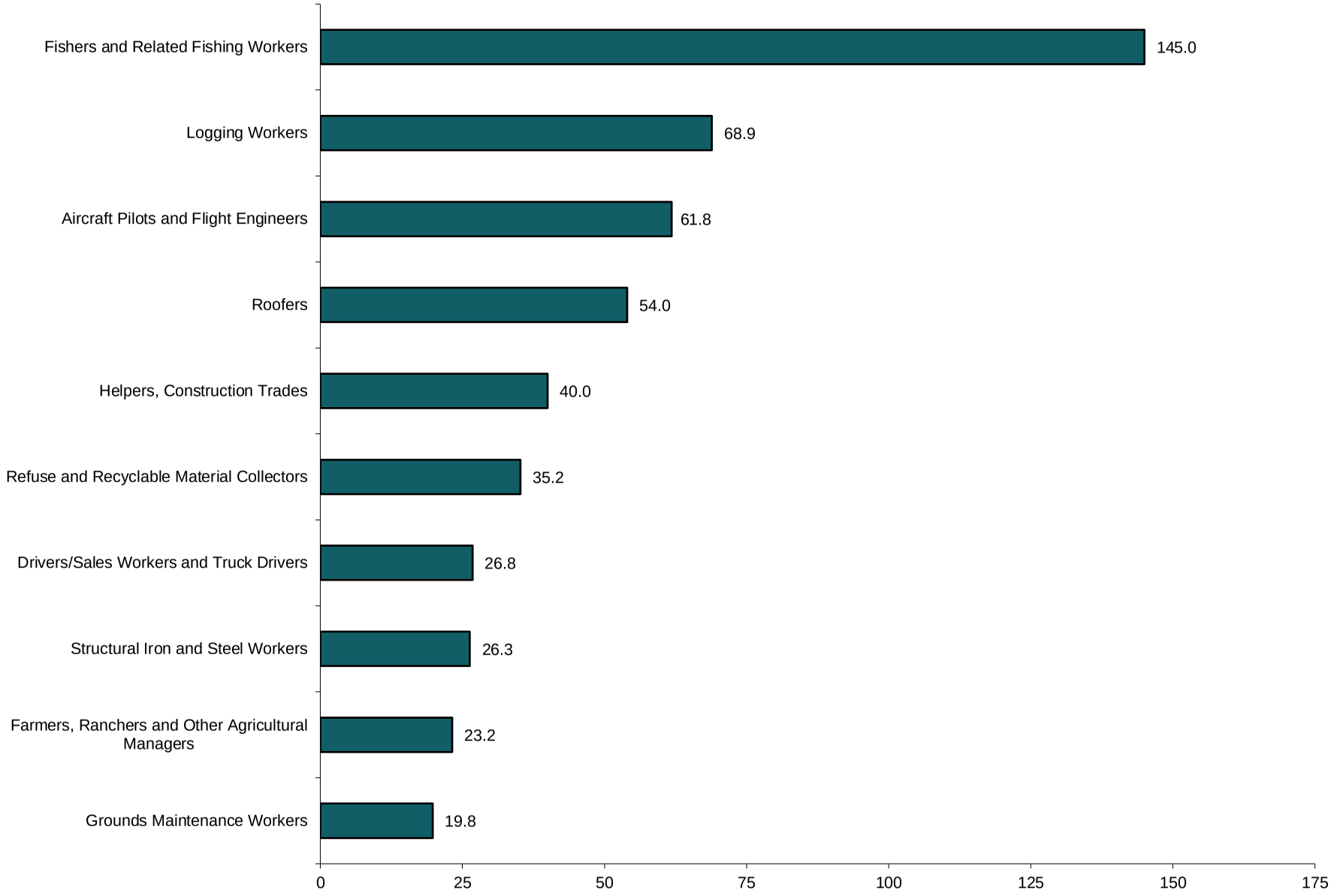
Fatal Occupational Injuries in the Private Sector Mining, Quarrying, and Oil and Gas Extraction Industries, 2003–2019



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

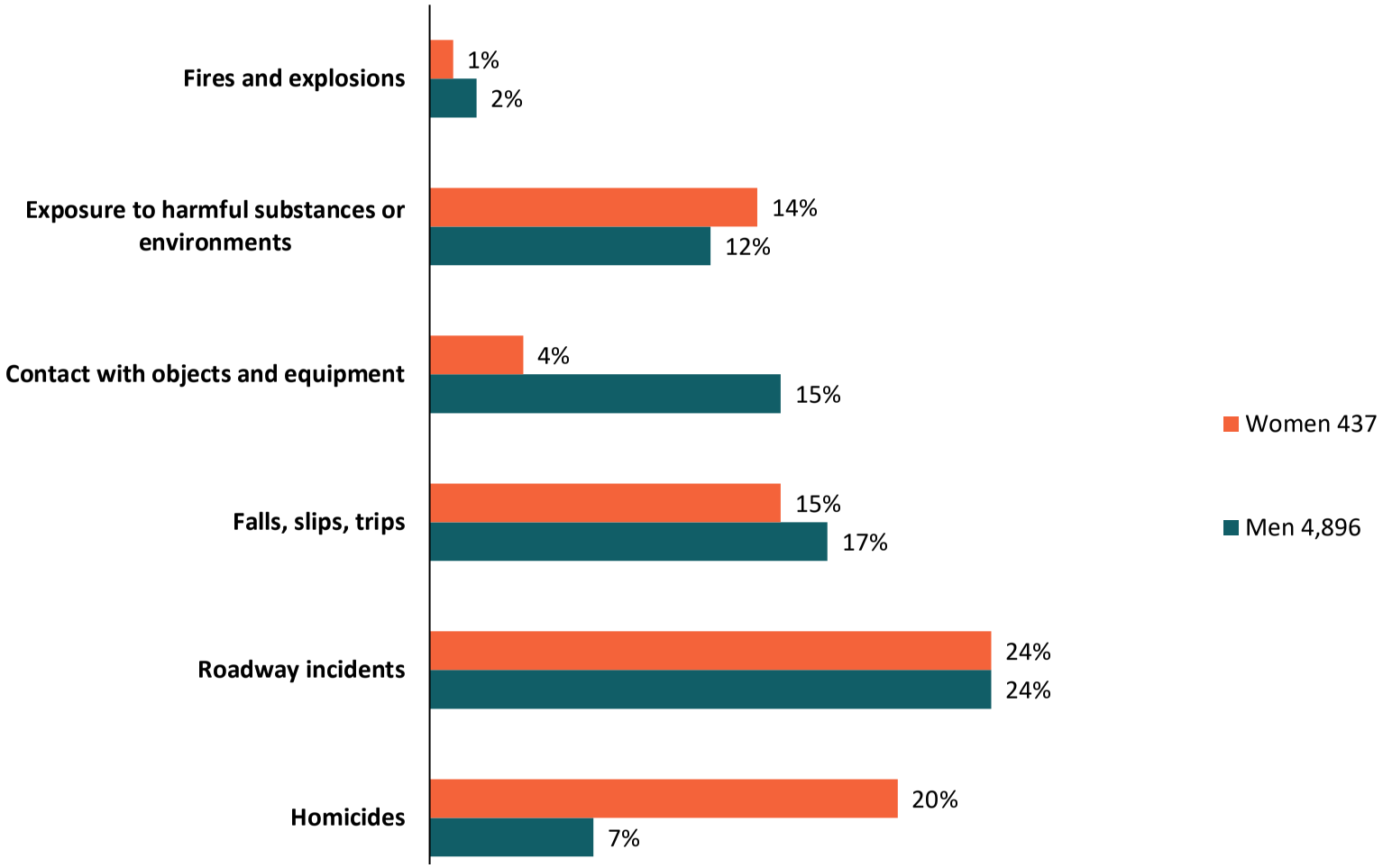
Note: Oil and gas extraction industries include oil and gas extraction (NAICS 21111), drilling oil and gas wells (NAICS 213111), and support activities for oil and gas operations (NAICS 213112).

Selected Occupations with High Fatality Rates, 2019
(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, 2019



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

Profile of Workplace Homicides, 2019[1]

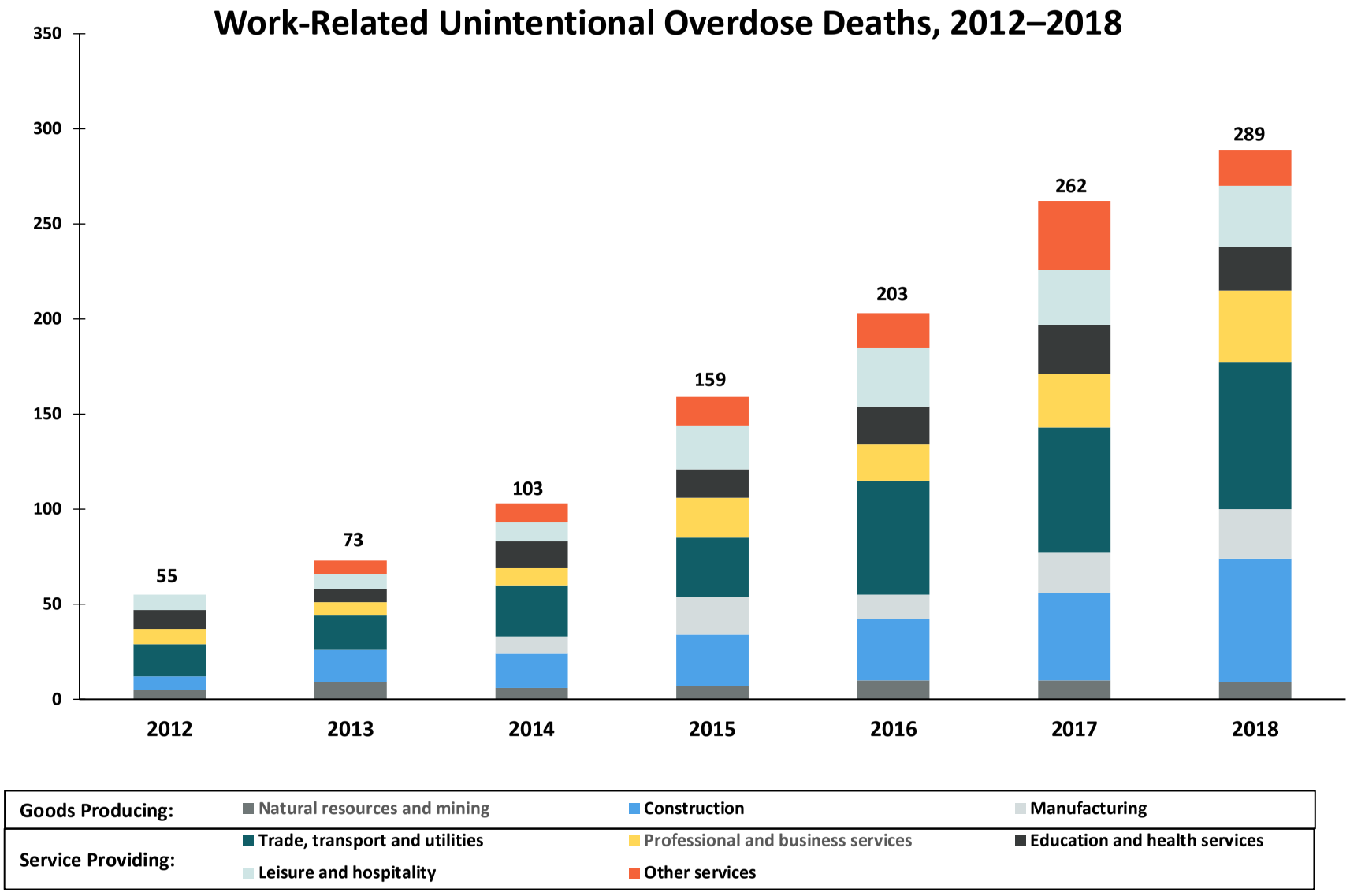
Characteristic	Subcharacteristics	Deaths
Total Homicides[2]		454
Gender	Men	366
	Women	88
Employee Status	Wage and salary workers	362
	Self employed	92
Race	White	197
	Black	127
	Hispanic or Latino	74
Leading Primary Source	Assailant, suspect	-
	Co-worker or work associate	-
	Other client or customer	-
	Relative or domestic partner of injured or ill worker	-
Leading Secondary Source	Firearm	362
	Knives	-
Leading Worker Activity	Protective service activities	82
	Tending a retail establishment	-
	Vehicular and transportation operations	-
Leading Location	Public building	180
	Private residence	53
	Street or highway	70
Leading Occupations	Law enforcement workers	-
	Retail sales workers	-
	Supervisors of sales workers	-
Leading Industries	Retail trade	84
	Accommodations and food services	57
	Public administration[3]	51
	Transportation and warehousing	45

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

[1]In 2020, the Bureau of Labor Statistics updated its disclosure methodology resulting in significantly fewer publishable data. See www.bls.gov/iif/oshfaq1.htm#accessingourdata.

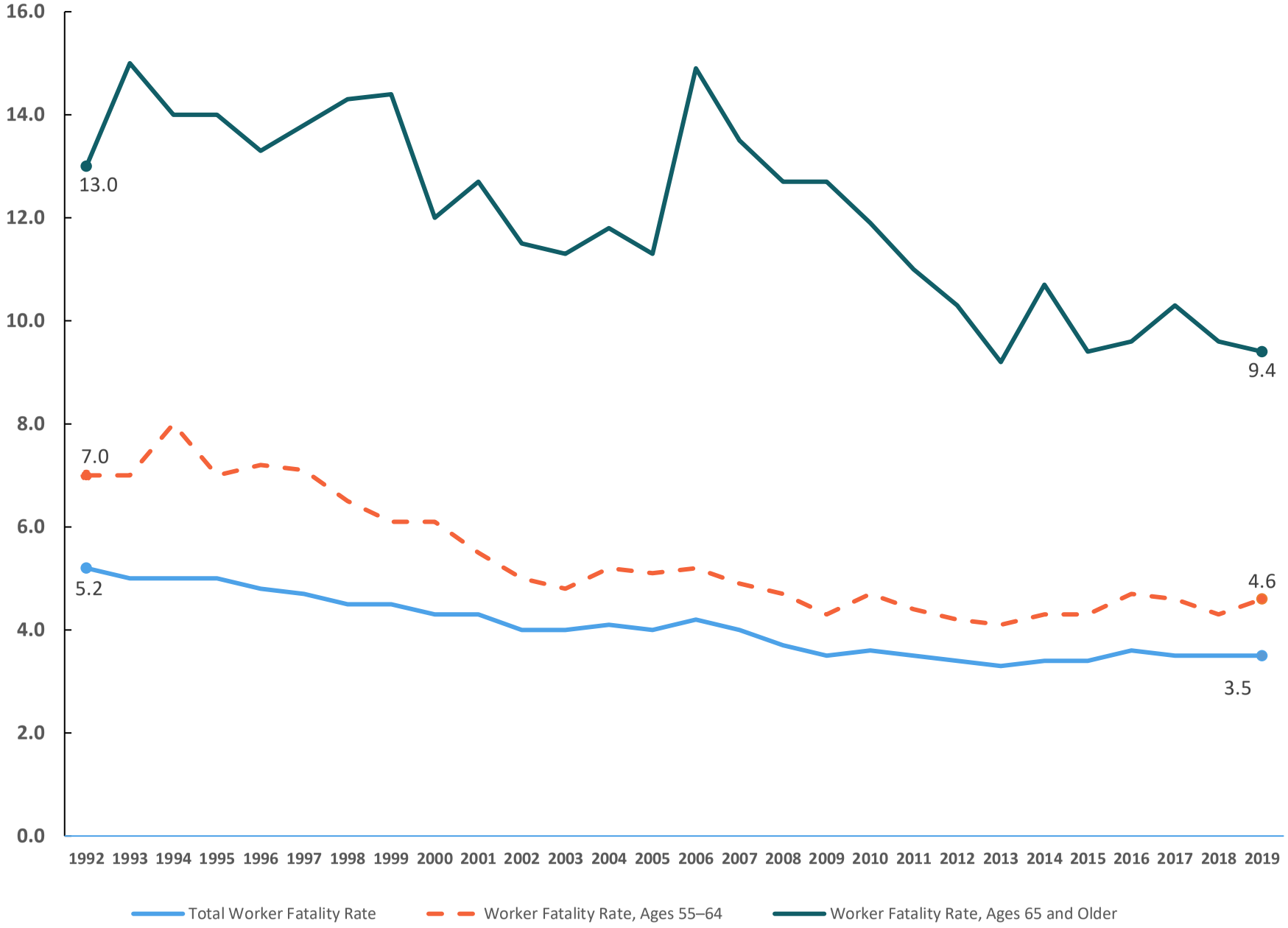
[2]This does not include 307 workplace suicides.

[3]Police protection was not reported in 2019. In 2018, police protection accounted for 55 deaths in this industry.



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.
Note: 2019 data is unavailable. In 2020, the Bureau of Labor Statistics updated its disclosure methodology resulting in significantly fewer publishable data. See www.bls.gov/iif/oshfaq1.htm#accessingourdata.

Total Worker Fatality Rates Compared with Aging Worker Fatality Rates, 1992–2019[1]



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

[1]All rates per 100,000 workers.

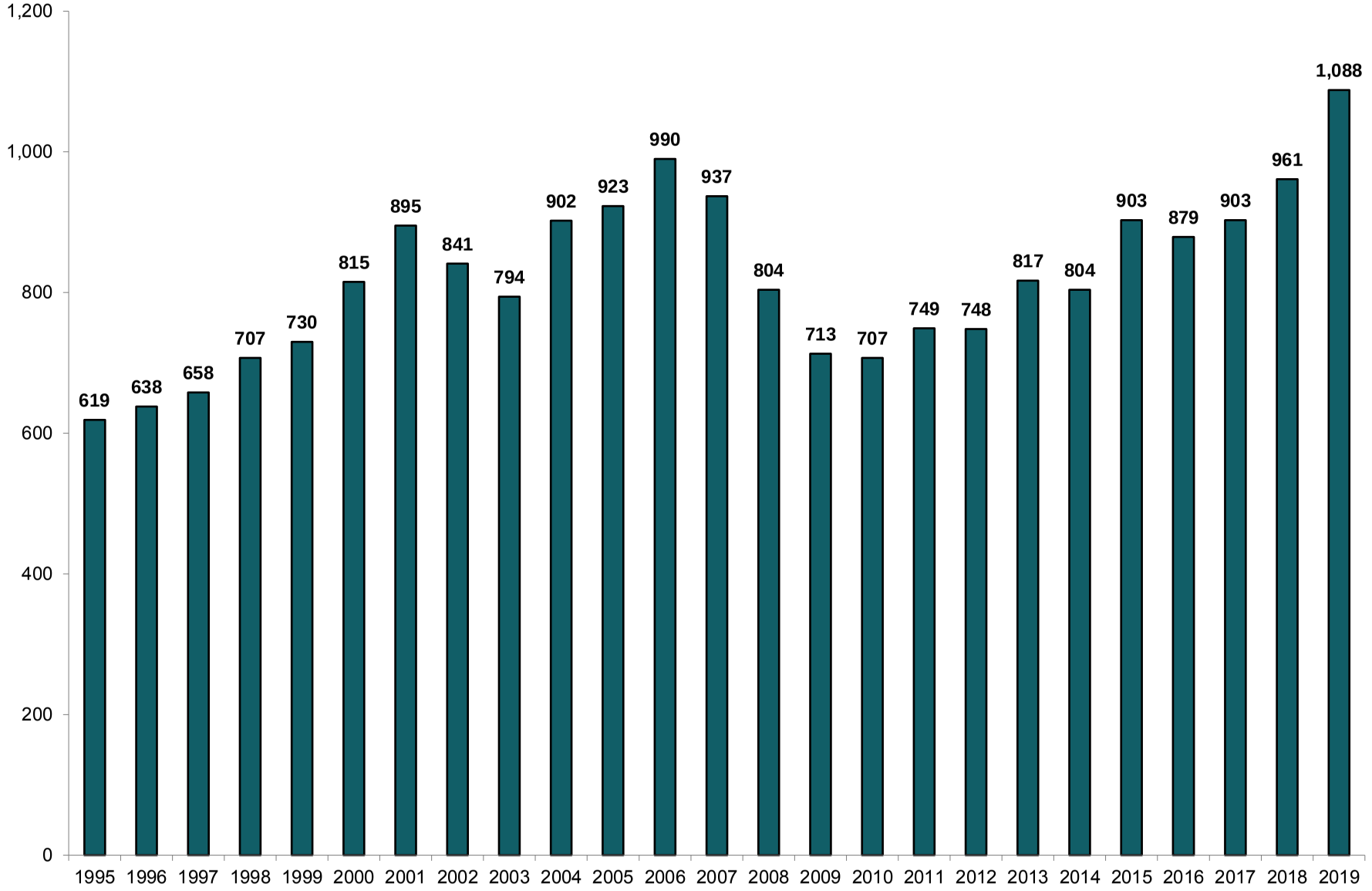
Fatal Work Injuries by Race, 2000–2019

	2000	2001[1]	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total Fatalities	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	5,333
White	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	3,297
Black or African American	575	565	491	543	546	584	565	609	533	421	412	440	486	439	475	495	587	530	615	634
Hispanic or Latino	815	895	841	794	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088
Asian or Pacific Islander	185	182	140	158	180	163	159	172	152	148	149	124	154	132	142	123	167	161	163	181
American Indian or Alaskan Native	33	48	40	42	28	50	46	29	32	33	32	30	37	35	34	36	38	38	42	30
Multiple Races	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	14	22
Other Races/Not Reported	68	50	96	50	42	37	61	43	30	32	27	27	26	37	34	38	38	57	50	81

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

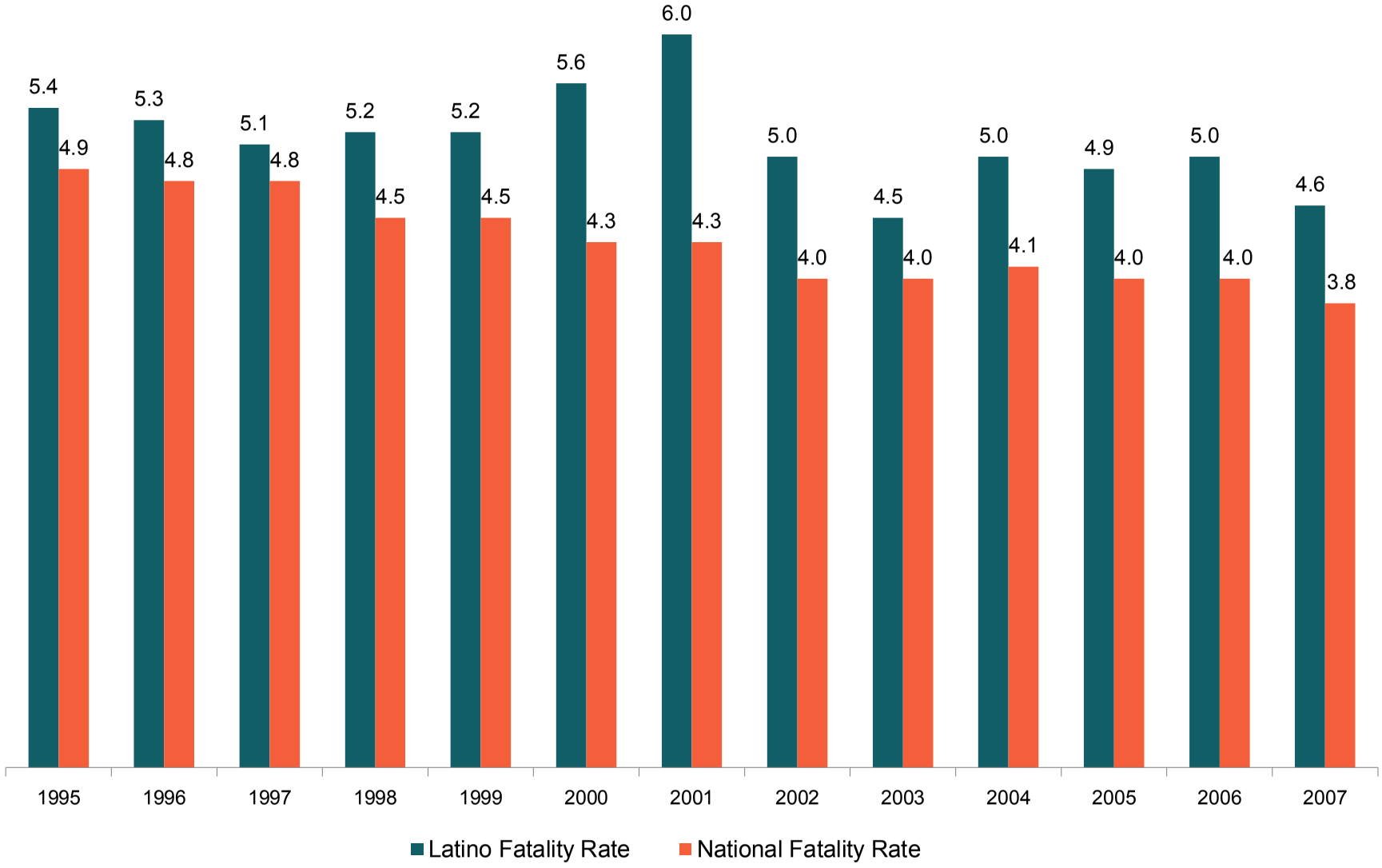
[1]Excludes fatalities from the September 11 terrorist attacks.

Number of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2019



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

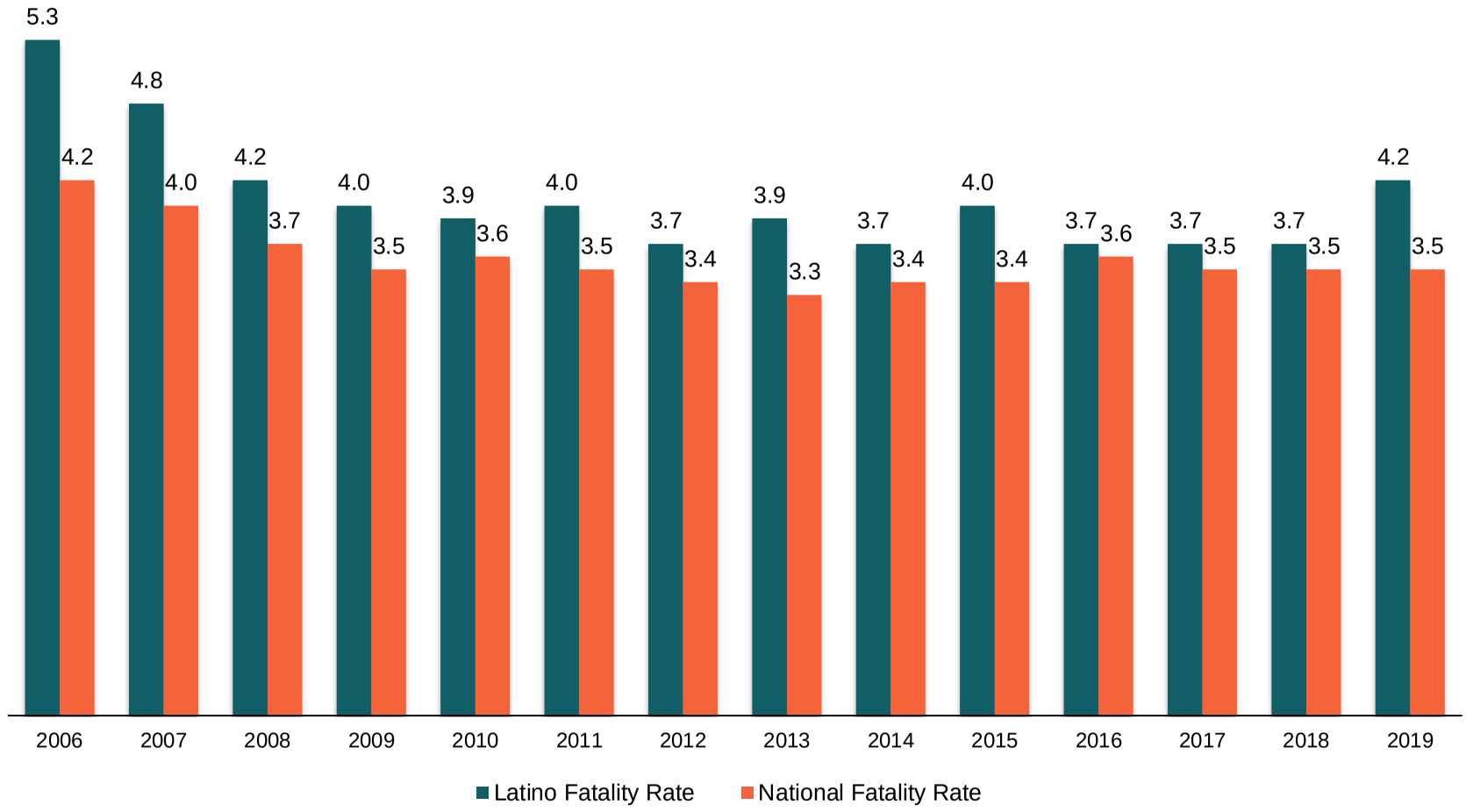
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2007[1]
(Employment-Based Rates)



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, 2006–2019[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, 2019[1]

Characteristic	Subcharacteristics	Deaths
Total Fatalities		1,088
Country of Birth	Foreign-born	719
	Native-born	369
Leading Birthplace Countries	Mexico	-
	United States	-
	El Salvador	-
Employee Status	Wage and salary workers	-
	Self employed	-
Gender	Men	-
	Women	-
Leading Occupations	Construction trades workers	321
	Motor vehicle operators[2]	173
	Grounds maintenance workers	88
	Agricultural workers	84
Leading Industries	Construction	374
	Administration and support and waste management and remediation services[3]	147
	Transportation and warehousing[4]	156
Leading Event or Exposure	Transportation incidents	368
	Fall, slip, trip	267
	Contact with object/equipment	174
	Exposure to harmful substances or environment	149

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

[1]In 2020, the Bureau of Labor Statistics updated its disclosure methodology resulting in significantly fewer publishable data. See www.bls.gov/iif/oshfaq1.htm#accessingourdata.

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

[3]Landscaping services accounted for 93 of these deaths.

[4]Truck transportation accounted for 109 of these deaths.

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.

Note: 2019 data is not available. In 2020, the Bureau of Labor Statistics updated its disclosure methodology resulting in significantly fewer publishable data.

See www.bls.gov/iif/oshfaq1.htm#accessingourdata.

[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, 1974–2019 (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
2019	2.8	1.5	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, 2004–2019[1,2]

	2004	2005	2006	2007	2008[3]	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
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**	**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**	**4.6**
State government	-	-	-	-	4.7	4.6	4.6	4.6	4.4	3.9	4.1	3.7	3.7	3.6	3.6	3.5
Local government	-	-	-	-	7.0	6.3	6.1	6.1	6.1	5.7	5.4	5.6	5.0	5.0	5.3	5.0
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**	**3.4**
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	5.2
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	1.2
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**	**2.8**
Construction (local government)	-	-	-	-	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**	**3.3**
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**	**3.4**
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	2.7
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	3.4
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	4.4
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	2.2
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**	**1.2**
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**	**0.9**
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**	**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**	**3.6**
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	5.5
Hospitals (state government)	-	-	-	-	11.9	11.0	11.8	9.2	9.2	7.7	8.7	8.1	8.2	7.7	8.1	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	5.9
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	11.5
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**	**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**	**2.0**

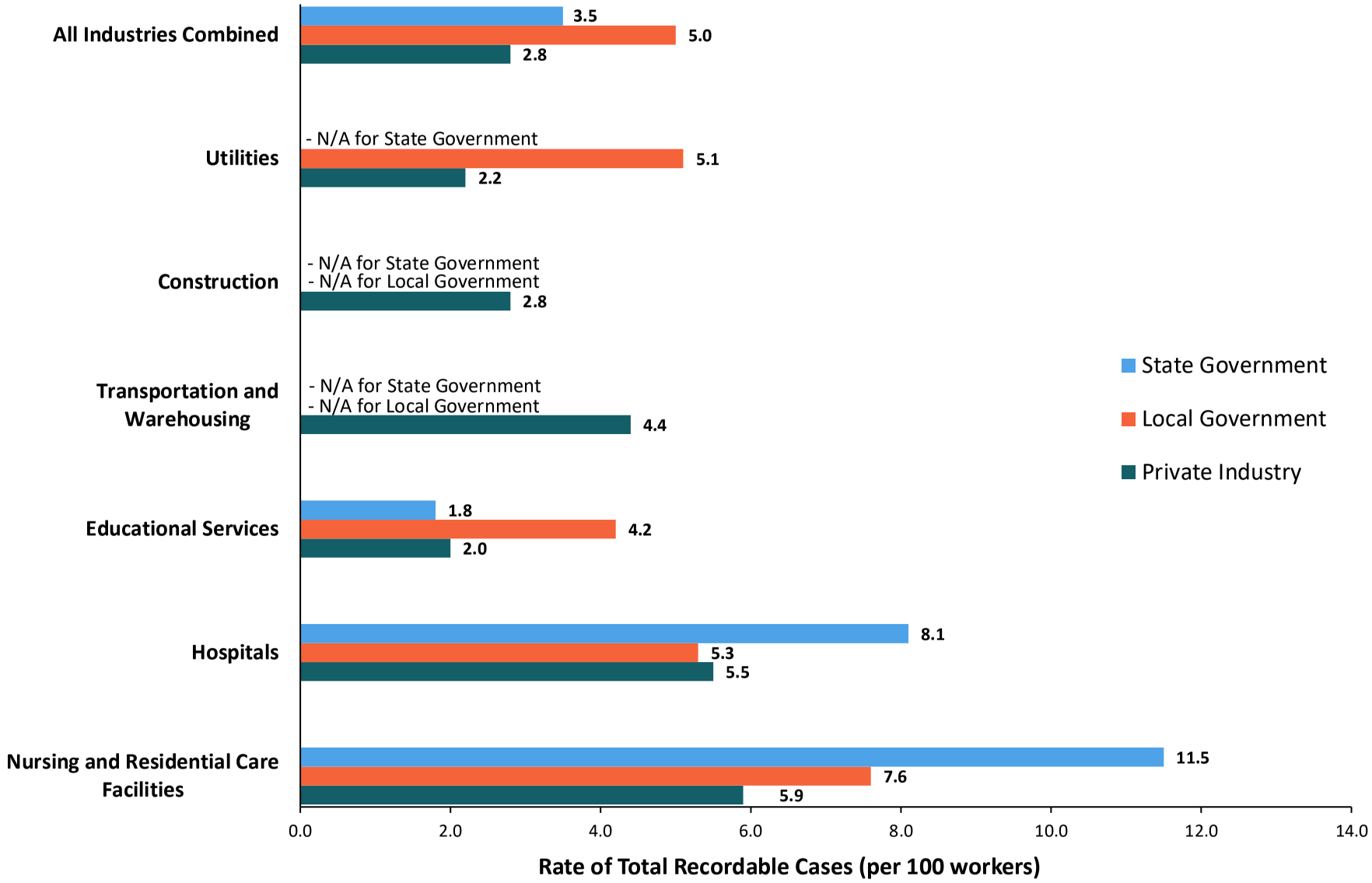
Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1]Total recordable cases per 100 workers.

[2]Private industry, unless otherwise noted.

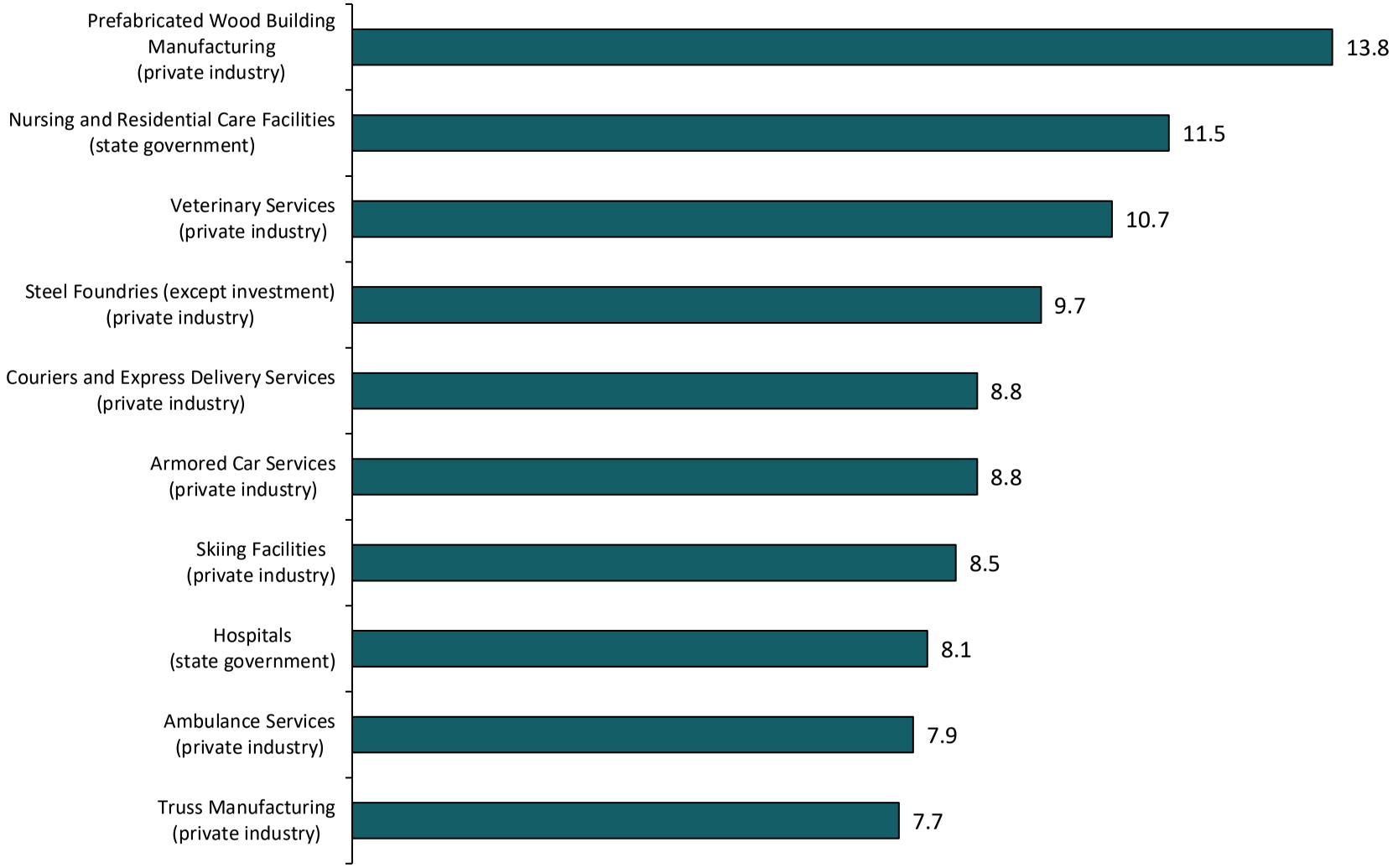
[3]Beginning in 2008, the Bureau of Labor Statistics provided national public sector estimates for state and local government workers.

Rate of Workplace Injuries and Illnesses for Selected Industries in State Government, Local Government and Private Industry, 2019



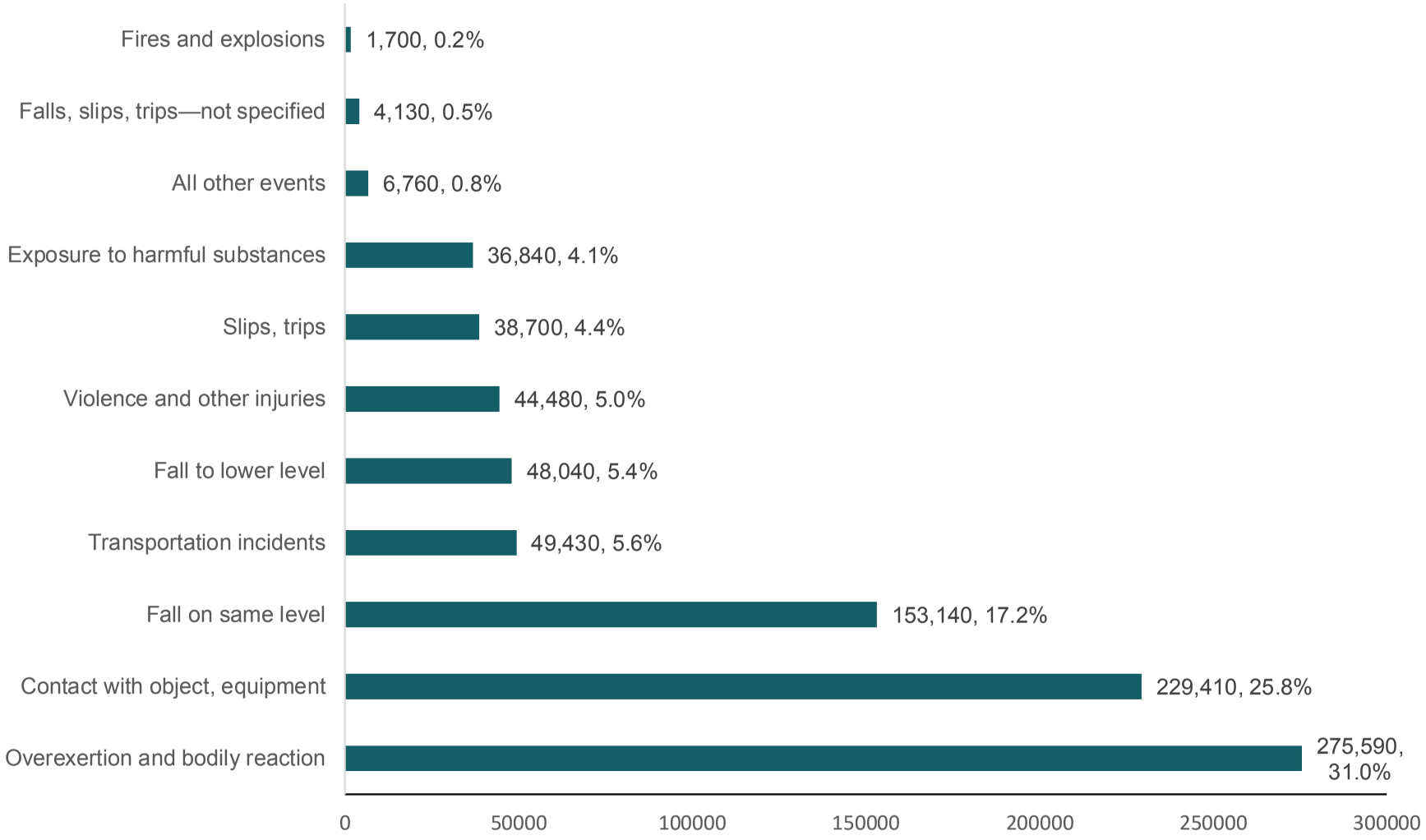
Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

Industries with the Highest Total Nonfatal Injury and Illness Rates, 2019
(Per 100 Workers)
Private Industry = 2.8
State Government = 3.5
Local Government = 5.0



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, 2019[1]
Total = 888,220



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

[1]Includes total number in private industry, state and local government.

Number of Injury and Illness Cases in Private Industry with Days Away from Work Among Hispanic and Latino Workers, 1995–2019[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
2019[3]	124,710	14.0

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

[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% to 40% of cases do not report race and ethnicity.

Workplace Injuries and Illnesses to Women Involving Days Away from Work, Private Industry, 2019

Characteristic	Subcharacteristics	Number
Total Number of Injuries and Illnesses with Days Away from Work		348,600
Leading Industries	Hospitals	40,010
	Nursing and residential care facilities	36,550
	Food service and drinking places	34,580
Leading Occupations	Nursing, psychiatric and home health aides	35,290
	Laborers and material movers	30,350
	Building cleaning workers	21,560
	Registered nurses	18,150
Leading Nature	Sprains, strains, tears	117,960
	Soreness, pain	66,610
	Bruises, contusions	40,470
Leading Event or Exposure	Falls, slips, trips	116,830
	Overexertion and bodily reaction	104,460
	Contact with objects and equipment	67,920
Leading Source	Bodily motion or position of injured, ill worker	46,690
	Floors[1]	52,490
	Patient	36,710
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 88,200 injuries and illnesses involving days away from work for women.

Workplace Injuries and Illnesses to Men Involving Days Away from Work, Private Industry, 2019

Characteristic	Subcharacteristics	Number
Total Number of Injuries and Illnesses with Days Away from Work		535,980
Leading Industries	Specialty trade contractors	51,420
	Food service and drinking places	27,950
	Truck transportation	26,260
Leading Occupations	Driver/sales workers and truck drivers	71,460
	Laborers and material movers	70,470
	Maintenance and repair workers	20,780
	Construction laborers	19,260
Leading Nature	Sprains, strains, tears	175,750
	Soreness, pain	90,420
	Cuts, lacerations, punctures	64,550
Leading Event or Exposure	Overexertion and bodily reaction	170,430
	Contact with objects and equipment	160,790
	Falls, slips, trips	126,250
Leading Source	Bodily motion or position of injured, ill worker	72,800
	Containers, nonpressurized	42,490
	Floors[1]	26,220
Median Days Away from Work	Total cases	8
	Men	10

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 66,790 injuries and illnesses involving days away from work for men.

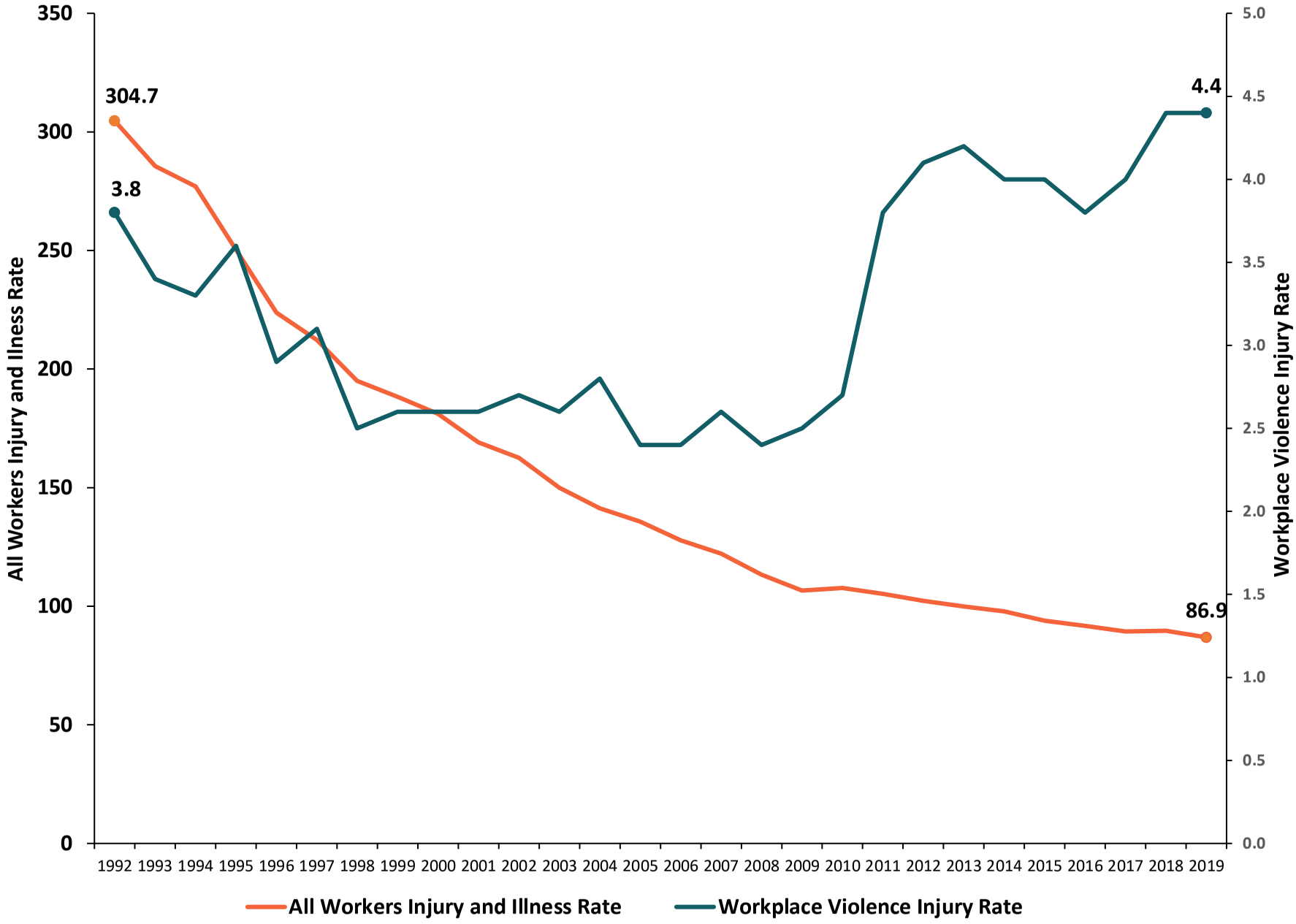
Number of Workplace Violence Events Leading to Injuries Involving Days Away from Work, Private Industry, 2019[1]

Characteristic	Subcharacteristics	Number
Total Events		30,090
Gender	Women	19,560
	Men	10,440
Race	White	9,500
	Black	5,970
	Hispanic or Latino	2,330
Leading Industries	Nursing and residential care facilities	7,830
	Hospitals	7,170
	Social assistance	2,770
	Ambulatory health care services	2,690
Leading Occupations	Nursing assistants, orderlies and psychiatric aides	4,550
	Home health and personal care aides	4,360
	Registered nurses	2,590
Leading Nature of Injury	Sprains, strains, tears	7,930
	Soreness, pain	7,020
	Bruises, contusions	4,930
Leading Source	Patient	16,210
	Other client or customer	4,360
	Student	3,750
Median Days Away from Work	Overall, all injuries and illnesses	8
	Intentional injury by person	5
	Injury by person—unintentional or intent unknown	8

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.

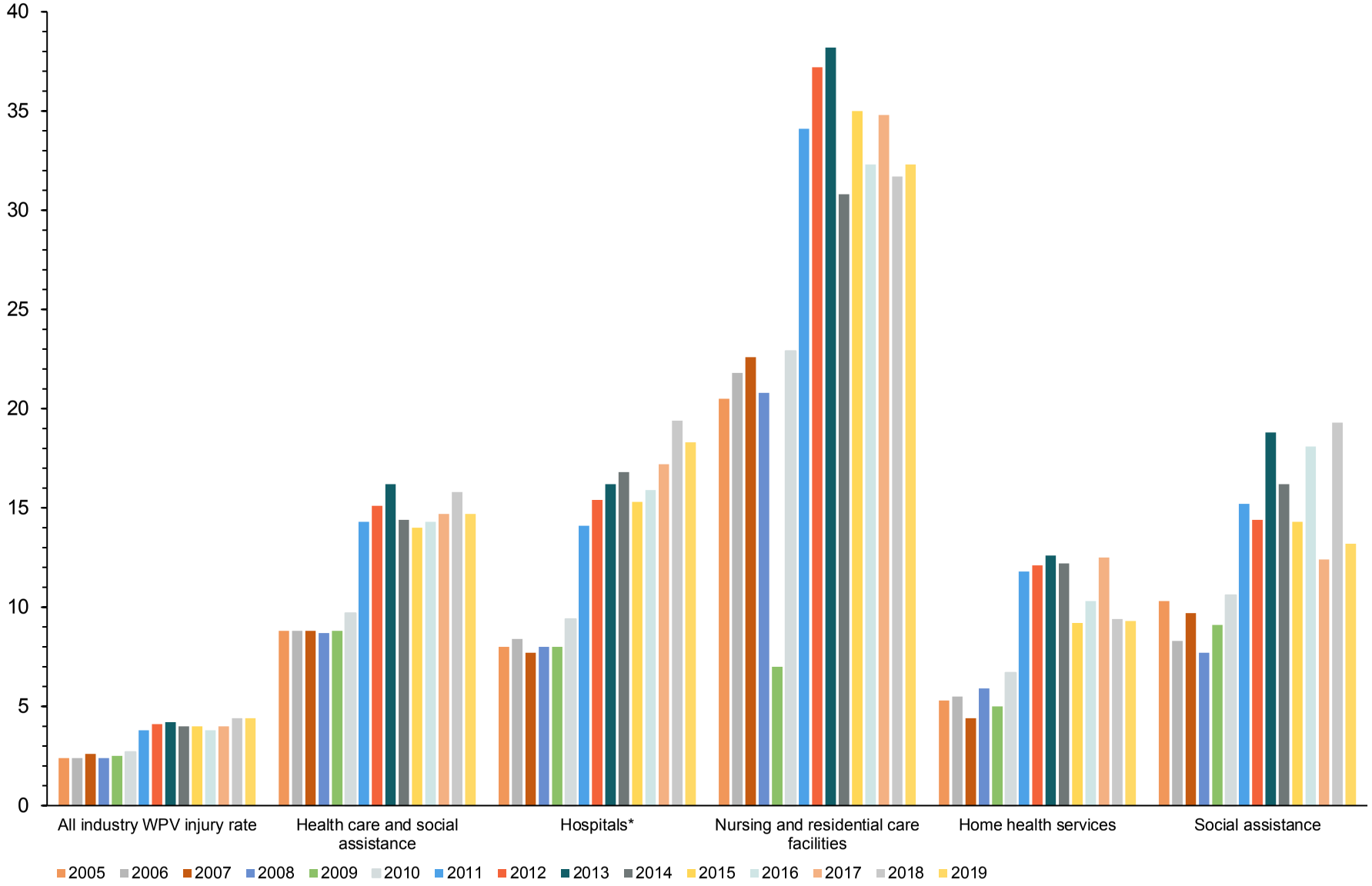
Total Injury and Illness Rates Compared with Workplace Violence Injury Rates, Private Industry, 1992–2019[1]



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.

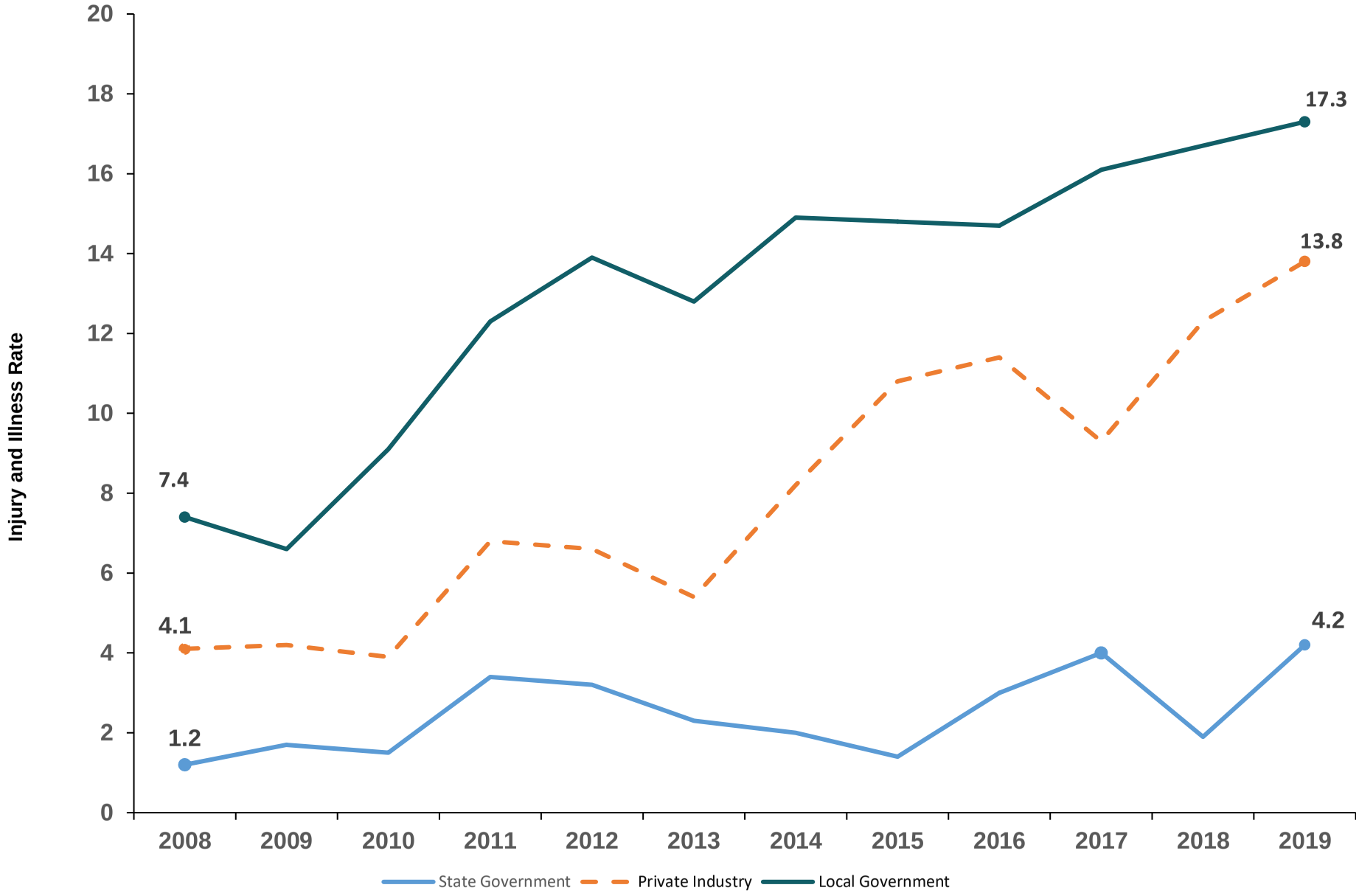
Workplace Violence (WPV) Rates for Injuries Leading to Days Away from Work in Selected Health Care Industries, Private Industry, 2005–2019[1]



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 152.4 per 10,000 workers; 175.0 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 Industry, State and Local Government, 2008–2019[1]



Estimated and Reported Cases of Musculoskeletal Disorders, Private Industry, 1996–2019[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%
2019	829,204	444,217	207,301	266,530	30.0%

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 underreporting, 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.

Highest Rates of Musculoskeletal Disorders by Occupation, 2019[1,2,3]

Occupation	Incidence Rate	Number of MSDs[4]
Telecommunications equipment installers and repairers	238.2	2,710
Dietetic technicians	212.4	470
First-line supervisors of firefighting and prevention workers	195.0	1,470
Ship engineers	184.4	160
Refuse and recyclable material collectors	180.5	1,720
Firefighters	179.9	6,070
Aircraft cargo handling supervisors	175.8	150
Orderlies	165.8	580
Psychiatric aides	162.3	670
Bus drivers, transit and intercity	157.2	2,060

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

[1]MSDs leading to days away from work with or without job transfer or restriction.

[2]Includes cases where the nature of injury is sprains, tears; back pain, hurt back; soreness, pain, hurt except back; carpal tunnel syndrome; hernia; musculoskeletal system and connective tissue diseases and disorders; and when the event or exposure leading to the injury or illness is bodily reaction/bending, climbing, crawling, reaching, twisting, overexertion or repetition. Cases of Raynaud's phenomenon, tarsal tunnel syndrome and herniated spinal discs are not included. Although these cases may be considered MSDs, the survey classifies these cases in categories that also include non-MSD cases.

[3]Athletes and sports competitors have the highest rate of MSDs, with a rate of 1,019.2 and 620 cases in 2019.

[4]Includes total number in private industry, state and local government.

Highest Incidence Rates of Musculoskeletal Disorders by Industry, 2019

Industry (NAICS Code)[1]	Incidence Rate[2]	Number of Total Cases
000 All Private Industry[3]	26.1	266,530
481 Air transportation	164.7	6,880
492 Couriers and messengers	138.9	7,960
493 Warehousing and storage	90.0	9,700
623 Nursing and residential care facilities	59.4	15,300
444 Building material and garden supply stores	55.0	6,140
622 Hospitals	53.1	21,320
517 Telecommunications	51.9	3,620
484 Truck transportation	50.9	8,280
424 Merchant wholesalers—nondurable goods	50.1	10,510
711 Performing arts and spectator sports	48.1	1,460
312 Beverage and tobacco product manufacturing	48.0	1,160
562 Waste management and remediation services	45.1	2,030
445 Food and beverage stores	44.9	9,640
321 Wood product manufacturing	44.8	1,850
442 Furniture and home furnishings stores	43.8	1,610
485 Transit and ground passenger transportation	38.0	1,430
452 General merchandise stores	37.8	8,220
336 Transportation equipment manufacturing	37.4	6,500
721 Accommodation	36.7	5,960
311 Food manufacturing	36.0	5,880
488 Support activities for transportation	35.8	2,320
326 Plastics and rubber products manufacturing	33.7	2,470
212 Mining (except oil and gas)	33.5	720
115 Support activies for agriculture and forestry[4]	33.1	1,050
337 Furniture and related product manufacturing	32.3	1,240
423 Merchant wholesalers—durable goods	31.3	9,730
238 Specialty trade contractors	30.8	13,610
487 Scenic and sightseeing transportation	30.5	70
327 Nonmetallic mineral product manufacturing	30.3	1,310
441 Motor vehicle parts and dealers	29.4	5,690

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

[1]Does not include state or local government.

[2]Rates of MSDs leading to days away from work, per 10,000 workers.

[3]All private industry MSDs led to a median of 13 days away from work.

[4]Excludes farms with fewer than 11 employees.

Highest Numbers of Musculoskeletal Disorders by Industry, 2019

Industry (NAICS Code)[1]	Number of Total Cases	Incidence Rate[2]
000 All Private Industry[3]	266,530	26.1
622 Hospitals	21,320	51.3
623 Nursing and residential care facilities	15,300	59.4
238 Specialty trade contractors	13,610	30.8
621 Ambulatory health care services	11,380	19.0
424 Merchant wholesalers—nondurable goods	10,510	50.1
423 Merchant wholesalers—durable goods	9,730	31.3
493 Warehousing and storage	9,700	90.0
445 Food and beverage stores	9,640	44.9
722 Food services and drinking places	9,120	12.4
484 Truck transportation	8,280	50.9
452 General merchandise stores	8,220	37.8
492 Couriers and messengers	7,960	138.9
481 Air transportation	6,880	164.7
336 Transportation equipment manufacturing	6,500	37.4
624 Social assistance	6,440	26.9
444 Building material and garden equipment and supply dealers	6,140	55.0
721 Accommodation	5,960	36.7
311 Food manufacturing	5,880	36.0
441 Motor vehicle and parts dealers	5,690	29.4
541 Professional and technical services	4,240	4.9
332 Fabricated metal product manufacturing	4,230	28.3
517 Telecommunications	3,620	51.9
236 Construction of buildings	3,590	23.8
531 Real estate	3,200	21.5
488 Support activities for transportation	2,320	35.8
326 Plastics and rubber products manufacturing	2,470	33.7
333 Machinery manufacturing	2,330	20.4
237 Heavy and civil engineering construction	2,200	19.5
611 Educational services	2,190	11.1
812 Personal and laundry care services	2,190	19.8

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

[1]Does not include state or local government.

[2]Rates of MSDs leading to days away from work, per 10,000 workers.

[3]All private industry MSDs led to a median of 13 days away from work.

Estimates of the True Toll of Workplace Injuries and Illnesses

	Estimated 2019 Figures Accounting for Impact of Undercounting Injuries and Illnesses[1]	2019 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	**2.7 million**	**888,220**
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	**679,590**	**266,530**
Total Number of Estimated Cases of Musculoskeletal Disorders in Private Industry	**2,487,612**	**829,204**

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 2011–2020

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020[1]
Inspections	40,625	40,950	39,178	36,167	35,822	31,948	32,396	32,020	33,401	21,674
Safety	33,338	33,598	31,920	29,343	28,903	25,704	26,607	26,453	27,890	17,558
Health	7,287	7,352	7,258	6,824	6,917	6,244	5,789	5,567	5,511	4,116
Complaints	8,762	9,568	9,503	9,577	9,037	8,870	8,254	7,510	7,408	4,581
Programmed	23,319	23,082	22,170	19,207	16,527	12,731	14,396	13,980	14,910	8,726
Construction	22,624	22,507	20,430	18,223	17,549	15,610	16,921	16,729	17,500	11,069
Maritime	340	386	411	370	357	297	292	274	275	211
Manufacturing	8,566	8,399	7,945	7,602	8,051	7,450	7,043	6,863	7,046	4,367
Other	9,094	9,654	10,392	9,972	9,863	8,591	8,140	8,154	8,580	6,027
Average Case Hours/Inspections										
Safety	20.4	20.3	22.5	22.0	22.3	21.0	20.21	19.26	18.40	23.91
Health	33.9	34.6	40.1	45.2	39.7	33.4	33.58	32.00	29.34	44.86
Violations – Total	81,861	78,760	78,037	67,556	65,044	59,856	51,273	50,910	50,638	40,313
Willful	572	424	316	433	527	524	319	341	364	385
Repeat	3,029	3,031	3,119	2,954	3,088	3,146	2,771	2,593	2,471	2,155
Serious	59,547	57,155	58,234	49,416	47,934	42,984	36,802	36,645	36,447	28,757
Unclassified	7	1	-	1	1	1	-	1	1	0
Other	18,436	18,038	16,260	14,597	13,016	11,895	11,300	11,265	11,280	8,984
FTA	270	107	77	155	107	152	81	65	75	32
Penalties – Total ($)	178,289,800	168,842,092	149,994,488	143,535,247	156,525,585	162,872,470	196,837,526	196,598,571	207,960,691	186,187,094
Willful	22,737,340	15,053,400	12,484,996	17,474,793	21,581,025	21,794,276	20,808,006	21,108,034	21,611,925	27,256,828
Repeat	21,076,053	21,884,028	19,563,867	20,407,958	24,042,251	27,277,061	31,447,412	29,823,210	34,862,762	33,058,548
Serious	125,459,324	123,274,497	110,326,980	97,427,404	102,971,432	103,234,454	130,767,703	131,173,038	135,482,837	112,819,262
Unclassified	317,775	1,200	-	0	4,200	-	-	5,432	1,037	0
Other	7,299,625	7,829,960	6,855,744	6,500,117	7,222,074	8,537,920	12,183,280	12,926,576	14,876,315	12,248,709
FTA	1,399,683	797,507	762,901	1,724,976	704,143	2,028,758	1,631,125	1,561,970	1,125,815	775,011
Average Penalty/ Violation ($)	2,178	2,144	1,922	2,125	2,406	2,721	3,839	3,862	4,107	4,619
Willful	39,751	35,503	39,509	40,357	40,951	41,592	65,229	61,900	59,373	70,797
Repeat	6,958	7,220	6,272	6,909	7,786	8,670	11,349	11,501	14,109	15,340
Serious	2,107	2,157	1,895	1,972	2,148	2,402	3,553	3,580	3,717	3,923
Unclassified	45,396	1,200	-	0	4,200	-	-	5,432	1,037	-
Other	396	434	422	445	555	718	1,078	1,148	1,319	1,363
FTA	5,184	7,453	9,908	11,129	6,581	13,347	20,137	24,030	15,011	24,219
Percent Inspections with Citations Contested (%)	10.8%	11.4%	6.0%	6.6%	7.4%	8.3%	8.5%	8.3%	8.0%	9.6%

Sources: OSHA IMIS Inspection Reports, FY 2011–FY 2013, and OIS Federal Inspection Reports, FY 2012–FY 2020.

[1]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

Federal OSHA and State Plan OSHA Inspection/Enforcement Activity, FY 2020[1]

	FEDERAL OSHA	STATE PLAN OSHA
Inspections	21,674	32,062
Safety	17,558	23,921
Health	4,116	8,141
Complaints	4,581	7,238
Programmed	8,726	12,628
Construction	11,069	12,933
Maritime	211	71
Manufacturing	4,367	4,958
Other	6,027	14,100
Average Case Hours/Inspection		
Safety	23.91	24.68
Health	44.86	30.00
Violations – Total	40,313	65,884
Willful	385	149
Repeat	2,155	1,927
Serious	28,757	32,724
Unclassified	0	12
Other	8,984	30,906
FTA	32	166
Penalties – Total ($)	186,187,094	98,921,201
Willful	27,256,828	6,592,975
Repeat	33,058,548	10,607,408
Serious	112,819,262	69,935,786
Unclassified	0	58,966
Other	12,248,709	9,698,312
FTA	775,011	2,027,753
Average Penalty/Violation ($)	4,619	1,501
Willful	70,797	44,248
Repeat	15,340	5,505
Serious	3,923	2,137
Unclassified	-	4,914
Other	1,363	314
FTA	24,219	12,215
Percent Inspections with Citations Contested	9.6%	22.4%

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

[1]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

Federal OSHA Inspection/Enforcement Activity in Federal Agencies, FY 2020[1,2]

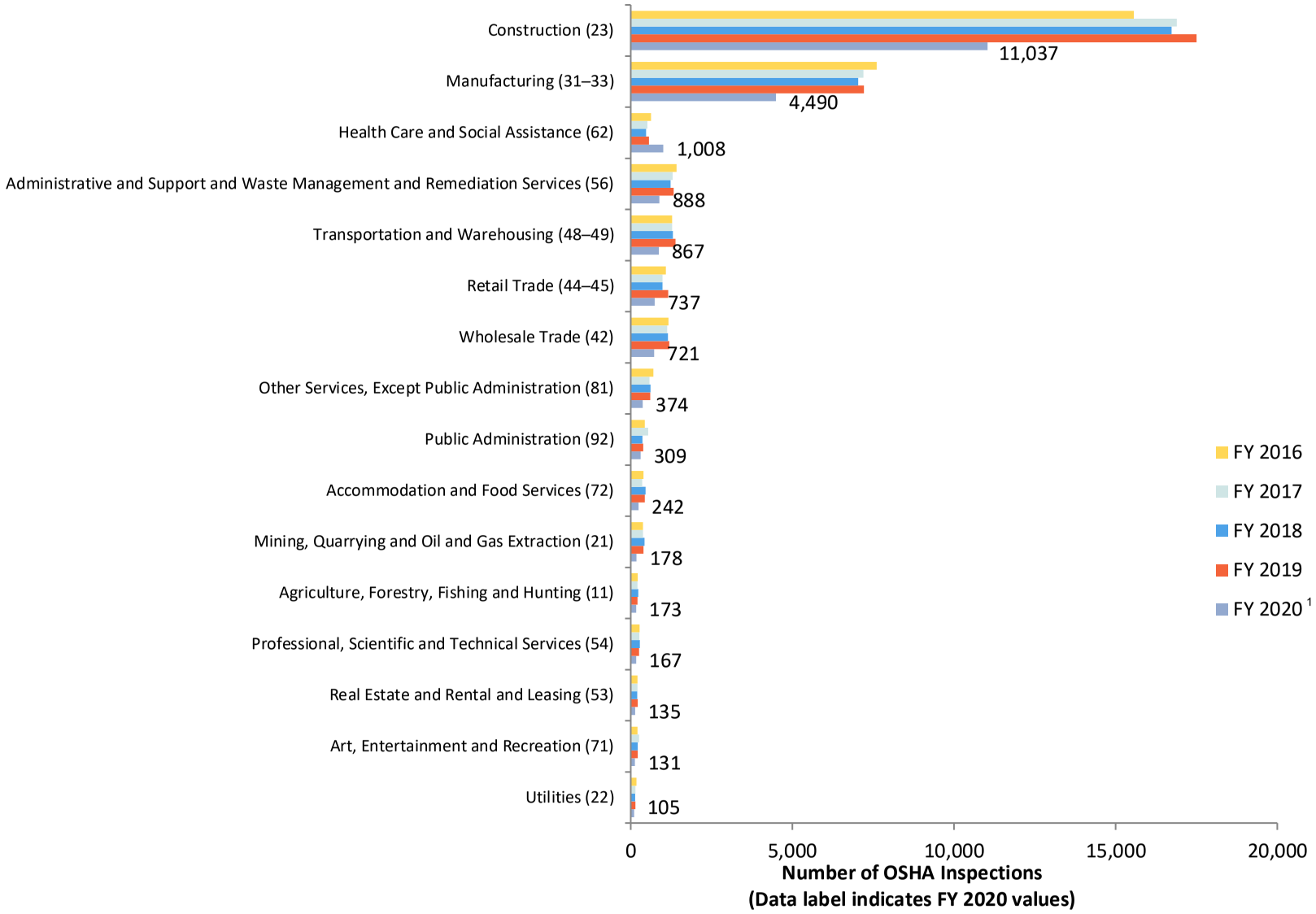
	FY 2020
Inspections	502
Safety	293
Health	209
Complaints	128
Programmed	223
Public administration	309
Health care and social assistance	71
Transportation and warehousing	27
Other	123
Average Case Hours/Inspection	
Safety	29.70
Health	43.39
Violations – Total	847
Willful	4
Repeat	69
Serious	577
Unclassified	0
Other	197
FTA	0
Violations by Agency	
DHS	52
CBP	32
TSA	18
Other DHS	2
DOT	24
FAA	17
Other DOT	7
DOC (NOAA)	12
DOD	269
DOE	10
DOI	132
DOJ	37
HHS	10
SSA	13
USDA	92
USPS	2
VA	107
Other	21
Percent Inspections with Citations Contested	1.5%

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

[1]OSHA does not issue monetary penalities to federal agencies.

[2]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

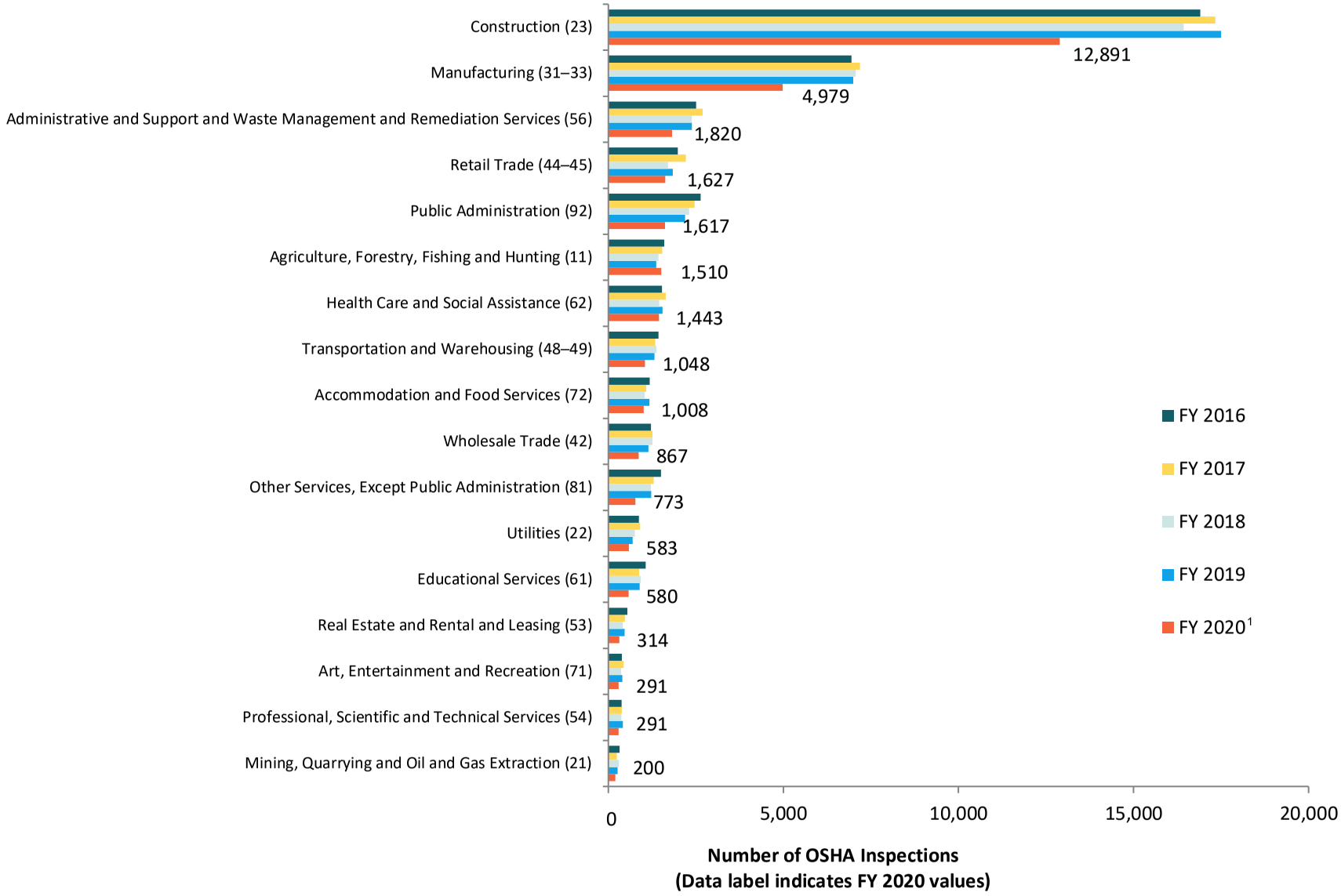
Number of Federal OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2016–2020



Source: OSHA OIS inspection reports, FY2016–FY2020. Most recent data received Feb. 26, 2021.

[1]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

Number of State Plan OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2016–2020



Sources: OSHA OIS inspection reports, FY2016–FY2020. Most recent data received Jan. 11, 2021.

[1]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

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[2]	Number of Inspections	69	44	19	31	-55%
EU Value: 5	Number of EUs	345	220	95	155	-55%
5a1 Heat[2]	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[2]	Number of Inspections	20	5	14	11	-45%
EU Value: 3	Number of EUs	60	15	42	33	-45%
			.			
5a1 Workplace Violence[2]	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]This data is based on OSHA's Updated Enforcement Weighting System (EWS), which was in effect Oct. 1, 2015, until Sept. 30, 2019: osha.gov/dep/enforcement/ews_memo_09302015.html. The OSHA Weighting System replaced the EWS and took effect beginning FY 2020 (Oct. 1, 2019); the OWS data are reflected in a separate table.

[2]These inspections resulted in either a 5a1 citation or hazard alert letter (HAL). HALs do not result in a citation or penalty. The majority of inspections resulted in a HAL.

Inspections and Investigations Under the OSHA Weighting System, FY 2020[1,2,3]

		FY 2020
Total Inspections		21,674
Total Enforcement Units		43,217
With Inspections		
Significant Case	Number of Inspections	1
EU Value: 7	Number of EUs	7
Process Safety Management	Number of Inspections	101
EU Value: 5	Number of EUs	505
Fatality/Catastrophe	Number of Inspections	1,508
EU Value: 5	Number of EUs	7,540
Falls, Caught in, Struck by, Electrical Hazards[4]	Number of Inspections	6,966
EU Value: 3	5a1 Citation	334
	5a1 HAL	116
	Emphasis Programs	6,516
	Number of EUs	20,898
National/Regional/Local Emphasis Program	Number of Inspections	707
EU Value: 2	Number of EUs	1,414
5a1 Ergonomics[4]	Number of Inspections	13
EU Value: 2	5a1 Citation	0
	HAL	13
	Number of EUs	26
5a1 Heat[4]	Number of Inspections	29
EU Value: 2	5a1 Citation	4
	HAL	25
	Number of EUs	58
5a1 Non-PEL Overexposure[4]	Number of Inspections	2
EU Value: 2	5a1 Citation	0
	HAL	2
	Number of EUs	4
5a1 Workplace Violence[4]	Number of Inspections	15
EU Value: 2	5a1 Citation	1
	HAL	14
	Number of EUs	30
Federal Agencies	Number of Inspections	164
EU Value: 2	Number of EUs	328
Personal Sampling	Number of Inspections	698
EU Value: 2	Number of EUs	1,396
All Other Inspections	Number of Inspections	11,744
EU Value: 1	Number of EUs	11,744

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

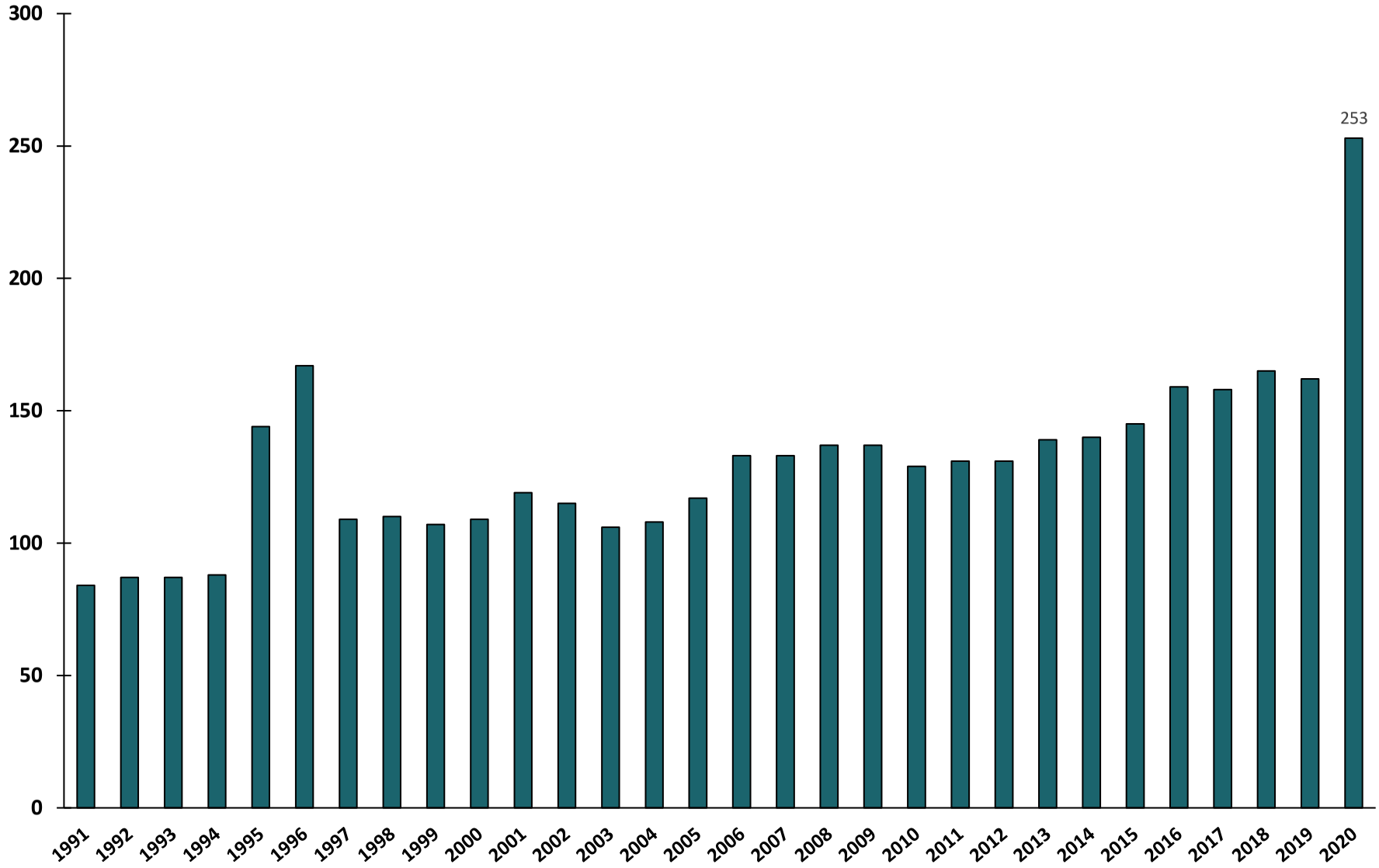
[1]OSHA replaced its Enforcement Weighting System (EWS) that was implemented in FY 2015 with the new OSHA Weighting System (OWS), which took effect beginning FY 2020 (Oct. 1, 2019): osha.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf. The OWS places less emphasis on significant inspections and health inspections.

[2]When OSHA revised its weighting system, unprogrammed activity such as phone/fax complaints and rapid response investigations were moved into a category called "essential enforcement support functions." As of March 12, 2021, this category is still being developed, so there are no data to present.

[3]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

[4]Hazard alert letters (HALs) do not result in a citation or penalty.

Years for Federal OSHA to Inspect Each Workplace Once FY 1991–2020[1,2,3]



[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.
[3]FY 2020 inspections declined significantly during the Trump administration's COVID-19 pandemic response.

Average Total Penalty Per OSHA Fatality Inspection, FY 2013–2020

Fiscal Year	Number of Fatality Inspections Conducted	Total Current Penalties ($)	Average Total Penalty Per Inspection ($)
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
FY 2020			
Federal States	1,379	19,939,122	14,459
State Plan States	1,084	12,925,108	11,924
Nationwide	2,463	32,864,230	13,343

Sources: OSHA IMIS Fatality Inspection Reports, FY 2013–2015, and OSHA OIS Fatality Inspection Reports, FY 2013–2020.

Significant OSHA Enforcement Cases Based on Total Penalty Issued, FY 2020[1]

Company Name	State	Inspection Number(s)	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
BB Frame, LLC dba Frame Q LLC as successor to Frame Q LLC, and Juan Quevedo[2]	NJ	1450621 1470364 1470356 1464272 1466351	6/2/20	$2,004,225	$2,004,225
AB Specialty Silicones LLC	IL	1398632	10/24/19	$1,591,176	$1,591,176
Great Lakes Tank and Vessel LLC	OH	1464642	8/13/20	$1,565,271	$1,565,271
Florida Roofing Experts Inc.[3]	FL	1415336 1414375 1415000	1/9/20	$1,017,717	$1,017,717
Dollar Tree Store Inc.	NY	1443323	5/4/20	$639,469	$639,469
Dana Railcare, a Division of Dana Container Inc.	PA	1405010	11/25/19	$551,226	$551,226
RES System 3 LLC / RES America Construction Inc.[4]	WA	1456990 1456979	7/6/20	$545,674	$545,674
Dollar Tree Stores Inc.	NE	1440331	4/13/20	$539,934	$539,934
Dollar Tree Stores Inc. dba Dollar Tree[2]	MA	1431460	2/25/20	$523,745	$523,745
TPC Group LLC	TX	1448049	5/26/20	$514,692	$514,692
Ferrara Candy Company	IL	1456731	7/6/20	$485,008	$485,008
The Valley Fertilizer and Chemical Company Inc.[4]	VA	1397970	10/18/19	$479,010	$479,010
Dollar Tree Stores Inc.	WI	1433182	3/19/20	$477,089	$477,089
Alpha Technical Services Corporation LLC dba Quala Rail and Specialty[2]	TX	1454465	6/24/20	$499,134	$450,000
United Parcel Service Inc. dba UPS[2]	MA	1399036	3/30/20	$431,517	$431,517

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 2020, OSHA brought 89 federal and 18 state significant enforcement cases; six of these were against federal agencies and carried no penalties.

[2]dba = "doing business as"

[3]This significant case involved an egregious violation.

[4]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.

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
BB Frame LLC dba Frame Q LLC as successor to Frame Q LLC and Juan Quevedo	1450621 1470364 1470356 1464272 1466351	6/2/2020	$2,004,225	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 2006–2020

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
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	1067	392	2,018
2020	2,539	2,082	644	20	344	280	1,082	411	2,137

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 2009–2020

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
2020	1,712	1,228	242	38	82	122	747	241	1,230

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 Aug. 31, 2020, the Trump adminstration issued a rule to revoke or otherwise alter the ancillary provisions for construction and maritime workers.

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) Citations for Airborne Chemical Exposures 2011–2020, 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, central nervous system, 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 2011–2020, 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 reproduction	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, central nervous system, 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, central nervous system, 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, central nervous system, 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, central nervous system, 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

5(a)(1) Citations for Airborne Chemical Exposures 2011–2020, Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
Jan. 17, 2017 1125064, PA	Travel trailer and 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
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 Safety and Health Administration.

[1]HDIH is hexamethylene diisocyante homopolmer.

[2]DMEA is dimethylethylamine.

[3]TGIC is 1,3,5- triglycidyl isocyanurate, aka 1,3,5-triglycidyl-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 1980–2021

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	1,884
2021	**591,787,000**	**1,896**

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, 1975–2020

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
2020	901	147,795	6.1

[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 (health) officers and supervisory safety and industrial hygiene officers.

[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, 1974–2020[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[6]
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**	**591,787**
Safety and Health Standards	20,288	19,962	18,918	20,000	20,000	20,000	18,000	18,000	18,000	18,000	18,000
Federal Enforcement	208,146	207,753	207,928	207,785	208,000	208,000	208,000	208,000	209,000	221,711	228,711
Whistleblower Protection	14,806	15,873	15,043	17,000	17,500	17,500	17,500	17,500	17,500	18,564	19,064
State Enforcement	104,393	104,196	98,746	100,000	100,850	100,850	100,850	100,850	102,350	108,575	110,075
Technical Support	25,868	25,820	24,344	24,344	24,469	24,469	24,469	24,469	24,469	24,469	24,469
Federal Compliance Assistance	73,383	76,355	61,444	69,433	68,433	68,433	70,981	70,981	73,981	74,481	75,231
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	11,787
Safety and Health Statistics	34,805	34,739	32,922	34,250	34,250	34,250	32,900	32,900	32,900	32,900	32,900
Executive Administration	11,513	11,491	10,890	10,973	10,973	10,973	10,050	10,050	10,050	10,050	10,050
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**	**379,816**
Coal Enforcement	160,639	164,500	158,713	167,859	167,859	167,859	160,000	160,000	160,000	258,913 [5]	260,500 [5]
Metal/Nonmetal Enforcement	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	4,500
Assessments	6,221	7,103	7,036	6,976	6,976	6,976	6,627	6,627	6,627	7,445	6,627
Education Policy and Development	38,148	38,325	31,898	36,320	36,320	36,320	39,320	39,320	39,320	38,559	39,320
Technical Support	31,031	33,613	32,050	33,791	33,791	33,791	35,041	35,041	35,041	34,079	35,041
Program Administration	15,906	16,998	15,974	15,838	15,838	15,838	15,838	15,838	15,838	16,355	15,838
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	17,990
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**	**345,300**

Source: Budget of the U.S. Government, FY 2011–2012, and U.S. Department of Labor Congressional Budget Justification, FY 2011–2021.

[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 combined the MSHA Coal Enforcement and Metal/Nonmetal Enforcement programs into one Mine Safety and Health Enforcement program.

[6]The American Relief Plan, passed on March 10, 2021, additionally appropriated COVID-19 funds to the Department of Labor: $200 million for pandemic-related worker protection activities, including $100 million for OSHA, of which $10 million must be used for training grants and not less than $5 million for COVID-19 enforcement.

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
FY 2021 Enacted[2]	$11,787	$136,731

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.

[2]The American Relief Plan, passed on March 10, 2021, additionally appropriated COVID-19 funds to the Department of Labor: $200 million for pandemic-related worker protection activities, including $100 million for OSHA, of which $10 million must be used for training grants and not less than $5 million for COVID-19 enforcement.

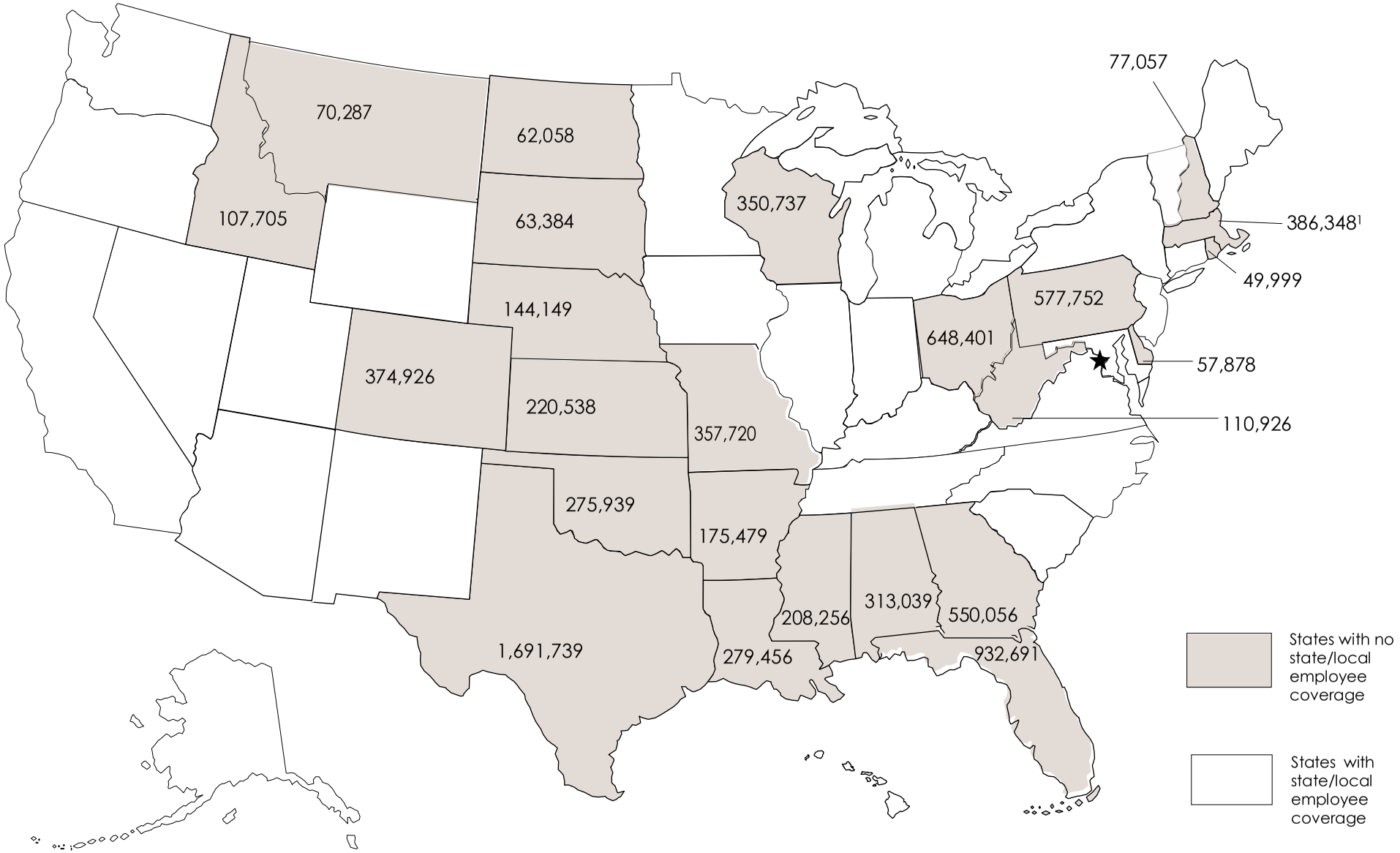
Number of U.S. Establishments and Employees Covered Per OSHA Full-Time Equivalent (FTE) Staff, 1980–2019

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
2019	147,329,051	10,167,267	1,884	78,200	5,397

[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.

8.1 Million State and Local Employees Lacked OSHA Coverage in 2019



[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 2019, 41, 270 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
2012–2020

Coal Mines

	2012	2013	2014[3]	2015[3]	2016[3]	2017[3]	2018[3]	2019[3]	2020[3,4]
Number of coal mines	1,871	1,704	1,633	1,459	1,287	1,216	1,192	1,137	1,008
Number of miners	138,338	123,446	116,318	102,871	81,880	82,932	82,857	81,483	63,734
Fatalities	20	20	16	12	8	15	12	12	5
Fatal injury rate[1]	0.0159	0.0176	0.0149	0.0131	0.0115	0.0200	0.0155	0.0159	0.0091
All injury rate[1]	3.21	3.15	3.15	2.93	2.91	3.19	2.88	2.93	2.68
States with coal mining	26	26	26	26	26	25	26	26	23
Coal production (millions of tons)	1,018	984	1,000	897	728	775	756	706	535
Citations and orders issued[2]	78,836	63,166	62,452	49,322	40,499	46,760	46,727	43,593	28,725

Metal and Nonmetal Mines

	2012	2013	2014[3]	2015[3]	2016[3]	2017[3]	2018[3]	2019[3]	2020[3,4]
Number of metal/nonmetal mines	12,227	12,101	11,990	11,862	11,823	11,898	11,885	11,846	11,666
Number of miners	250,664	251,433	250,576	247,269	237,406	238,627	249,415	250,228	232,331
Fatalities	16	22	30	17	17	13	15	15	24
Fatal injury rate[1]	0.0079	0.0108	0.0147	0.0084	0.0088	0.0066	0.0077	0.0072	0.0125
All injury rate[1]	2.20	2.14	2.11	2.03	1.94	1.79	1.74	1.72	1.58
States with M/NM mining	50	50	50	50	50	50	50	50	50
Citations and orders issued[2]	60,074	54,952	58,599	58,374	56,525	57,843	50,765	55,751	49,260

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

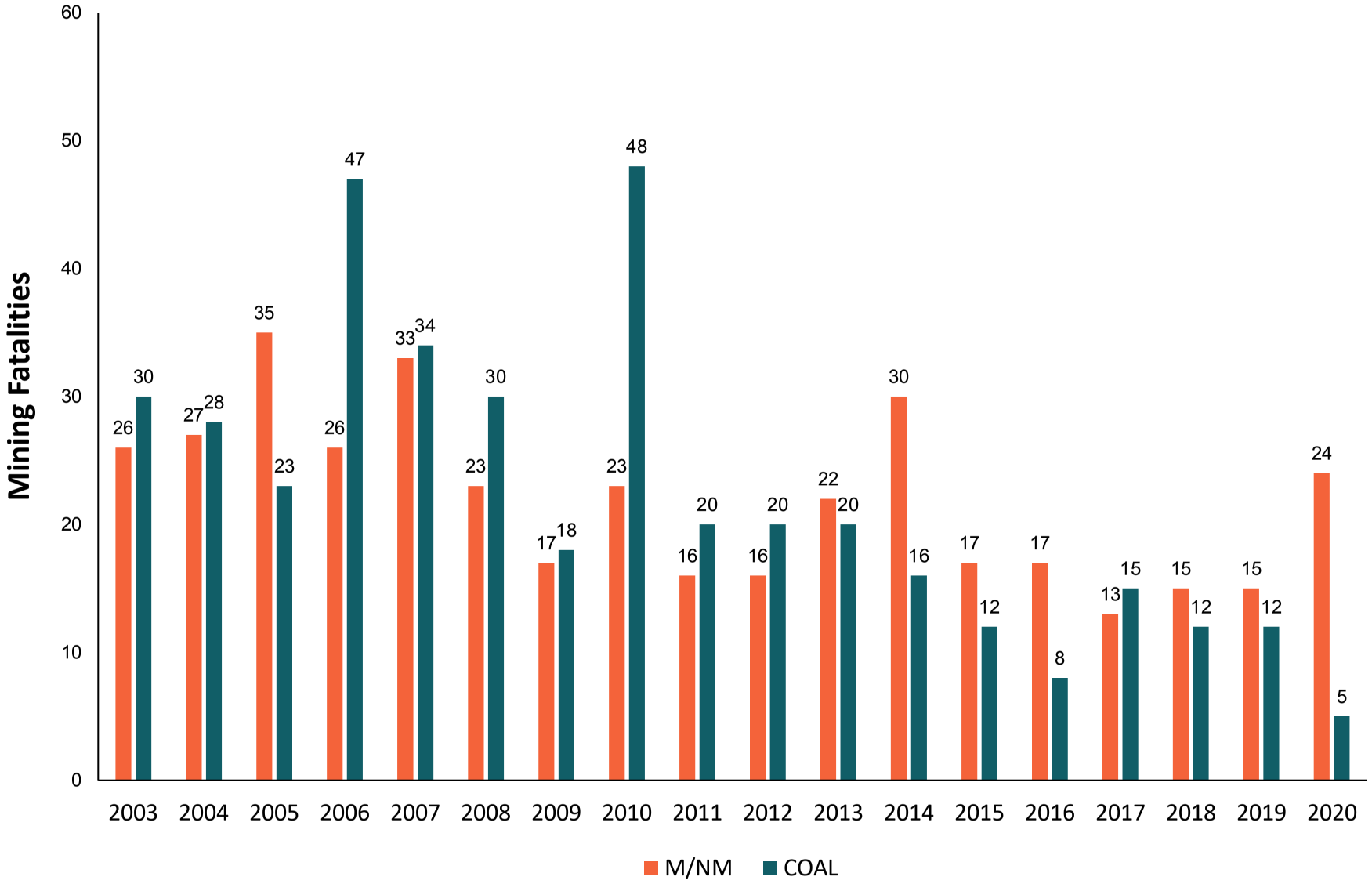
[1]All reported injuries per 200,000 employee hours.

[2]Citations and orders are those not vacated.

[3]Includes operator and contractor employees.

[4]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

Coal and Metal/Nonmetal Mining Fatality Comparisons, 2003–2020



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

Coal Mining Fatalities by State, 2003–2020

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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	2
Louisiana							1											
Maine																		
Maryland				1	2													
Massachusetts																		
Michigan																		
Minnesota																		
Mississippi																		

Coal Mining Fatalities by State, 2003–2020

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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	1
Puerto Rico																		
Rhode Island																		
South Carolina																		
South Dakota																		
Tennessee		1					1			1								
Texas					1	1												
Utah		2		1	10						1	1						
Vermont																		
Virginia	3	3		1		2	1		1	1		2	1					
Washington																1		

Coal Mining Fatalities by State, 2003–2020

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
West Virginia	9	12	4	23	9	9	3	35	6	7	6	5	2	3	8	4	4	2
Wisconsin																		
Wyoming	2		1			1			1		2	2			1			
Total	30	28	23	47	34	30	18	48	20	20	20	16	12	8	15	12	12	5

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

Metal and Nonmetal Mining Fatalities by State, 2003–2020

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Alabama	2		1					1		1					1	1		
Alaska				2	3				2									
Arizona			2	1	2	2	1	2		1	1	1		1	1			2
Arkansas	1				2		1							1				
California	2			2	3	2	1	2		1	2		1		1			2
Colorado	1		2								2							1
Connecticut																		
Delaware																		
Florida			2	1				1	1	2		1	1	1				
Georgia	1	1				1	1	1			2		1	1	1		1	2
Hawaii																		
Idaho								1	2			1			1			
Illinois	1											1			1			1
Indiana		2		1	1							1						
Iowa		1				2	1		1			1	1	1	1	1		2
Kansas	1					1		2			1	1						1
Kentucky	1		3	1		1	2			1	4	1		1				1
Louisiana				1	1		1				1	1					1	3
Maine																		
Maryland								1		1								
Massachusetts				1									1					
Michigan	1	2	1	3										1		1		1
Minnesota			1	3	2			1	2								1	

Metal and Nonmetal Mining Fatalities by State, 2003–2020

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Mississippi			2											2			1	
Missouri		2	1		2	2	2				2	2	2					1
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		1
New Hampshire	1				1								1					
New Jersey	1		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					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	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	3	2
Utah				1		1		1	1			2		1		1		
Vermont																	2	

Metal and Nonmetal Mining Fatalities by State, 2003–2020

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Virginia			1	1	1							2	1	1		1		
Washington	1		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	15	24

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

MSHA Impact Inspections, 2020[1,2]

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	Year Totals
Coal													
Number of Impact Inspections	7	7	3	-	-	-	-	-	-	-	-	-	17
Total # Citations Issued	105	92	47	-	-	-	-	-	-	-	-	-	244
# Orders[3] Issued	14	4	7	-	-	-	-	-	-	-	-	-	25
# S&S[4] Citations Issued	34	18	22	-	-	-	-	-	-	-	-	-	74
% S&S Citations	29%	19%	41%	-	-	-	-	-	-	-	-	-	360
Metal/Nonmetal													
Number of Impact Inspections	4	1	4	-	-	-	-	-	-	-	-	-	9
Total # Citations Issued	98	16	80	-	-	-	-	-	-	-	-	-	194
# Orders[3] Issued	3	2	2	-	-	-	-	-	-	-	-	-	7
# S&S[4] Citations Issued	29	5	12	-	-	-	-	-	-	-	-	-	46
% S&S Citations	29%	28%	15%	-	-	-	-	-	-	-	-	-	256

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

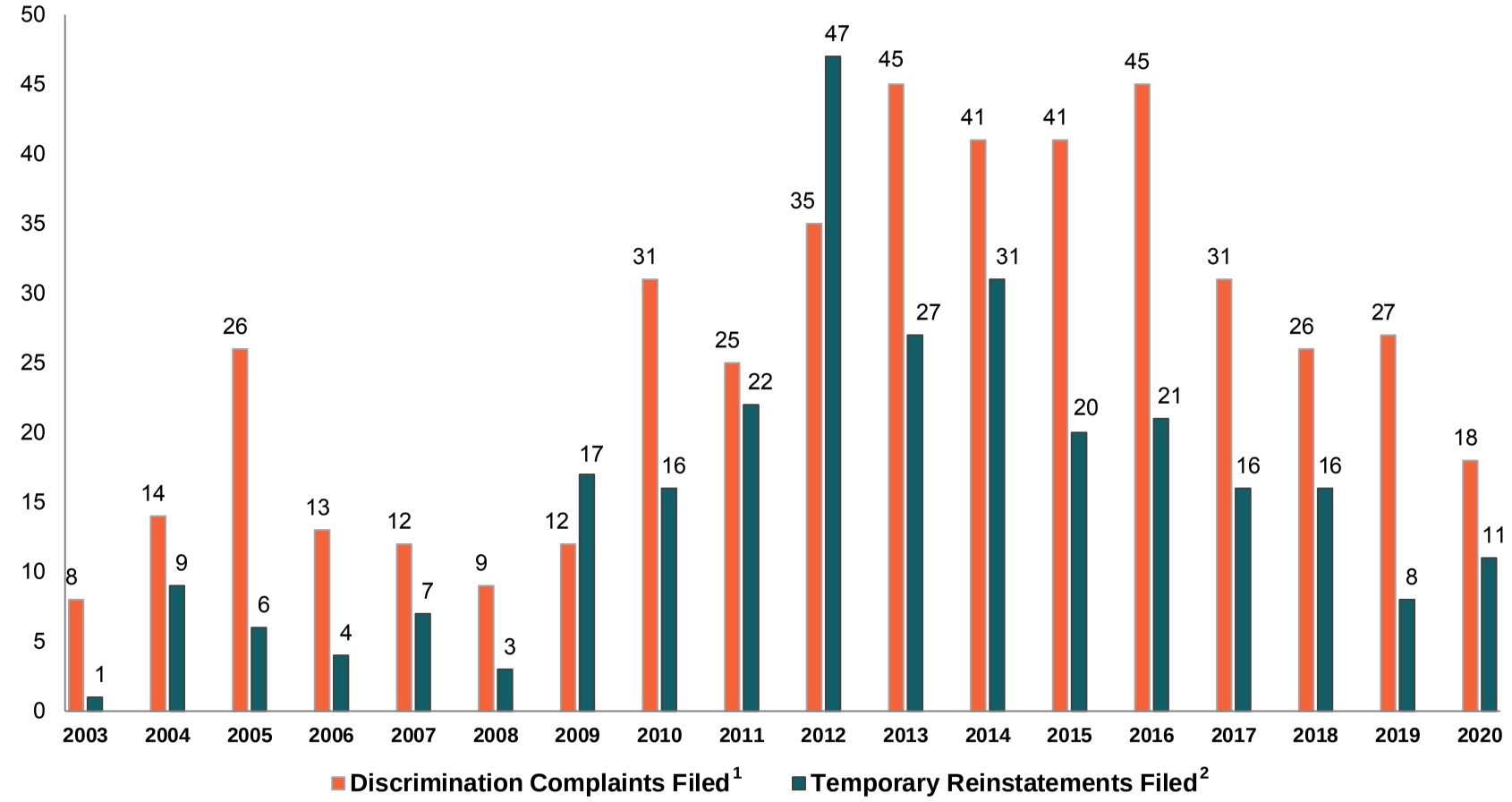
[1]Impact inspections were initiated after the April 2010 explosion at the Upper Big Branch Mine. The inspections are conducted at mines with a poor compliance history with MSHA standards, high numbers of injuries, illnesses or fatalities, and other indicators of unsafe mines.

[2]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

[3]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.

[4]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, 2003–2020



Source: U.S. Department of Labor, 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, 2019

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	4.2	2.5	Indiana	4.7	3.2	Nebraska	5.4	3.0	South Carolina	4.8	2.4
Alaska	14.1	3.5	Iowa	4.7	3.2	Nevada	2.8	3.5	South Dakota[4]	4.7	N/A
Arizona	2.7	3.0	Kansas	6.0	3.0	New Hampshire[4]	1.5	N/A	Tennessee	4.0	2.7
Arkansas	5.0	2.1	Kentucky	4.2	3.0	New Jersey	1.8	2.5	Texas	4.7	2.1
California	2.5	3.2	Louisiana	6.2	1.7	New Mexico	6.2	2.5	Utah	3.5	2.9
Colorado[4]	2.9	N/A	Maine	3.0	4.8	New York	3.1	2.2	Vermont	3.2	4.6
Connecticut	1.4	3.1	Maryland	2.6	2.6	North Carolina	4.0	2.3	Virginia	4.3	2.3
Delaware	4.1	2.3	Massachusetts	2.4	2.6	North Dakota[4]	9.7	N/A	Washington	2.3	3.8
Florida[4]	3.2	N/A	Michigan	3.6	2.8	Ohio	3.1	2.4	West Virginia	6.4	2.8
Georgia	4.3	2.5	Minnesota	2.6	3.1	Oklahoma	4.2	N/A	Wisconsin	3.8	3.3
Hawaii	4.1	3.2	Mississippi[4]	5.2	N/A	Oregon	3.5	3.9	Wyoming	12.0	3.1
Idaho[4]	4.1	N/A	Missouri	3.7	2.7	Pennsylvania	2.6	3.2	National Average	**3.5**	**2.8**
Illinois	2.7	2.5	Montana	7.8	3.8	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.

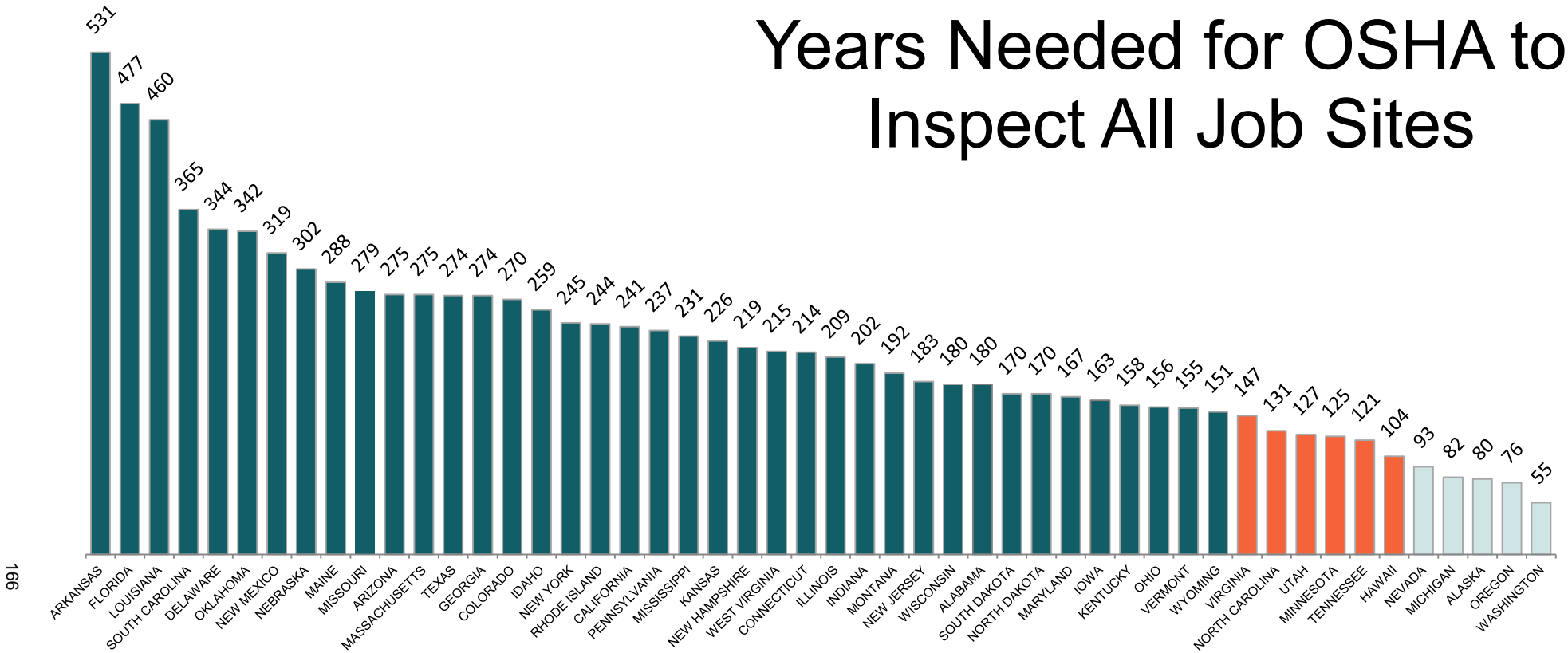
[1]The state fatality rates are calculated by the Bureau of Labor Statistics deaths per 100,000 workers.

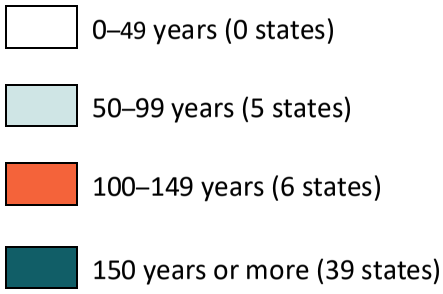
[2] Bureau of Labor Statistics, rate of total cases per 100 workers. Number and rate are for private sector only and the total includes Guam, Puerto Rico and the Virgin Islands.

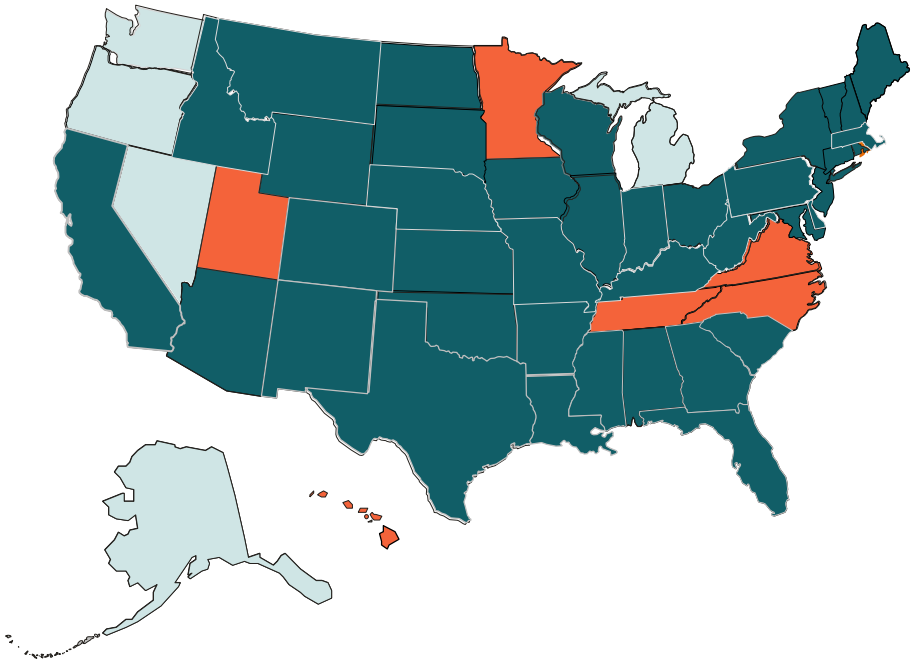
[3] A detailed comparison of the individual injury and illness reports from various reporting systems found that only one in three workplace injuries and illnesses was reported on the OSHA Log and captured by the Bureau of Labor Statistics survey. This study did not address the number of injuries and 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 2019," and Occupational Safety and Health Administration OIS data on worksite inspections, FY 2020.

NOTE: Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

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] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Alabama	1,989,555	22	0	199	1/90,434
Alaska	323,695	2	8	32	1/32,370
Arizona	2,908,826	2	19	291	1/138,516
Arkansas	1,218,106	8	0	122	1/152,263
California	17,631,489	6	196	1,763	1/87,285
Colorado	2,736,105	28	0	274	1/97,718
Connecticut	1,670,704	17	3	167	1/83,535
Delaware	452,776	3	0	45	1/150,925
Florida	8,884,066	54	0	888	1/164,520
Georgia	4,513,028	41	0	451	1/110,074
Hawaii	659,045	4	14	66	1/36,614
Idaho	752,351	9	0	75	1/83,595
Illinois	5,995,905	57	8	600	1/92,245
Indiana	3,077,767	1	37	308	1/80,994
Iowa	1,553,350	1	21	155	1/70,607
Kansas	1,393,184	13	0	139	1/107,168
Kentucky	1,897,896	0	33	190	1/57,512
Louisiana	1,923,825	14	0	192	1/137,416
Maine	621,691	5	3	62	1/77,711
Maryland	2,698,113	6	44	270	1/53,962
Massachusetts	3,636,617	34	0	364	1/106,959

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		
Michigan	4,358,167	2	65	436	1/65,047
Minnesota	2,902,225	0	40	290	1/72,556
Mississippi	1,135,598	11	0	114	1/103,236
Missouri	2,812,888	20	0	281	1/140,644
Montana	470,525	7	0	47	1/67,217
Nebraska	982,504	9	0	98	1/109,167
Nevada	1,408,753	2	38	141	1/35,218
New Hampshire	665,320	8	0	67	1/83,165
New Jersey	4,083,014	40	12	408	1/78,520
New Mexico	836,674	0	8	84	1/104,584
New York	9,542,899	60	29	954	1/107,224
North Carolina	4,498,572	2	90	450	1/48,898
North Dakota	422,837	4	0	42	1/105,709
Ohio	5,439,352	51	0	544	1/106,654
Oklahoma	1,622,058	13	0	162	1/124,774
Oregon	1,953,467	3	74	195	1/25,370
Pennsylvania	5,925,588	52	0	593	1/113,954
Rhode Island	485,638	5	0	49	1/97,128
South Carolina	2,129,271	1	20	213	1/101,394
South Dakota	430,117	4	0	43	1/107,529
Tennessee	3,032,893	5	38	303	1/70,532

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
Texas	12,590,406	99	0	1,259	1/127,176
Utah	1,520,688	0	17	152	1/89,452
Vermont	310,611	0	6	31	1/51,769
Virginia	3,938,841	3	45	394	1/82,059
Washington	3,439,158	3	113	344	1/29,648
West Virginia	688,761	9	0	69	1/76,529
Wisconsin	2,887,018	30	0	289	1/96,234
Wyoming	277,114	0	8	28	1/34,639
Totals[5]	149,019,724	1,798[6]		14,902	1/82,881

[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 2020. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2021 State Plan Grant Applications as of July 1, 2020. 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 774 federal OSHA inspectors and 1,024 state OSHA inspectors, including three inspectors in the Virgin Islands and 36 in Puerto Rico.

Profile of Workplace Safety and Health in the United States

State	Fatalities 2019[1]			Injuries/Illnesses 2019[2]		Penalties FY 2020[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	4.2	30	33,300	2.5	4,117	13	22	0	180	Federal
Alaska	51	14.1	50	7,200	3.5	5,113	4	2	8	80	State
Arizona	94	2.7	11	62,900	3.0	1,379	45	2	19	275	State
Arkansas	62	5.0	40	19,100	2.1	5,409	3	8	0	531	Federal
California	451	2.5	7	379,900	3.2	7,372	1	6	196	241	State
Colorado	84	2.9	14	N/A	N/A	3,422	32	28	0	270	Federal
Connecticut	26	1.4	1	35,700	3.1	3,107	36	17	3	214	Federal[5]
Delaware	18	4.1	27	7,000	2.3	5,910	2	3	0	344	Federal
Florida	306	3.2	18	N/A	N/A	4,198	11	54	0	477	Federal
Georgia	207	4.3	33	78,100	2.5	4,094	14	41	0	274	Federal
Hawaii	26	4.1	27	13,500	3.2	3,498	31	4	14	104	State
Idaho	36	4.1	27	N/A	N/A	4,521	6	9	0	259	Federal
Illinois	158	2.7	11	104,800	2.5	3,910	20	57	8	209	Federal[5]
Indiana	146	4.7	35	70,900	3.2	1,519	43	1	37	202	State
Iowa	76	4.7	35	35,100	3.2	3,892	21	1	21	163	State
Kansas	83	6.0	43	28,600	3.0	3,371	33	13	0	226	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2019[1]			Injuries/Illnesses 2019[2]		Penalties FY 2020[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	78	4.2	30	38,600	3.0	3,790	24	0	33	158	State
Louisiana	119	6.2	44	24,100	1.7	4,049	15	14	0	460	Federal
Maine	20	3.0	15	19,500	4.8	4,041	16	5	3	288	Federal[5]
Maryland	78	2.6	8	47,500	2.6	754	49	6	44	167	State
Massachusetts	86	2.4	6	64,700	2.6	3,724	26	34	0	275	Federal
Michigan	164	3.6	22	86,200	2.8	1,292	47	2	65	82	State
Minnesota	80	2.6	8	63,600	3.1	1,114	48	0	40	125	State
Mississippi	59	5.2	41	N/A	N/A	4,206	10	11	0	231	Federal
Missouri	106	3.7	23	54,200	2.7	4,040	17	20	0	279	Federal
Montana	38	7.8	47	11,500	3.8	1,733	40	7	0	192	Federal
Nebraska	53	5.4	42	20,400	3.0	3,787	25	9	0	302	Federal
Nevada	40	2.8	13	35,700	3.5	3,696	28	2	38	93	State
New Hampshire	11	1.5	2	N/A	N/A	3,877	22	8	0	219	Federal
New Jersey	74	1.8	3	69,000	2.5	4,491	7	40	12	183	Federal[5]
New Mexico	55	6.2	44	14,200	2.5	2,417	38	0	8	319	State
New York	273	3.1	16	140,500	2.2	4,231	9	60	29	245	Federal[5]

Profile of Workplace Safety and Health in the United States

State	Fatalities 2019[1]			Injuries/Illnesses 2019[2]		Penalties FY 2020[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	186	4.0	25	69,400	2.3	1,854	39	2	90	131	State
North Dakota	37	9.7	48	N/A	N/A	4,971	5	4	0	170	Federal
Ohio	166	3.1	16	91,800	2.4	4,193	12	51	0	156	Federal
Oklahoma	73	4.2	30	N/A	N/A	3,537	29	13	0	342	Federal
Oregon	69	3.5	20	51,300	3.9	599	50	3	74	76	State
Pennsylvania	154	2.6	8	137,000	3.2	3,977	19	52	0	237	Federal
Rhode Island	10	1.8	3	N/A	N/A	3,236	34	5	0	244	Federal
South Carolina	108	4.8	39	34,100	2.4	1,510	44	1	20	365	State
South Dakota	20	4.7	35	N/A	N/A	3,524	30	4	0	170	Federal
Tennessee	124	4.0	25	58,200	2.7	1,672	41	5	38	121	State
Texas	608	4.7	35	187,600	2.1	3,724	26	99	0	274	Federal
Utah	51	3.5	20	30,500	2.9	1,337	46	0	17	127	State
Vermont	10	3.2	18	9,200	4.6	3,192	35	0	6	155	State
Virginia	180	4.3	33	58,500	2.3	2,573	37	3	45	147	State
Washington	84	2.3	5	88,600	3.8	1,592	42	3	113	55	State
West Virginia	46	6.4	46	12,800	2.8	4,257	8	9	0	215	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2019[1]			Injuries/Illnesses 2019[2]		Penalties FY 2020[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	113	3.8	24	65,500	3.3	3,805	23	30	0	180	Federal
Wyoming	32	12.0	49	5,500	3.1	3,987	18	0	8	151	State
Total or National Average:	**5,333**	**3.5**		**2.8 Million**	**2.8**	**2,973[9]**		**1,798[10]**		**189[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 2020. 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 2020. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2021 State Plan Grant Applications as of July 1, 2020. 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 2019 and the number of OSHA inspections in FY 2020. 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. Note: Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

[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 $3,923 per citation; state plan OSHA states average $2,137 per citation.

[10]Total number of inspectors includes 774 federal OSHA inspectors and 1,024 state OSHA inspectors, including three inspectors 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 253 years; inspection frequency of covered establishments for state OSHA plan states is once every 143 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. Note: Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

State-by-State OSHA Fatality Investigations, FY 2020

State	Number of OSHA Fatality Investigations Conducted	Total Penalties ($)	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program[2]
Alabama	36	1,083,604	30,100	13,494	9,783	Federal
Alaska	2	11,611	5,806	23,875	11,611	State
Arizona	34	184,820	5,436	2,625	2,000	State
Arkansas	26	368,360	14,168	-	-	Federal
California	341	3,020,553	8,858	17,435	16,200	State
Colorado	20	188,751	9,438	1,928	1,928	Federal
Connecticut	24	330,630	13,776	12,531	11,211	Federal[2]
Delaware	7	51,932	7,419	-	-	Federal
Florida	101	1,348,399	13,350	13,494	9,446	Federal
Georgia	65	1,168,348	17,975	13,494	10,120	Federal
Hawaii	3	64,192	21,397	36,434	21,861	State
Idaho	10	147,878	14,788	4,723	4,723	Federal
Illinois	133	944,100	7,098	-	-	Federal[2]
Indiana	67	878,346	13,110	10,600	9,100	State
Iowa	24	274,330	11,430	11,934	11,934	State
Kansas	14	230,354	16,454	17,386	12,608	Federal
Kentucky	44	690,010	15,682	7,000	7,000	State
Louisiana	39	203,961	5,230	2,892	1,388	Federal
Maine	6	21,834	3,639	1,928	1,229	Federal[2]
Maryland	27	51,587	1,911	450	270	State
Massachusetts	44	498,794	11,336	5,445	4,627	Federal
Michigan	65	269,600	4,148	12,000	8,400	State

State-by-State OSHA Fatality Investigations, FY 2020

State	Number of OSHA Fatality Investigations Conducted	Total Penalties ($)	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program[2]
Minnesota	29	702,425	24,222	25,000	25,000	State
Mississippi	18	523,306	29,073	22,439	19,131	Federal
Missouri	29	611,483	21,086	7,634	5,000	Federal
Montana	2	2,892	1,446	5,133	1,446	Federal
Nebraska	18	72,545	4,030	-	-	Federal
Nevada	6	76,165	12,694	14,576	11,869	State
New Hampshire	6	57,253	9,542	8,097	8,097	Federal
New Jersey	196	1,746,986	8,913	12,145	9,639	Federal[2]
New Mexico	21	508,500	24,214	22,550	22,550	State
New York	261	2,252,168	8,629	6,884	4,072	Federal[2]
North Carolina	77	799,912	10,388	7,100	6,600	State
North Dakota	7	61,724	8,818	9,446	5,784	Federal
Ohio	58	2,522,183	43,486	12,217	7,422	Federal
Oklahoma	29	655,716	22,611	8,192	6,548	Federal
Oregon	51	60,100	1,178	2,250	2,250	State
Pennsylvania	52	582,838	11,208	12,145	6,844	Federal
Rhode Island	12	74,755	6,230	2,867	1,000	Federal
South Carolina	30	164,235	5,475	4,800	4,250	State
South Dakota	8	226,739	28,342	12,149	8,751	Federal
Tennessee	47	275,580	5,863	7,100	7,000	State
Texas	205	3,217,357	15,694	8,096	5,784	Federal
Utah	16	37,600	2,350	1,800	1,800	State

State-by-State OSHA Fatality Investigations, FY 2020

State	Number of OSHA Fatality Investigations Conducted	Total Penalties ($)	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program[2]
Vermont	3	85,012	28,337	42,506	42,506	State
Virginia	46	810,461	17,619	17,740	17,740	State
Washington	40	4,226,100	105,653	5,000	5,000	State
West Virginia	10	178,427	17,843	26,313	18,201	Federal
Wisconsin	32	216,239	6,757	-	-	Federal
Wyoming	4	7,760	1,940	5,820	3,880	State
National Median State Plan States				**7,000**	**6,899**	
National Median Federal States				**13,494**	**12,144**	
Total or National Average[3]	**2,463**	**32,864,230**	**13,343**			

Source: OSHA OIS Fatality Inspection Reports, issued March 18, 2021, and March 26, 2021.

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

[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 $14,459 per fatality investigation; state plan OSHA average is $11,924 per fatality investigation. Total investigations, total penalties and national average penalty per investigation includes six investigations in the District of Columbia, 11 in Puerto Rico, one in the Virgin Islands, and zero in American Samoa, Guam and the Northern Mariana Islands.

Workplace Safety and Health Statistics by State, 2014–2019

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]					
	2014	2015	2016	2017	2018	2019	2014	2015	2016	2017	2018	2019	FY15	FY16	FY17	FY18	FY19	FY20
Alabama	4.0	3.7	5.2	4.3	4.5	4.2	2.9	3.0	2.7	2.5	2.7	2.5	2,311	2,582	3,583	3,598	3,577	4,117
Alaska	7.8	4.1	10.6	10.2	9.9	14.1	3.9	3.9	3.6	3.8	3.6	3.5	808	1,079	1,288	1,676	3,591	5,113
Arizona	3.1	2.4	2.6	3.0	2.5	2.7	3.0	2.9	2.9	2.9	3.0	3.0	960	1,002	1,083	1,140	916	1,379
Arkansas	5.7	5.8	5.3	6.1	6.3	5.0	2.6	2.6	2.4	2.5	2.2	2.1	2,221	2,480	3,254	3,872	4,120	5,409
California	2.0	2.2	2.2	2.2	2.3	2.5	3.4	3.3	3.3	3.2	3.3	3.2	6,543	7,131	7,326	7,699	7,785	7,372
Colorado	3.3	2.9	3.0	2.8	2.6	2.9	N/A	N/A	N/A	N/A	N/A	N/A	1,821	2,044	2,725	2,775	2,882	3,422
Connecticut	2.1	2.6	1.6	1.9	2.8	1.4	3.5	3.2	3.3	3.2	3.2	3.1	1,896	2,142	2,824	3,108	3,211	3,107
Delaware	2.8	1.9	2.6	2.4	1.6	4.1	2.6	2.6	2.6	2.3	2.4	2.3	2,745	2,878	4,701	3,996	6,541	5,910
Florida	2.7	3.1	3.6	3.3	3.5	3.2	N/A	N/A	N/A	N/A	N/A	N/A	2,365	2,451	3,681	3,653	4,032	4,198
Georgia	3.6	4.3	3.9	4.1	3.8	4.3	2.9	2.7	2.7	2.6	2.5	2.5	2,248	2,392	3,805	3,571	3,862	4,094
Hawaii	5.0	2.6	2.4	2.2	3.4	4.1	3.7	3.4	3.5	3.8	3.3	3.2	1,214	1,604	2,129	3,069	3,964	3,498
Idaho	4.7	4.8	4.1	4.8	5.8	4.1	N/A	N/A	N/A	N/A	N/A	N/A	1,973	2,485	3,202	3,423	3,624	4,521
Illinois	2.9	2.9	2.9	2.8	3.1	2.7	2.8	2.9	2.7	2.6	2.7	2.5	2,258	2,380	3,571	3,615	3,554	3,910
Indiana	4.4	3.9	4.5	4.5	5.6	4.7	3.8	3.7	3.4	3.3	3.2	3.2	782	1,000	1,235	1,278	1,170	1,519
Iowa	6.0	3.9	4.8	4.7	4.9	4.7	3.9	3.7	3.7	3.5	3.3	3.2	997	1,488	1,362	2,646	3,785	3,892
Kansas	5.5	4.4	5.2	5.2	4.5	6.0	3.4	3.0	3.3	3.0	3.1	3.0	2,055	2,144	3,016	3,600	3,976	3,371
Kentucky	4.5	5.5	5.0	3.8	4.2	4.2	3.7	3.5	3.2	3.1	3.2	3.0	2,607	3,295	3,333	3,542	3,922	3,790
Louisiana	6.3	5.8	5.0	6.3	5.1	6.2	2.0	1.9	1.9	1.9	1.8	1.7	2,334	2,847	3,811	3,811	3,355	4,049
Maine	2.9	2.5	2.4	2.7	2.5	3.0	5.3	4.8	4.7	4.8	4.7	4.8	2,025	2,508	4,303	3,440	3,786	4,041
Maryland	2.6	2.4	3.2	3.0	3.4	2.6	3.1	2.9	2.8	2.6	2.8	2.6	715	650	640	681	692	754
Massachusetts	1.7	2.1	3.3	3.2	2.7	2.4	2.7	2.7	2.6	2.7	2.6	2.6	2,092	2,484	3,752	3,597	3,792	3,724
Michigan	3.3	3.1	3.5	3.4	3.4	3.6	3.6	3.3	3.3	3.1	3.0	2.8	612	763	1,131	1,179	1,336	1,292
Minnesota	2.3	2.7	3.4	3.5	2.7	2.6	3.6	3.5	3.3	3.2	3.2	3.1	806	832	993	987	950	1,114

Workplace Safety and Health Statistics by State, 2014–2019

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]					
	2014	2015	2016	2017	2018	2019	2014	2015	2016	2017	2018	2019	FY15	FY16	FY17	FY18	FY19	FY20
Mississippi	7.1	6.8	6.3	6.2	6.7	5.2	N/A	N/A	N/A	N/A	N/A	N/A	2,054	2,440	3,306	3,246	4,624	4,206
Missouri	3.9	4.3	4.3	4.4	5.1	3.7	3.2	3.0	2.8	2.6	2.8	2.7	2,103	2,466	3,645	3,630	3,883	4,040
Montana	4.9	7.5	7.9	6.9	5.5	7.8	4.5	4.3	4.2	4.3	3.9	3.8	1,751	1,803	2,149	2,082	3,363	1,733
Nebraska	5.8	5.4	6.3	3.6	4.7	5.4	3.5	3.4	3.4	3.0	3.2	3.0	2,727	2,891	3,903	3,650	3,982	3,787
Nevada	3.1	3.5	4.2	2.4	2.8	2.8	4.0	3.8	3.7	3.7	3.5	3.5	1,059	1,157	1,133	1,980	2,115	3,696
New Hampshire	2.6	2.7	3.2	1.6	2.9	1.5	N/A	N/A	N/A	N/A	N/A	N/A	2,169	2,425	3,370	3,849	3,804	3,877
New Jersey	2.1	2.3	2.4	1.6	2.0	1.8	2.9	2.7	2.6	2.6	2.6	2.5	2,441	2,533	4,205	3,818	4,002	4,491
New Mexico	6.7	4.1	4.9	4.7	4.7	6.2	3.2	3.1	3.2	2.7	2.8	2.5	803	1,140	1,025	1,924	1,886	2,417
New York	2.8	2.7	3.1	3.5	3.1	3.1	2.5	2.4	2.3	2.2	2.2	2.2	2,109	2,492	3,707	3,723	3,557	4,231
North Carolina	3.1	3.4	3.7	3.9	3.8	4.0	2.7	2.6	2.5	2.3	2.4	2.3	1,091	1,582	1,594	1,772	1,703	1,854
North Dakota	9.8	12.5	7.0	10.1	9.6	9.7	N/A	N/A	N/A	N/A	N/A	N/A	3,028	2,723	3,582	3,683	4,258	4,971
Ohio	3.6	3.9	3.1	3.3	3.0	3.1	2.9	2.8	2.7	2.6	2.4	2.4	2,462	2,679	3,907	4,129	4,354	4,193
Oklahoma	6.2	5.5	5.6	5.5	5.2	4.2	N/A	N/A	N/A	N/A	N/A	N/A	2,062	2,017	3,299	3,070	3,905	3,537
Oregon	3.9	2.6	3.9	3.2	3.1	3.5	3.9	3.7	4.0	3.8	3.6	3.9	422	570	547	587	579	599
Pennsylvania	3.1	3.0	2.8	3.0	3.0	2.6	3.7	3.5	3.3	3.1	3.2	3.2	2,075	2,484	3,454	3,634	3,969	3,977
Rhode Island	2.1	1.2	1.8	1.6	1.8	1.8	N/A	N/A	N/A	N/A	N/A	N/A	1,910	2,077	3,215	3,008	3,494	3,236
South Carolina	3.3	5.6	4.4	4.2	4.6	4.8	2.8	2.5	2.5	2.5	2.4	2.4	570	790	1,042	1,217	1,131	1,510
South Dakota	7.2	4.9	7.5	7.3	6.9	4.7	N/A	N/A	N/A	N/A	N/A	N/A	2,712	2,419	4,176	2,958	2,586	3,524
Tennessee	4.8	3.7	4.3	4.4	4.1	4.0	3.2	3.1	2.9	2.9	2.8	2.7	1,441	1,566	1,510	1,472	1,628	1,672
Texas	4.5	4.5	4.4	4.3	3.8	4.7	2.4	2.3	2.2	2.2	2.0	2.1	2,098	2,397	3,481	3,423	3,600	3,724
Utah	4.2	3.2	3.2	2.9	3.4	3.5	3.2	3.5	2.9	3.0	2.8	2.9	1,234	1,322	1,315	1,315	1,250	1,337
Vermont	3.2	2.9	3.2	7.0	3.5	3.2	5.0	4.6	4.6	4.6	4.7	4.6	1,038	1,201	1,698	2,627	2,737	3,192
Virginia	2.8	2.8	4.0	2.9	3.5	4.3	2.7	2.4	2.5	2.4	2.5	2.3	893	1,504	1,871	2,357	2,395	2,573

Workplace Safety and Health Statistics by State, 2014–2019

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]					
	2014	2015	2016	2017	2018	2019	2014	2015	2016	2017	2018	2019	FY15	FY16	FY17	FY18	FY19	FY20
Washington	2.7	2.1	2.4	2.5	2.4	2.3	4.6	4.4	4.3	4.0	4.0	3.8	1,089	2,118	1,866	1,940	1,725	1,592
West Virginia	5.2	5.0	6.6	7.4	7.9	6.4	4.0	3.2	3.2	2.9	3.0	2.8	1,801	1,916	3,102	3,640	4,004	4,257
Wisconsin	3.5	3.5	3.6	3.5	3.8	3.8	3.9	3.6	3.7	3.6	3.6	3.3	2,277	2,573	4,068	3,910	3,758	3,805
Wyoming	13.1	12.0	12.3	7.7	11.5	12.0	3.5	3.3	3.4	3.5	3.2	3.1	2,824	2,732	2,188	3,340	3,429	3,987
National Average[4]	3.4	3.4	3.6	3.5	3.5	3.5	3.2	3.0	2.9	2.8	2.8	2.8	$2,148	$2,087	$2,633	$2,729	$2,819	$2,973

[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 2015, and OIS inspection reports for FY 2015 through FY 2020. Pealties shown are average 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—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 $3,923 per citation; state plan OSHA states average $2,137 per citation.

Workplace Fatalities by State, 2000–2019

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Alabama	103	138	102	124	133	128	100	108	107	75	92	75	84	78	75	70	100	83	89	89
Alaska	53	64	42	28	42	29	45	30	33	17	39	39	31	32	30	14	35	33	32	51
Arizona	118	87	101	80	84	99	112	97	100	76	77	69	60	95	88	69	77	90	82	94
Arkansas	106	68	80	87	70	80	78	89	85	75	88	93	63	63	67	74	68	76	76	62
California	553	515	478	459	467	465	537	461	465	409	326	390	375	396	344	388	376	376	422	451
Colorado	117	139	123	102	117	125	137	126	105	83	85	92	82	65	84	75	81	77	72	84
Connecticut	55	41	39	36	54	46	38	38	28	34	49	37	36	29	35	44	28	35	48	26
Delaware	13	10	11	9	10	11	15	10	11	7	8	10	14	11	12	8	12	10	7	18
Florida	329	368	354	347	422	406	360	363	291	245	225	226	218	239	228	272	309	299	332	306
Georgia	195	237	197	199	232	200	201	193	182	110	108	111	101	117	152	180	171	194	186	207
Hawaii	20	41	24	21	25	15	30	23	19	13	19	26	20	11	31	18	29	20	22	26
Idaho	35	45	39	43	38	35	38	31	36	27	33	37	19	30	34	36	30	37	45	36
Illinois	206	231	190	200	208	194	207	185	193	158	206	177	146	176	164	172	171	163	184	158
Indiana	159	152	136	132	153	157	148	127	143	125	118	125	115	127	130	115	137	138	173	146
Iowa	71	62	57	76	82	90	71	89	93	80	77	93	97	72	91	60	76	72	77	76
Kansas	85	94	89	78	80	81	85	101	73	76	85	78	76	55	73	60	74	72	61	83
Kentucky	132	105	146	145	143	122	147	112	106	101	69	93	91	86	82	99	92	70	83	78
Louisiana	143	117	103	95	121	111	118	139	135	140	111	111	116	114	120	112	95	117	98	119
Maine	26	23	30	23	16	15	20	21	24	16	20	26	19	19	19	15	18	18	17	20
Maryland	84	64	102	92	81	95	106	82	60	65	71	71	72	79	74	69	92	87	97	78
Massachusetts	70	54	46	78	72	75	66	75	68	64	54	68	44	57	55	69	109	108	97	86
Michigan	156	175	152	152	127	110	157	120	123	94	146	141	137	135	143	134	162	153	155	164

Workplace Fatalities by State, 2000–2019

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Minnesota	72	68	76	81	72	80	87	78	72	65	61	70	60	70	69	62	74	92	101	80
Mississippi	128	125	111	94	102	88	112	96	93	80	67	68	63	63	68	75	77	71	90	59
Missouri	165	148	145	175	154	165	185	167	156	148	142	106	132	88	118	106	117	124	125	106
Montana	49	42	58	51	39	39	50	45	54	40	52	36	49	34	28	28	36	38	32	38
Nebraska	66	59	57	83	51	46	36	57	63	53	57	54	39	48	39	55	50	60	35	53
Nevada	58	51	40	47	52	61	57	49	71	41	24	38	38	42	42	40	44	54	32	40
New Hampshire	14	13	9	19	19	15	18	13	14	7	6	6	9	14	14	17	18	22	11	11
New Jersey	104	115	129	129	104	129	112	88	106	92	99	81	99	92	102	87	97	101	69	74
New Mexico	39	35	59	63	46	57	44	59	52	31	42	38	52	39	54	53	35	41	44	55
New York	241	233	220	240	227	254	239	234	220	213	185	182	206	202	178	241	236	272	313	273
North Carolina	222	234	203	169	182	183	165	168	167	161	129	139	148	146	109	137	150	174	183	186
North Dakota	22	34	25	25	26	24	22	31	25	28	25	30	44	65	56	38	47	28	38	37
Ohio	222	207	209	202	206	202	168	193	165	168	137	161	155	161	149	185	202	164	174	166
Oklahoma	99	82	115	92	100	91	95	91	104	102	82	94	86	97	92	98	91	92	91	73
Oregon	69	52	44	63	75	60	65	87	69	55	66	47	58	43	49	69	44	72	60	69
Pennsylvania	221	199	225	188	208	230	224	240	220	241	168	221	186	194	183	179	173	163	172	154
Rhode Island	11	7	17	8	18	7	6	10	5	6	7	9	7	8	10	10	6	9	8	10
South Carolina	139	115	91	107	115	113	132	95	122	87	73	69	81	63	75	64	117	96	88	108
South Dakota	46	35	35	36	28	24	31	37	22	30	24	36	31	31	20	29	21	31	30	20
Tennessee	154	160	136	140	137	145	139	153	154	135	111	138	120	101	95	127	112	122	128	124
Texas	468	572	536	417	491	440	495	489	528	463	482	461	433	536	508	531	527	545	534	608

Workplace Fatalities by State, 2000–2019

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Utah	54	61	65	52	54	50	54	60	78	64	48	41	39	39	37	54	42	44	43	51
Vermont	14	15	6	11	14	7	7	14	10	10	12	12	8	11	7	10	9	10	22	10
Virginia	154	148	146	142	155	171	186	165	146	156	119	107	127	149	128	116	106	153	118	180
Washington	88	75	102	86	83	98	85	87	90	84	76	104	60	67	56	88	70	78	84	84
West Virginia	57	46	63	40	51	58	46	79	61	53	41	95	43	49	61	38	35	47	51	46
Wisconsin	105	107	110	91	103	94	125	91	104	77	94	91	89	114	97	99	104	105	106	113
Wyoming	32	36	40	33	37	43	46	36	48	33	19	33	32	35	26	37	34	34	20	32
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	5,333

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

[1]In 2019, 21 fatal injuries occurred in Puerto Rico. These are not reflected in the U.S. total. Fatalties were not reported in 2019 for Guam or the U.S. Virgin Islands.
[2]Totals include fatalities that occurred in the District of Columbia. In 2019, 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 2019, five 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, 2019

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	21	41	--	--	7	12
Alaska	51	11	32	--	--	4	2
Arizona	94	14	39	--	18	10	11
Arkansas	62	4	31	--	7	8	10
California	451	94	141	--	88	66	55
Colorado	84	12	37	4	12	6	13
Connecticut	26	--	12	--	5	--	6
Delaware	18	1	7	--	--	4	4
District of Columbia	10	7	--	--	--	--	--
Florida	306	43	106	--	69	44	39
Georgia	207	36	81	1	29	30	28
Hawaii	26	5	12	1	--	4	--
Idaho	36	7	18	--	5	--	4
Illinois	158	31	53	--	26	17	23
Indiana	146	19	55	6	24	18	24
Iowa	76	10	32	4	7	9	14
Kansas	83	5	44	--	10	8	14
Kentucky	78	10	34	2	9	8	15
Louisiana	119	--	57	--	16	20	13
Maine	20	--	12	--	--	--	4
Maryland	78	14	25	--	17	11	9

Fatalities by State and Event or Exposure, 2019

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Massachusetts	86	10	24	3	19	20	10
Michigan	164	38	56	5	21	20	24
Minnesota	80	7	36	--	15	8	14
Mississippi	59	10	30	--	6	3	8
Missouri	106	18	46	--	16	14	12
Montana	38	4	19	1	4	5	5
Nebraska	53	--	28	--	7	--	14
Nevada	40	6	18	--	9	5	--
New Hampshire	11	--	--	--	--	--	6
New Jersey	74	11	23	--	16	15	9
New Mexico	55	--	36	--	5	7	3
New York	273	40	65	5	72	51	38
North Carolina	186	30	74	3	36	13	29
North Dakota	37	9	12	--	--	5	9
Ohio	166	21	63	--	32	21	28
Oklahoma	73	7	41	--	11	6	6
Oregon	69	6	32	--	16	3	12
Pennsylvania	154	21	62	--	16	22	32
Rhode Island	10	3	--	--	4	--	--
South Carolina	108	27	41	1	17	9	13
South Dakota	20	--	11	--	--	1	4

Fatalities by State and Event or Exposure, 2019

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Tennessee	124	17	58	--	16	--	18
Texas	608	86	283	18	96	60	63
Utah	51	8	13	3	17	6	4
Vermont	10	2	4	--	1	1	3
Virginia	180	48	58	3	24	21	25
Washington	84	25	29	--	13	5	9
West Virginia	46	--	24	--	--	12	8
Wisconsin	113	15	41	--	23	14	17
Wyoming	32	4	21	--	--	--	4
Total[1,2]	5,333	841	2,122	99	880	642	732

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

[1]In 2019, 21 fatalities occurred in Puerto Rico. These are not reflected in the U.S. total. Fatalities were not reported in 2019 in Guam and the U.S. Virgin Islands.
[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, 2019

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	39,600	33,300	N/A	N/A	2.5	2.5	N/A	N/A
Alaska	9,000	7,200	700	1,100	3.6	3.5	3.5	4.6
Arizona	74,700	62,900	1,500	10,200	3.2	3.0	2.3	5.7
Arkansas	24,600	19,100	1,700	3,800	2.3	2.1	2.7	4.1
California	483,300	379,900	16,800	86,600	3.6	3.2	4.3	6.7
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	43,000	35,700	1,600	5,700	3.3	3.1	3.7	6.1
Delaware	9,100	7,000	900	1,200	2.5	2.3	3.2	4.6
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	91,200	78,100	N/A	N/A	2.5	2.5	N/A	N/A
Hawaii	16,200	13,500	1,800	900	3.3	3.2	3.1	5.5
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	127,700	104,800	4,800	18,100	2.7	2.5	4.8	4.0
Indiana	82,900	70,900	2,100	9,900	3.3	3.2	2.3	5.3
Iowa	42,400	35,100	1,500	5,700	3.4	3.2	3.7	4.6
Kansas	37,400	28,600	N/A	7,500	3.3	3.0	N/A	5.6
Kentucky	46,900	38,600	1,700	6,600	3.2	3.0	2.5	5.4
Louisiana	30,400	24,100	N/A	N/A	1.9	1.7	N/A	N/A
Maine	22,600	19,500	800	2,300	4.9	4.8	4.4	5.8
Maryland	64,900	47,500	3,300	14,000	3.1	2.6	3.8	7.5

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2019

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
Massachusetts	86,000	64,700	4,300	N/A	3.1	2.6	4.5	N/A
Michigan	101,900	86,200	4,000	11,700	2.9	2.8	3.3	4.9
Minnesota	73,000	63,600	1,700	7,700	3.2	3.1	2.2	4.4
Mississippi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Missouri	66,200	54,200	N/A	7,700	2.8	2.7	N/A	3.4
Montana	13,700	11,500	600	1,600	3.9	3.8	3.1	5.4
Nebraska	24,200	20,400	N/A	3,200	3.1	3.0	N/A	3.7
Nevada	40,200	35,700	600	3,900	3.5	3.5	1.9	4.9
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	89,500	69,000	4,000	16,500	2.8	2.5	3.9	5.5
New Mexico	18,700	14,200	1,300	3,200	2.8	2.5	3.1	5
New York	206,700	140,500	14,100	52,100	2.8	2.2	7.2	6.3
North Carolina	88,800	69,400	3,400	15,900	2.5	2.3	2.3	4.4
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	110,500	91,800	3,200	15,500	2.6	2.4	2.8	3.8
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	59,100	51,300	1,000	6,900	3.9	3.9	2.9	4.6
Pennsylvania	152,400	137,000	N/A	N/A	3.2	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	44,500	34,100	2,400	8,000	2.6	2.4	2.9	4.5

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2019

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
South Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tennessee	70,300	58,200	1,600	10,500	2.9	2.7	2.2	4.6
Texas	239,500	187,600	N/A	N/A	2.3	2.1	N/A	N/A
Utah	34,100	30,500	1,400	2,200	2.9	2.9	2.7	2.7
Vermont	10,500	9,200	200	1,100	4.5	4.6	1.3	5.7
Virginia	74,600	58,500	3,400	12,800	2.5	2.3	2.9	4.3
Washington	106,400	88,600	3,200	14,700	4.0	3.8	3.0	6.3
West Virginia	16,700	12,800	1,200	2,700	3.0	2.8	2.9	4.6
Wisconsin	76,200	65,500	2,100	8,600	3.4	3.3	3.2	4.6
Wyoming	7,500	5,500	500	1,500	3.4	3.1	4.4	4.4
Total or National Average[2]	3.5 million	2.8 million	138,700	544,000	3.0	2.8	3.5	5.0

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, 2000–2019[1]

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Alabama	--	--	5	8	6	9	6	5	5	--	5	3	5	6	--	3	5	8	4	9
Alaska	--	--	--	--	--	3	5	--	--	--	--	5	5	3	--	--	--	--	--	--
Arizona	26	34	28	17	25	36	36	26	30	22	18	21	16	25	31	18	21	30	30	39
Arkansas	9	--	5	9	5	8	3	5	9	--	6	7	3	6	9	10	4	6	7	6
California	172	188	176	164	188	190	231	179	180	161	142	154	137	194	130	178	148	173	190	211
Colorado	27	25	16	25	25	19	18	30	21	17	19	22	21	14	18	20	23	29	19	24
Connecticut	12	9	7	--	10	5	7	4	7	4	5	7	6	5	3	8	4	4	14	5
Delaware	--	--	--	--	--	--	--	--	--	--	--	--	--	3	3	--	--	--	3	--
Florida	75	84	98	90	119	113	95	111	73	49	38	53	54	68	60	78	91	81	104	109
Georgia	26	36	16	26	29	25	35	28	26	10	16	14	10	14	21	26	16	24	24	37
Hawaii	--	--	--	--	--	--	--	4	--	--	--	--	1	--	4	3	--	--	--	--
Idaho	5	--	9	3	6	3	7	--	5	4	5	--	--	6	5	5	6	8	10	12
Illinois	17	30	27	22	29	23	30	27	25	16	25	25	19	26	16	19	27	17	27	17
Indiana	--	8	9	7	7	5	7	7	14	3	3	8	8	8	13	6	3	8	6	11
Iowa	--	--	--	--	7	--	--	4	6	8	5	3	4	--	3	--	4	--	5	6
Kansas	5	6	5	4	11	10	4	5	9	8	4	10	8	6	10	12	7	12	6	14
Kentucky	--	--	--	3	--	6	7	6	7	3	--	3	6	--	8	5	7	--	6	8
Louisiana	5	5	--	--	9	8	10	11	5	11	7	8	13	15	8	9	10	12	5	12
Maine	--	--	14	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hispanic and Latino Worker Fatalities by State, 2000–2019[1]

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Maryland	6	--	10	11	17	8	22	7	10	3	12	8	15	15	8	9	14	21	12	--
Massachusetts	--	6	5	6	9	6	7	11	10	5	7	11	3	3	2	4	10	14	14	7
Michigan	6	7	7	4	6	8	12	7	8	4	10	4	4	3	6	12	7	10	8	7
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	5
Montana	--	5	--	--	--	4	3	3	--	3	3	--	--	--	--	--	--	--	--	--
Nebraska	--	--	9	3	4	--	--	4	5	--	3	3	5	3	9	4	--	4	7	--
Nevada	10	10	8	10	17	9	12	12	13	6	9	8	8	9	8	13	14	9	8	7
New Hampshire	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New Jersey	23	25	33	24	34	30	28	23	25	25	20	26	15	20	31	22	26	11	22	23
New Mexico	9	27	21	9	12	19	30	21	10	16	17	23	22	20	22	13	16	11	19	19
New York	55	45	43	36	45	34	57	41	33	35	29	30	39	32	50	51	47	43	51	56
North Carolina	22	20	25	21	26	27	23	14	20	12	13	21	13	16	19	17	19	20	16	19
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	9
Oklahoma	--	16	8	3	13	8	8	13	9	7	17	10	7	18	16	17	10	16	10	17
Oregon	6	5	--	7	4	6	11	6	--	8	6	6	--	9	8	5	12	5	8	11
Pennsylvania	16	10	12	10	6	11	14	16	11	10	13	14	13	4	13	17	7	9	10	13

Hispanic and Latino Worker Fatalities by State, 2000–2019[1]

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Rhode Island	--	--	--	--	--	--	--	--	--	--	--	3	--	--	--	--	--	--	--	--
South Carolina	12	9	7	18	13	10	10	7	8	10	10	10	4	7	6	10	9	9	9	15
South Dakota	--	--	--	--	--	--	--	--	3	--	--	--	--	--	--	--	3	--	--	--
Tennessee	12	5	7	8	9	5	14	8	9	8	8	9	9	9	6	10	11	8	6	16
Texas	190	170	147	163	150	200	174	211	148	185	165	171	201	192	206	220	211	219	198	241
Utah	6	8	6	11	5	4	6	10	6	8	4	3	6	5	7	4	10	6	11	11
Vermont	--	--	--	--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	--	1
Virginia	5	12	15	13	13	24	13	18	16	7	9	14	15	22	9	9	20	12	30	17
Washington	13	13	15	5	14	7	7	10	8	7	14	5	12	4	8	14	13	9	16	13
West Virginia	--	--	--	--	--	4	--	--	--	--	--	--	--	--	--	--	--	--	5	--
Wisconsin	--	8	--	3	--	9	3	5	--	5	4	4	7	7	5	7	4	7	7	11
Wyoming	5	5	8	--	3	--	--	8	--	--	--	--	3	--	3	4	4	3	4	3
Totals[2,3]	815	891	840	794	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088

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 2019, 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, 2000–2019[1]

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
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	19	29	22	15	21	31	27	18	21	14	15	15	16	19	22	18	25	20	26	--
Arkansas	9	--	--	--	4	--	--	9	7	3	12	5	4	8	11	12	8	7	10	--
California	195	208	170	146	174	203	229	182	145	146	145	164	153	176	137	162	151	161	169	--
Colorado	11	23	11	22	21	11	21	24	14	16	13	16	14	9	13	12	16	19	12	--
Connecticut	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	91	96	106	109	123	119	119	121	86	62	55	67	64	74	72	93	104	76	107	--
Georgia	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	--	8	3	4	3	7	3	5	3	6	3	1	5	6	4	6	11	8	--
Illinois	28	52	37	42	44	36	37	34	34	23	42	38	28	31	27	24	30	33	38	--
Indiana	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	12	8	16	21	24	26	34	18	15	10	16	12	20	21	17	16	19	25	19	--

Foreign-Born Worker Fatalities by State, 2000–2019[1]

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Massachusetts	5	7	14	14	22	22	11	18	16	13	15	16	7	16	10	15	18	19	12	--
Michigan	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	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	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	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	91	75	80	73	74	79	90	66	71	57	63	57	65	60	66	69	62	71	83	--
North Carolina	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	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	--	--	6	5	6	8	9	7	--	10	10	6	2	11	8	4	12	7	9	--
Pennsylvania	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	16	12	8	18	18	13	11	10	8	8	13	11	4	7	8	13	12	8	14	--

Foreign-Born Worker Fatalities by State, 2000–2019[1]

State	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
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	--
Texas	115	122	110	121	101	135	112	153	104	125	117	115	107	134	124	156	156	153	146	--
Utah	6	8	9	12	4	8	5	8	12	4	8	5	4	6	10	5	11	3	11	--
Vermont	--	--	--	--	--	--	--	--	--	--	--	1	--	--	--	--	--	1	1	--
Virginia	17	22	20	22	41	33	17	31	18	21	12	19	25	22	19	11	34	20	32	--
Washington	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	--	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]	849	994	929	890	979	1035	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.

Note: 2019 data is not available. In 2020, the Bureau of Labor Statistics updated its disclosure methodology resulting in significantly fewer publishable data. See www.bls.gov/iif/oshfaq1.htm#accessingourdata. Dashes for years other than 2019 indicate no data reported or data that do not meet BLS publication criteria.

[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.

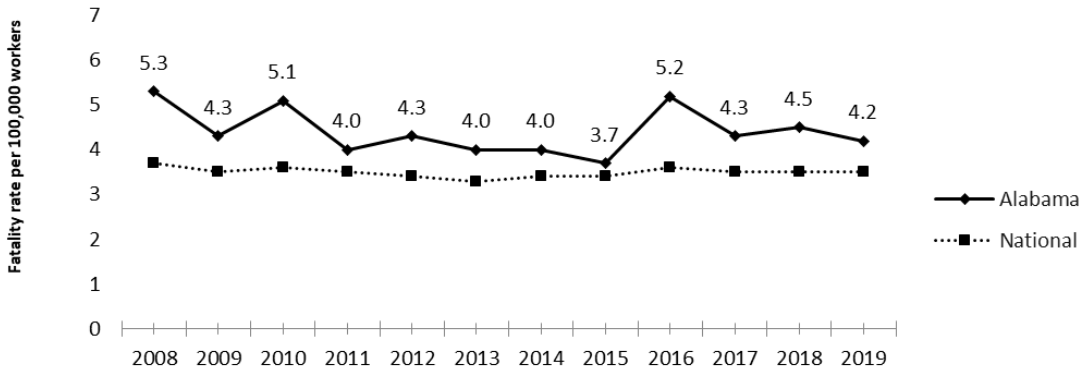
[3]States cannot always be assigned fatality cases. For example, some fatalities occur at sea outside of specific state jurisdictions, or the state is otherwise undetermined.

STATE PROFILES

ALABAMA

Worker Safety and Health

Number of employees:[1]	1,989,555
Number of establishments:[1]	129,465
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	313,039
Number of workplace fatalities, 2019:[3]	89
Rate per 100,000 workers:[4]	4.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	33,300
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, 2019:[7]	16,800
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	22
Years it would take for OSHA to inspect each workplace once:[9]	180
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	692
Construction:	308
Nonconstruction:	384
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,117
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$30,100
National average:	$13,343

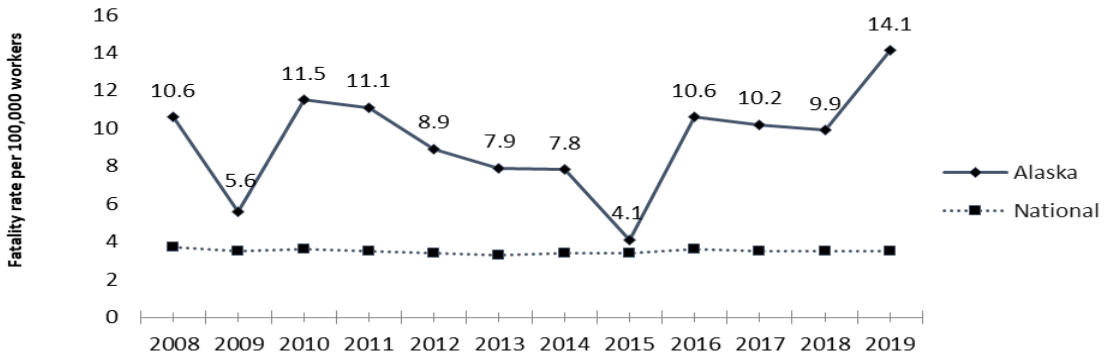


Prepared by AFL-CIO Safety and Health, April 2021

ALASKA

Worker Safety and Health

Number of employees:[1]	323,695
Number of establishments:[1]	22,117
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	51
Rate per 100,000 workers:[4]	14.1
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	50
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	7,200
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, 2019:[7]	3,600
Rate per 100 workers:	1.8
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	10
Years it would take for OSHA to inspect each workplace once: [9]	80
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	276
Construction:	79
Nonconstruction:	197
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$5,113
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$5,806
National average:	$13,343

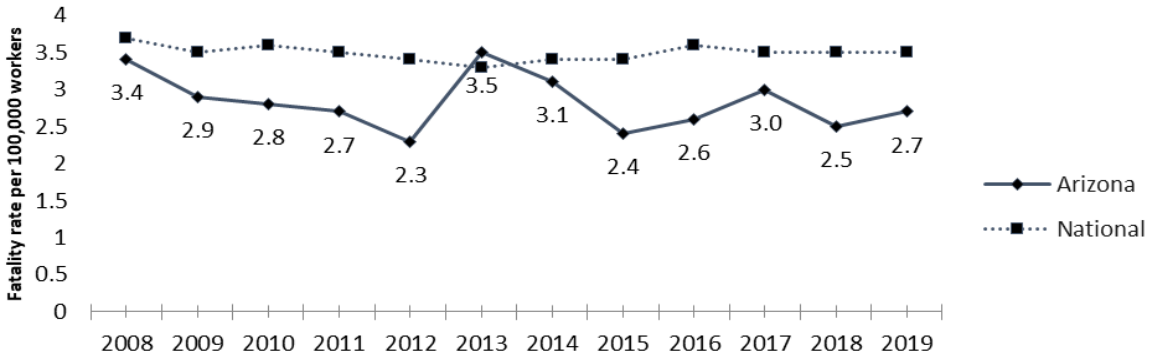


Prepared by AFL-CIO Safety and Health, April 2021

ARIZONA

Worker Safety and Health

Number of employees:[1]	2,908,826
Number of establishments:[1]	164,808
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	94
Rate per 100,000 workers:[4]	2.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	11
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	62,900
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, 2019:[7]	32,600
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	21
Years it would take for OSHA to inspect each workplace once: [9]	275
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	599
Construction:	332
Nonconstruction:	267
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,379
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$5,436
National average:	$13,343

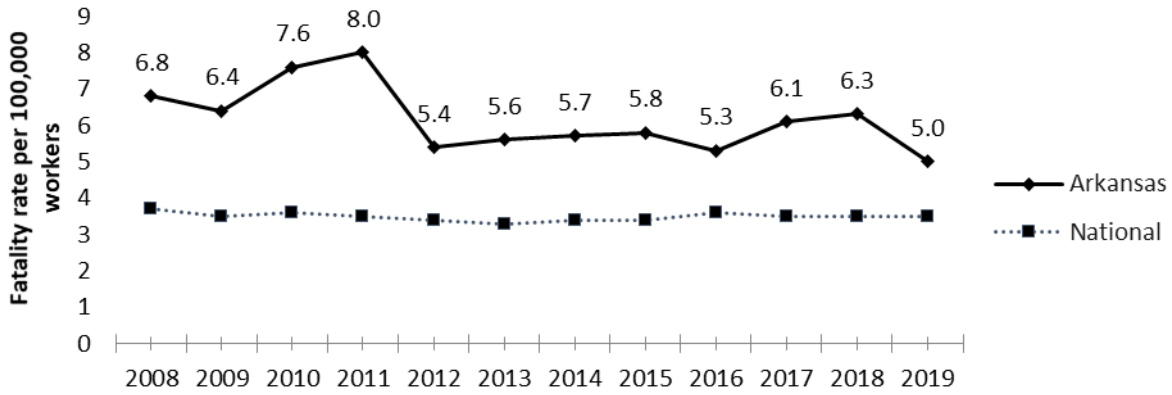


Prepared by AFL-CIO Safety and Health, April 2021

ARKANSAS

Worker Safety and Health

Number of employees:[1]	1,218,106
Number of establishments:[1]	91,905
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	175,749
Number of workplace fatalities, 2019:[3]	62
Rate per 100,000 workers:[4]	5.0
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	40
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	19,100
Rate per 100 workers:	2.1
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	8,500
Rate per 100 workers:	1.0
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	8
Years it would take for OSHA to inspect each workplace once: [9]	531
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	167
Construction:	50
Nonconstruction:	117
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$5,409
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$14,168
National average:	$13,343

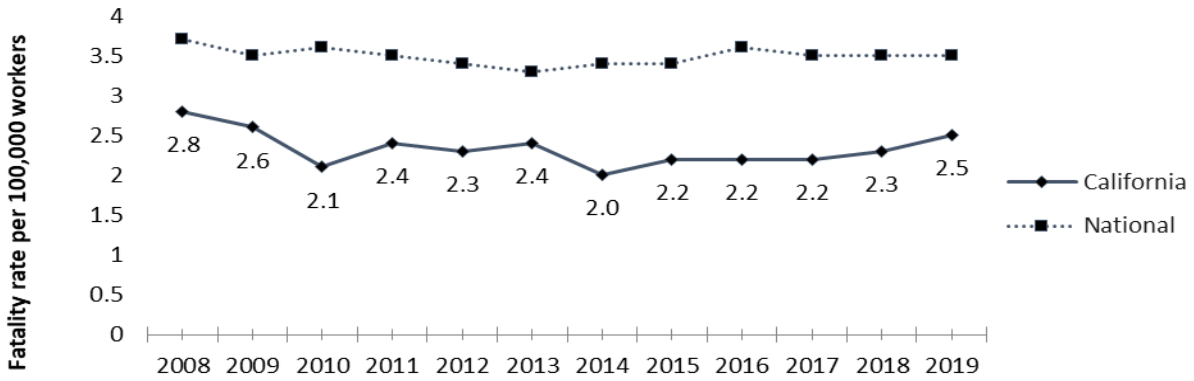


Prepared by AFL-CIO Safety and Health, April 2021

CALIFORNIA

Worker Safety and Health

Number of employees:[1]	17,631,489
Number of establishments:[1]	1,589,417
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	451
Rate per 100,000 workers:[4]	2.5
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	7
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	379,900
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, 2019:[7]	236,000
Rate per 100 workers:	3.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	202
Years it would take for OSHA to inspect each workplace once:	241
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	6,589
Construction:	1,816
Nonconstruction:	4,773
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$7,372
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$8,858
National average:	$13,343



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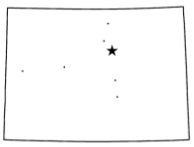
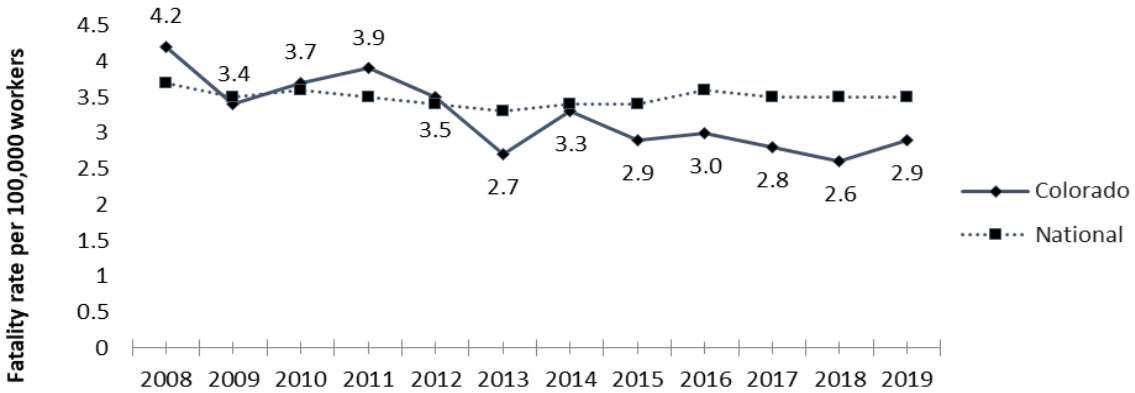
COLORADO



Worker Safety and Health

Number of employees:[1]	2,736,105
Number of establishments:[1]	210,965
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	374,926
Number of workplace fatalities, 2019:[3]	84
Rate per 100,000 workers:[4]	2.9
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	14
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	28
Years it would take for OSHA to inspect each workplace once: [9]	270
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	772
Construction:	404
Nonconstruction:	368
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,422
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$9,438
National average:	$13,343

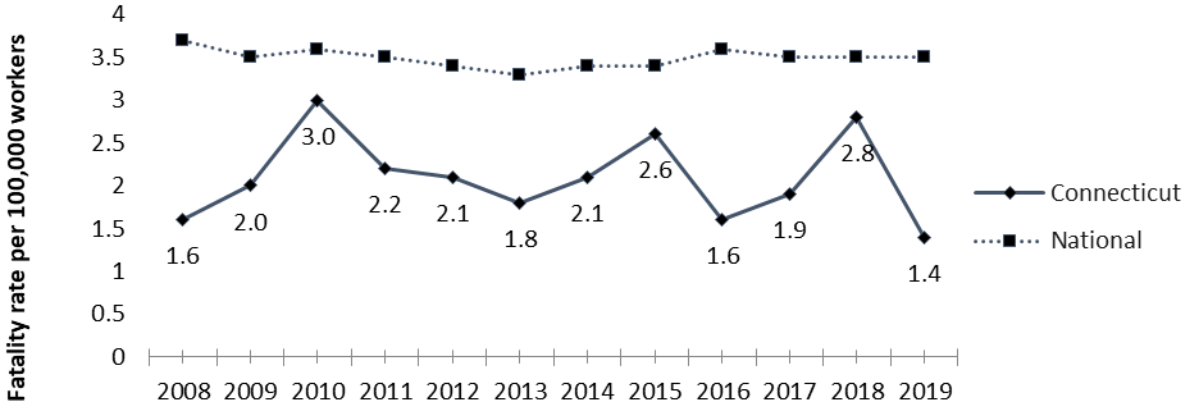


Prepared by AFL-CIO Safety and Health, April 2021

CONNECTICUT

Worker Safety and Health

Number of employees:[1]	1,670,704
Number of establishments:[1]	122,995
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	26
Rate per 100,000 workers:[4]	1.4
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	1
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	35,700
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, 2019:[7]	21,600
Rate per 100 workers:	1.9
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	20
Years it would take for OSHA to inspect each workplace once: [9]	214
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	575
Construction:	220
Nonconstruction:	355
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,107
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$13,776
National average:	$13,343

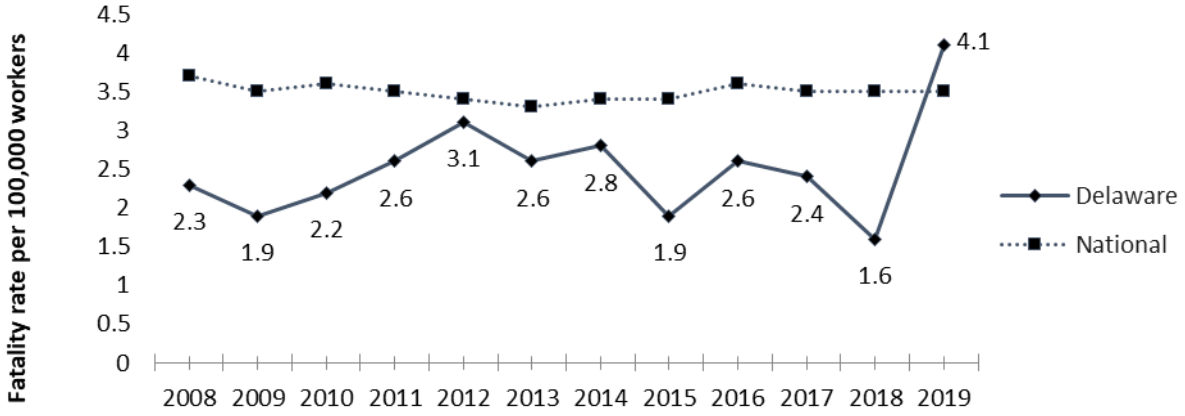


Prepared by AFL-CIO Safety and Health, April 2021

DELAWARE

Worker Safety and Health

Number of employees:[1]	452,776
Number of establishments:[1]	34,416
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	57,878
Number of workplace fatalities, 2019:[3]	18
Rate per 100,000 workers:[4]	4.1
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	27
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	7,000
Rate per 100 workers:	2.3
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	4,000
Rate per 100 workers:	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	3
Years it would take for OSHA to inspect each workplace once: [9]	344
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	99
Construction:	57
Nonconstruction:	42
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$5,910
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$7,419
National average:	$13,343

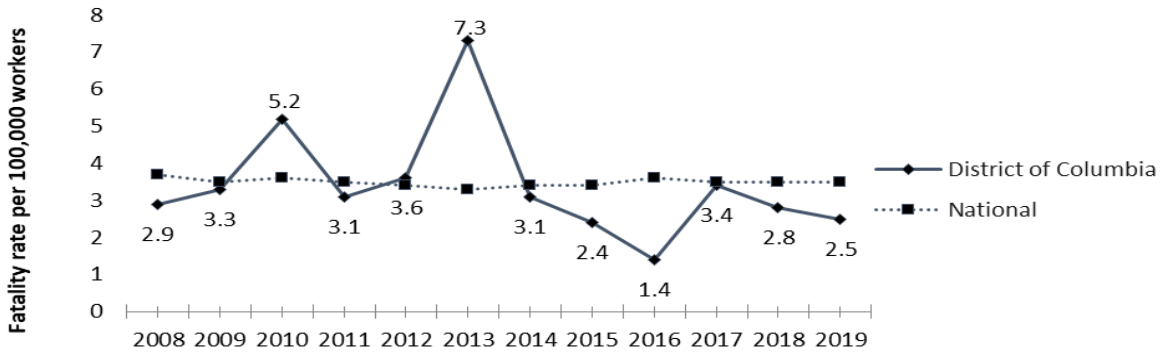


2021

DISTRICT OF COLUMBIA

Worker Safety and Health

Number of employees:[1]	776,041
Number of establishments:[1]	40,713
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	41,270
Number of workplace fatalities, 2019:[3]	10
Rate per 100,000 workers:[4]	2.5
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	N/A
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	6,400
Rate per 100 workers:	1.4
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	3,100
Rate per 100 workers:	0.7
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	N/A
Years it would take for OSHA to inspect each workplace once: [9]	380
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	107
Construction:	92
Nonconstruction:	15
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,490
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$10,031
National average:	$13,343

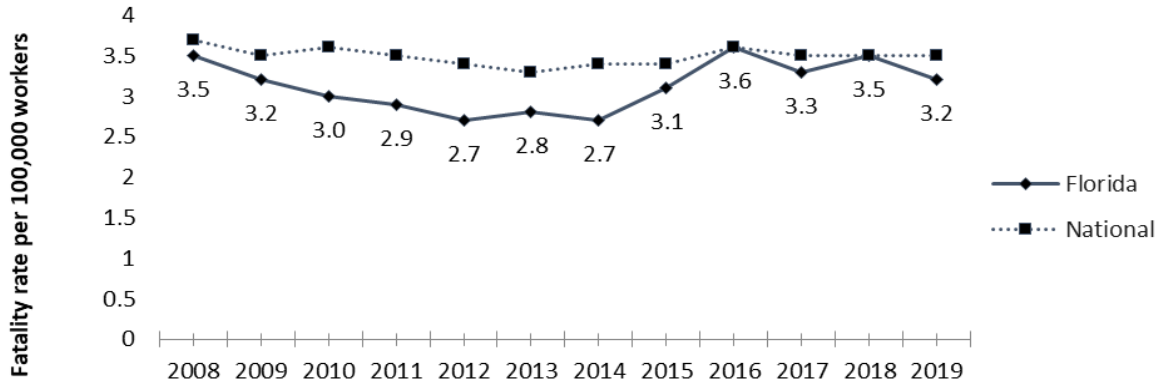


Prepared by AFL-CIO Safety and Health, April 2021

FLORIDA

Worker Safety and Health

Number of employees:[1]	8,884,066
Number of establishments:[1]	717,855
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	932,691
Number of workplace fatalities, 2019:[3]	306
Rate per 100,000 workers:[4]	3.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	18
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	54
Years it would take for OSHA to inspect each workplace once: [9]	477
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,496
Construction:	782
Nonconstruction:	714
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,198
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$13,350
National average:	$13,343

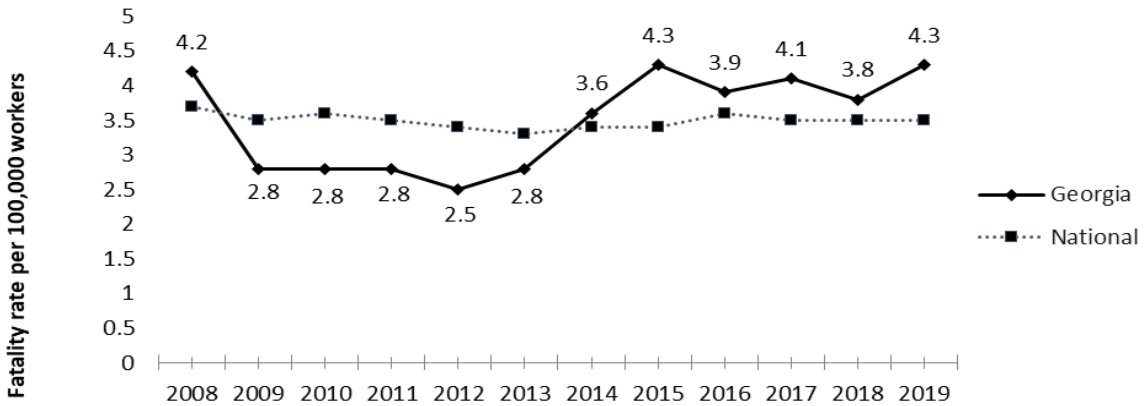


Prepared by AFL-CIO Safety and Health, April 2021

GEORGIA

Worker Safety and Health

Number of employees:[1]	4,513,028
Number of establishments:[1]	288,579
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	550,056
Number of workplace fatalities, 2019:[3]	207
Rate per 100,000 workers:[4]	4.3
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	33
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	78,100
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, 2019:[7]	41,600
Rate per 100 workers:	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	41
Years it would take for OSHA to inspect each workplace once: [9]	274
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,027
Construction:	429
Nonconstruction:	598
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,094
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$17,975
National average:	$13,343



Prepared by AFL-CIO Safety and Health, April 2021

HAWAII

Worker Safety and Health

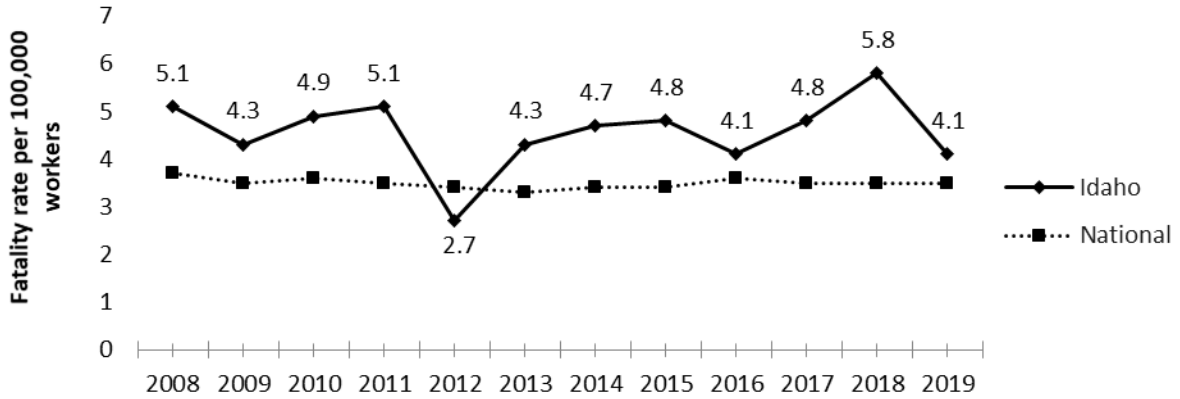
Number of employees:[1]	659,045
Number of establishments:[1]	44,048
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	26
Rate per 100,000 workers:[4]	4.1
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	27
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	13,500
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, 2019:[7]	8,400
Rate per 100 workers:	2.0
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	18
Years it would take for OSHA to inspect each workplace once: [9]	104
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	424
Construction:	240
Nonconstruction:	184
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,498
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$21,397
National average:	$13,343

Prepared by AFL-CIO Safety and Health, April 2021

IDAHO

Worker Safety and Health

Number of employees:[1]	752,351
Number of establishments:[1]	63,424
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	107,705
Number of workplace fatalities, 2019:[3]	36
Rate per 100,000 workers:[4]	4.1
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	27
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	9
Years it would take for OSHA to inspect each workplace once: [9]	259
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	236
Construction:	145
Nonconstruction:	91
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,521
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$14,788
National average:	13,343

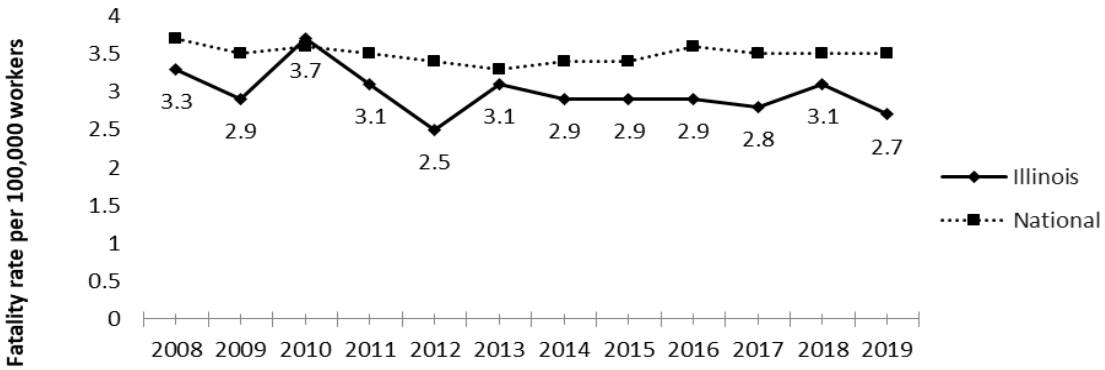


Prepared by AFL-CIO Safety and Health, April 2021

ILLINOIS

Worker Safety and Health

Number of employees:[1]	5,995,905
Number of establishments:[1]	374,453
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	158
Rate per 100,000 workers:[4]	2.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	11
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	104,800
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, 2019:[7]	59,700
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	65
Years it would take for OSHA to inspect each workplace once: [9]	209
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,794
Construction:	759
Nonconstruction:	1,035
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,910
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$7,098
National average:	$13,343

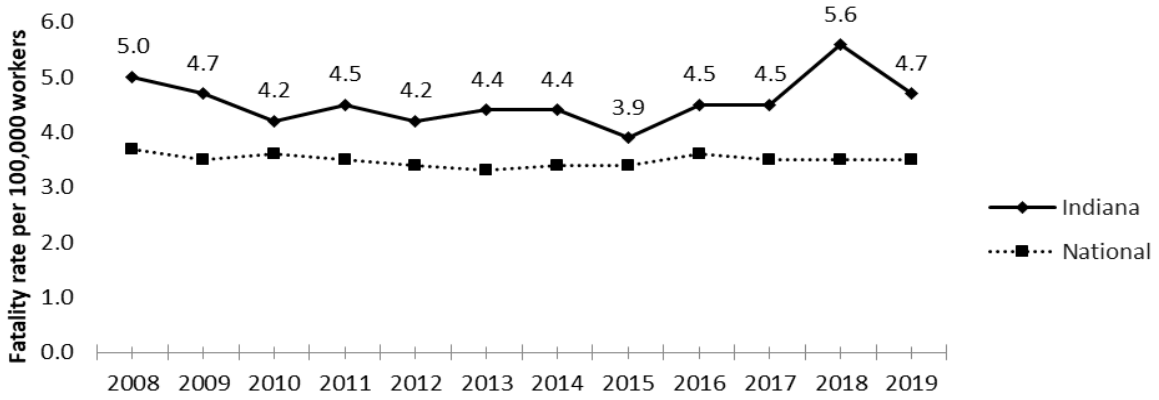


Prepared by AFL-CIO Safety and Health, April 2021

INDIANA

Worker Safety and Health

Number of employees:[1]	3,077,767
Number of establishments:[1]	168,916
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	146
Rate per 100,000 workers:[4]	4.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	35
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	70,900
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, 2019:[7]	36,400
Rate per 100 workers:	1.7
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	38
Years it would take for OSHA to inspect each workplace once: [9]	202
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	837
Construction:	374
Nonconstruction:	463
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,519
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$13,110
National average:	$13,343

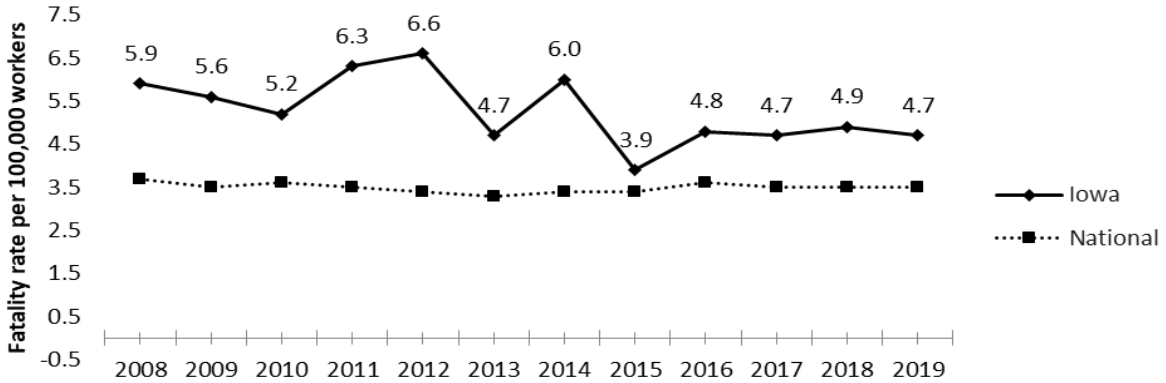


Prepared by AFL-CIO Safety and Health, April 2021

IOWA

Worker Safety and Health

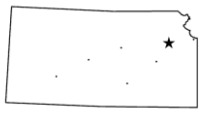
Number of employees:[1]	1,553,350
Number of establishments:[1]	104,258
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	76
Rate per 100,000 workers:[4]	4.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	35
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	35,100
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, 2019:[7]	18,600
Rate per 100 workers:	1.7
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	22
Years it would take for OSHA to inspect each workplace once: [9]	163
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	638
Construction:	193
Nonconstruction:	445
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,892
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$11,430
National average:	$13,343



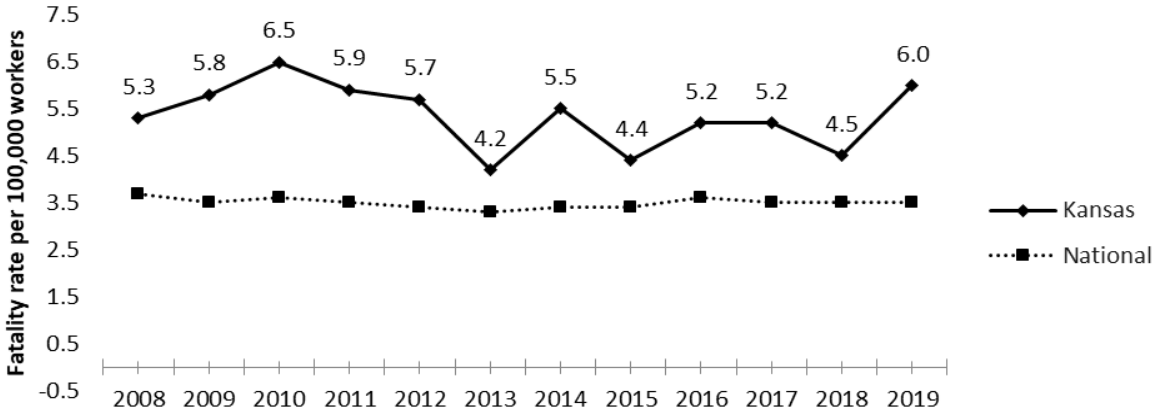
Prepared by AFL-CIO Safety and Health, April 2021

KANSAS

Worker Safety and Health



Number of employees:[1]	1,393,184
Number of establishments:[1]	87,515
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	220,538
Number of workplace fatalities, 2019:[3]	83
Rate per 100,000 workers:[4]	6.0
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	43
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	28,600
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, 2019:[7]	15,000
Rate per 100 workers:	1.6
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	13
Years it would take for OSHA to inspect each workplace once: [9]	226
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	371
Construction:	252
Nonconstruction:	119
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,371
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$16,454
National average:	$13,343

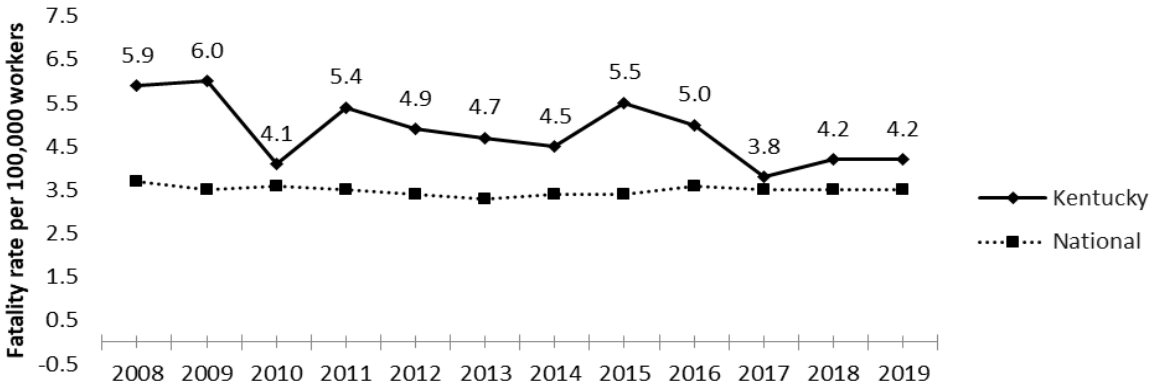


Prepared by AFL-CIO Safety and Health, April 2021

KENTUCKY

Worker Safety and Health

Number of employees:[1]	1,897,896
Number of establishments:[1]	122,908
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	78
Rate per 100,000 workers:[4]	4.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	38,600
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, 2019:[7]	19,700
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	33
Years it would take for OSHA to inspect each workplace once: [9]	158
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	775
Construction:	221
Nonconstruction:	554
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,790
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$15,682
National average:	$13,343

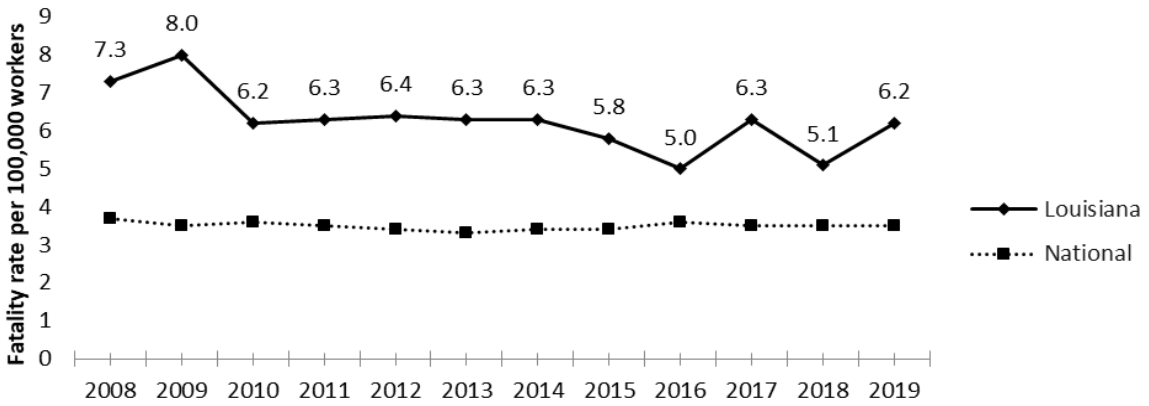


Prepared by AFL-CIO Safety and Health, April 2021

LOUISIANA

Worker Safety and Health

Number of employees:[1]	1,923,825
Number of establishments:[1]	134,744
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	279,456
Number of workplace fatalities, 2019:[3]	119
Rate per 100,000 workers:[4]	6.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	44
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	24,100
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, 2019:[7]	12,100
Rate per 100 workers:	0.9
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	14
Years it would take for OSHA to inspect each workplace once: [9]	460
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	282
Construction:	139
Nonconstruction:	143
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,049
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$5,230
National average:	$13,343

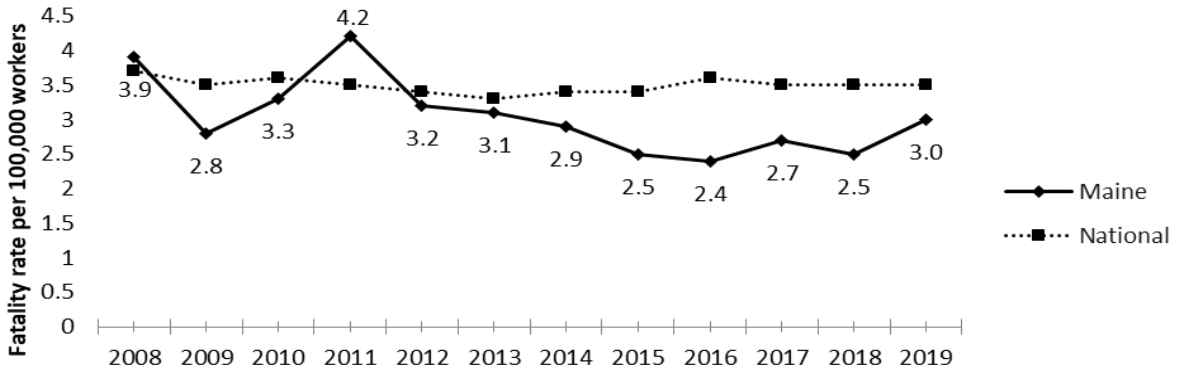


Prepared by AFL-CIO Safety and Health, April 2021

MAINE

Worker Safety and Health

Number of employees:[1]	621,691
Number of establishments:[1]	53,538
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	20
Rate per 100,000 workers:[4]	3.0
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	15
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	19,500
Rate per 100 workers:	4.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	10,600
Rate per 100 workers:	2.6
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	8
Years it would take for OSHA to inspect each workplace once: [9]	288
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	186
Construction:	63
Nonconstruction:	123
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,041
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$3,639
National average:	$13,343

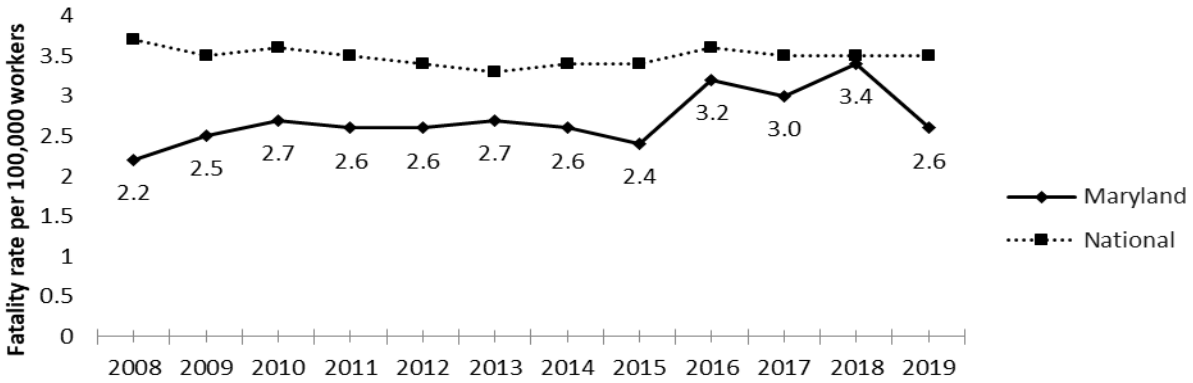


Prepared by AFL-CIO Safety and Health, April 2021

MARYLAND

Worker Safety and Health

Number of employees:[1]	2,698,113
Number of establishments:[1]	176,160
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	78
Rate per 100,000 workers:[4]	2.6
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	8
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	47,500
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, 2019:[7]	27,500
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	50
Years it would take for OSHA to inspect each workplace once: [9]	167
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,053
Construction:	694
Nonconstruction:	359
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$754
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$1,911
National average:	$13,343

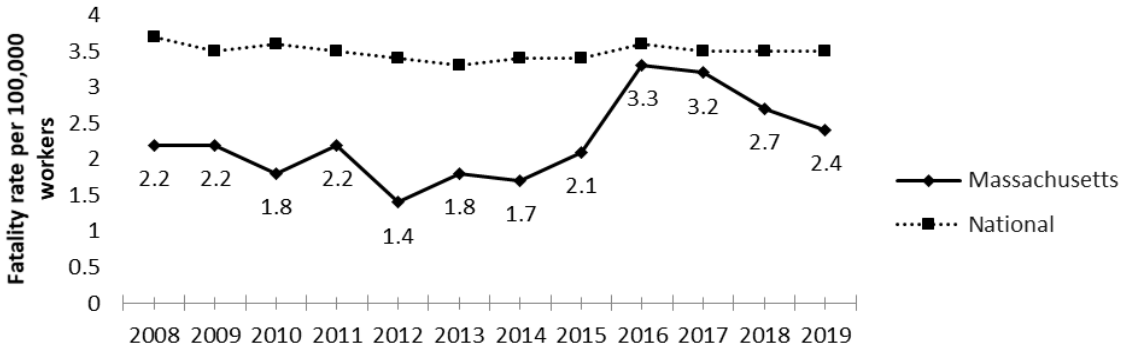


Prepared by AFL-CIO Safety and Health, April 2021

MASSACHUSETTS

Worker Safety and Health

Number of employees:[1]	3,636,617
Number of establishments:[1]	261,238
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	386,348
Number of workplace fatalities, 2019:[3]	86
Rate per 100,000 workers:[4]	2.4
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	6
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	64,700
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, 2019:[7]	37,900
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	34
Years it would take for OSHA to inspect each workplace once: [9]	275
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	927
Construction:	531
Nonconstruction:	396
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,724
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$11,336
National average:	$13,343

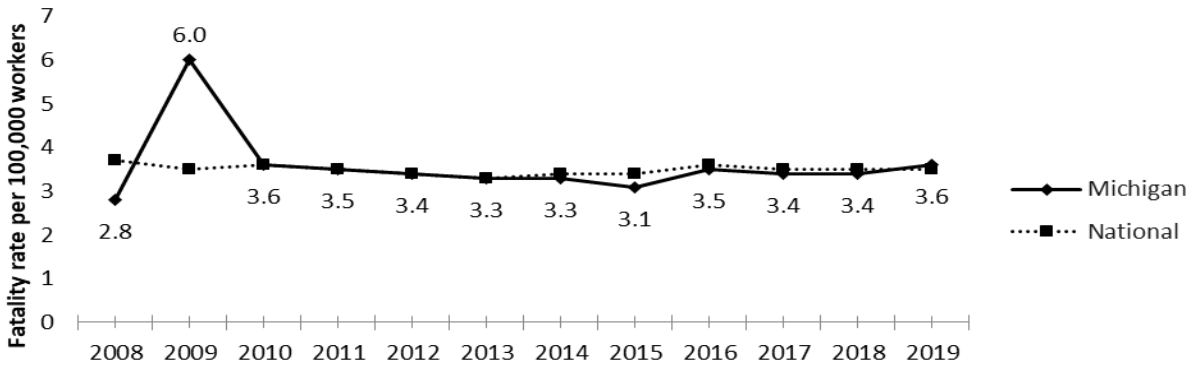


Prepared by AFL-CIO Safety and Health, April 2021

MICHIGAN

Worker Safety and Health

Number of employees:[1]	4,358,167
Number of establishments:[1]	261,511
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	164
Rate per 100,000 workers:[4]	3.6
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	22
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	86,200
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, 2019:[7]	43,100
Rate per 100 workers:	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	67
Years it would take for OSHA to inspect each workplace once: [9]	82
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	3,197
Construction:	1,682
Nonconstruction:	1,515
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,292
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$4,148
National average:	$13,343

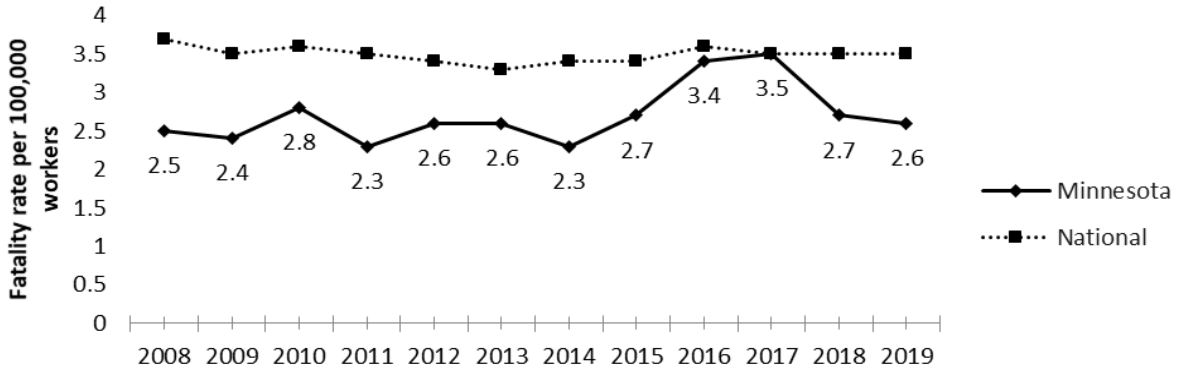


Prepared by AFL-CIO Safety and Health, April 2021

MINNESOTA

Worker Safety and Health

Number of employees:[1]	2,902,225
Number of establishments:[1]	178,313
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	80
Rate per 100,000 workers:[4]	2.6
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	8
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	63,600
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, 2019:[7]	32,100
Rate per 100 workers:	1.6
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	40
Years it would take for OSHA to inspect each workplace once: [9]	125
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,425
Construction:	607
Nonconstruction:	818
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,114
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$24,222
National average:	$13,343

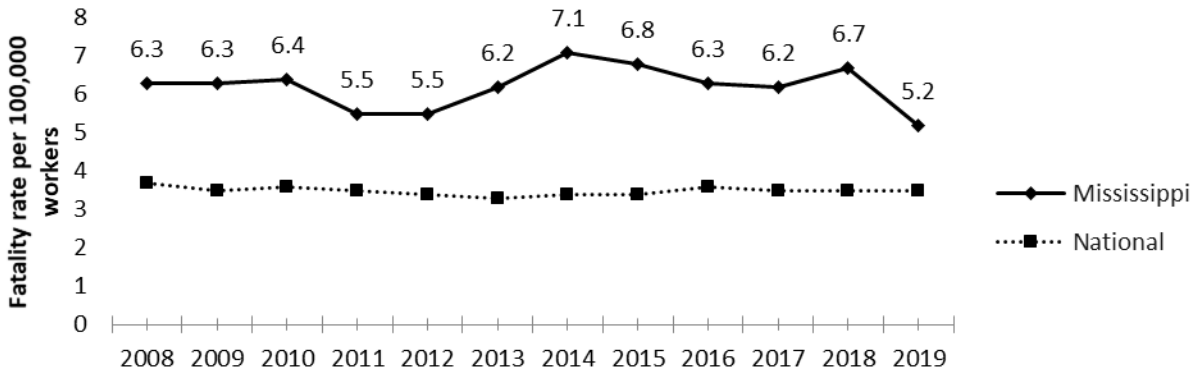


Prepared by AFL-CIO Safety and Health, April 2021

MISSISSIPPI

Worker Safety and Health

Number of employees:[1]	1,135,598
Number of establishments:[1]	73,760
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	208,256
Number of workplace fatalities, 2019:[3]	59
Rate per 100,000 workers:[4]	5.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	41
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	11
Years it would take for OSHA to inspect each workplace once: [9]	231
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	306
Construction:	97
Nonconstruction:	209
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,206
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$29,073
National average:	$13,343

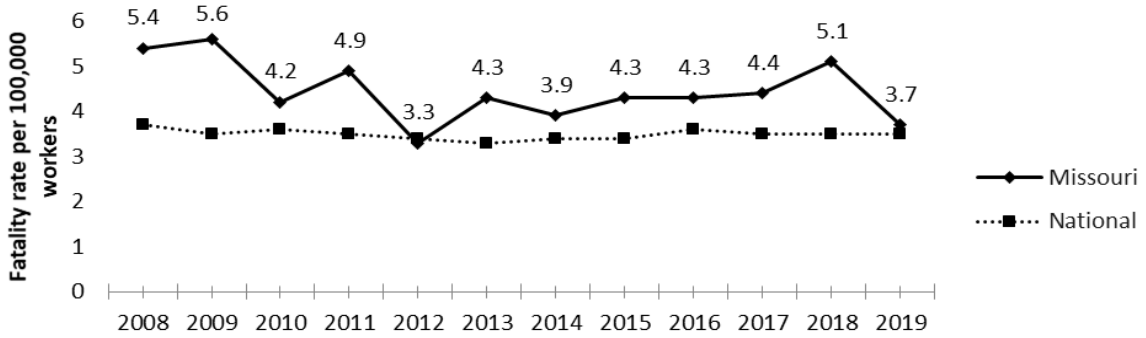


Prepared by AFL-CIO Safety and Health, April 2021

MISSOURI

Worker Safety and Health

Number of employees:[1]	2,812,888
Number of establishments:[1]	208,913
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	357,720
Number of workplace fatalities, 2019:[3]	106
Rate per 100,000 workers:[4]	3.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	23
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	54,200
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, 2019:[7]	28,100
Rate per 100 workers:	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	20
Years it would take for OSHA to inspect each workplace once: [9]	279
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	719
Construction:	422
Nonconstruction:	297
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,040
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$21,086
National average:	$13,343

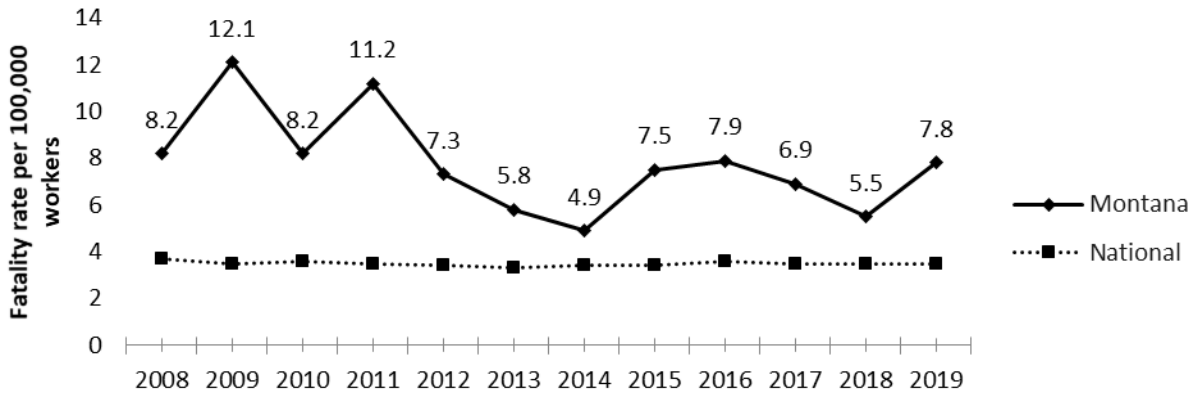


Prepared by AFL-CIO Safety and Health, April 2021

MONTANA

Worker Safety and Health

Number of employees:[1]	470,525
Number of establishments:[1]	50,141
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	70,287
Number of workplace fatalities, 2019:[3]	38
Rate per 100,000 workers:[4]	7.8
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	47
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	11,500
Rate per 100 workers:	3.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	5,600
Rate per 100 workers:	1.8
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	7
Years it would take for OSHA to inspect each workplace once: [9]	192
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	253
Construction:	144
Nonconstruction:	109
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,733
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$1,446
National average:	$13,343

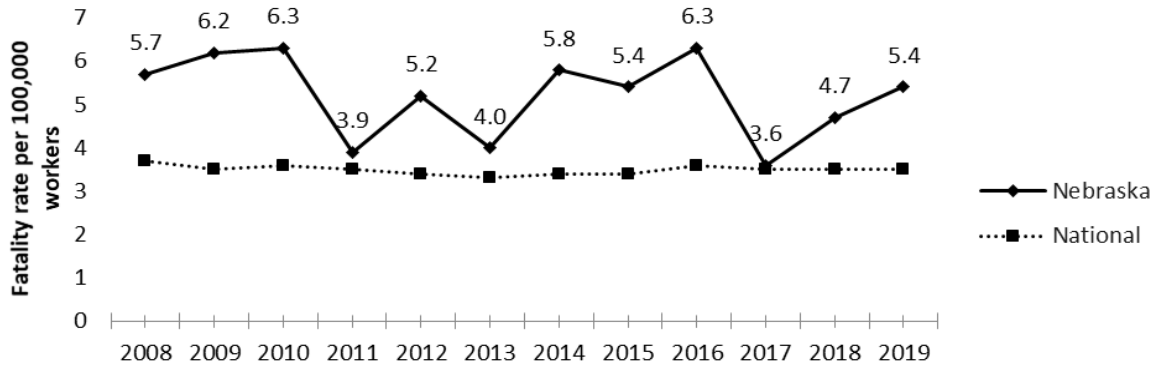


Prepared by AFL-CIO Safety and Health, April 2021

NEBRASKA

Worker Safety and Health

Number of employees:[1]	982,504
Number of establishments:[1]	71,399
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	144,149
Number of workplace fatalities, 2019:[3]	53
Rate per 100,000 workers:[4]	5.4
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	42
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	20,400
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, 2019:[7]	10,600
Rate per 100 workers:	1.6
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	9
Years it would take for OSHA to inspect each workplace once: [9]	302
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	227
Construction:	125
Nonconstruction:	102
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,787
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$4,030
National average:	$13,343

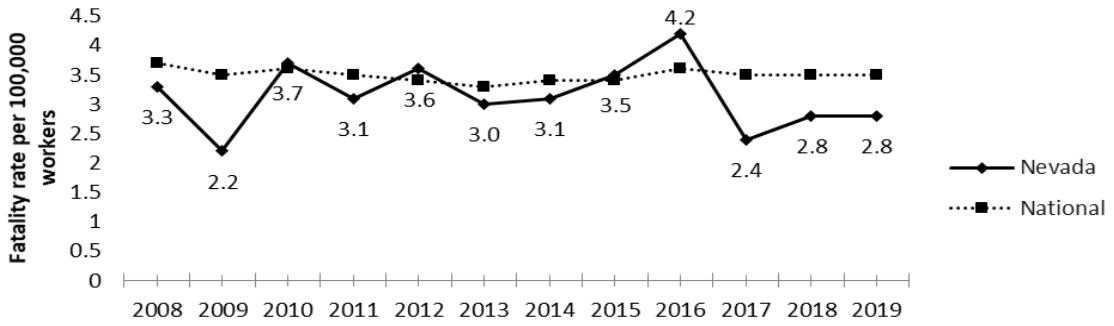


Prepared by AFL-CIO Safety and Health, April 2021

NEVADA

Worker Safety and Health

Number of employees:[1]	1,408,753
Number of establishments:[1]	82,637
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	40
Rate per 100,000 workers:[4]	2.8
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	13
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	35,700
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, 2019:[7]	19,900
Rate per 100 workers:	1.9
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	40
Years it would take for OSHA to inspect each workplace once: [9]	93
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	889
Construction:	389
Nonconstruction:	500
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,696
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$12,694
National average:	$13,343

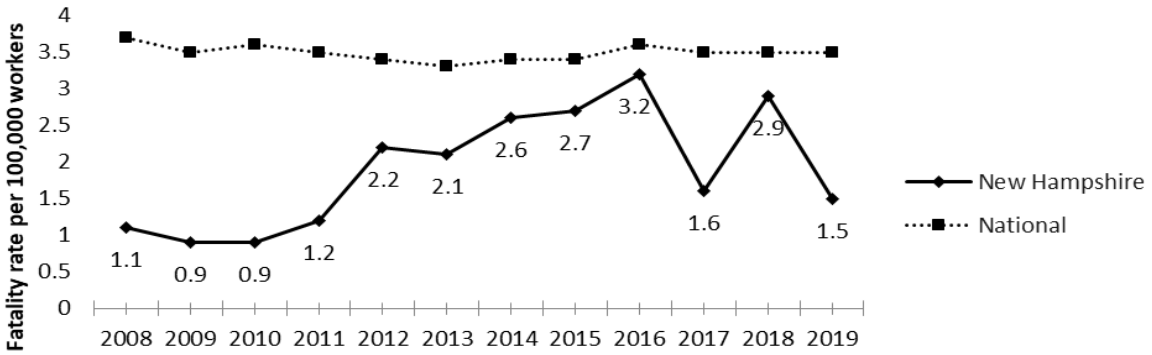


Prepared by AFL-CIO Safety and Health, April 2021

NEW HAMPSHIRE

Worker Safety and Health

Number of employees:[1]	665,320
Number of establishments:[1]	53,672
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	77,057
Number of workplace fatalities, 2019:[3]	11
Rate per 100,000 workers:[4]	1.5
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	2
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	8
Years it would take for OSHA to inspect each workplace once: [9]	219
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	235
Construction:	111
Nonconstruction:	124
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,877
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$9,542
National average:	$13,343

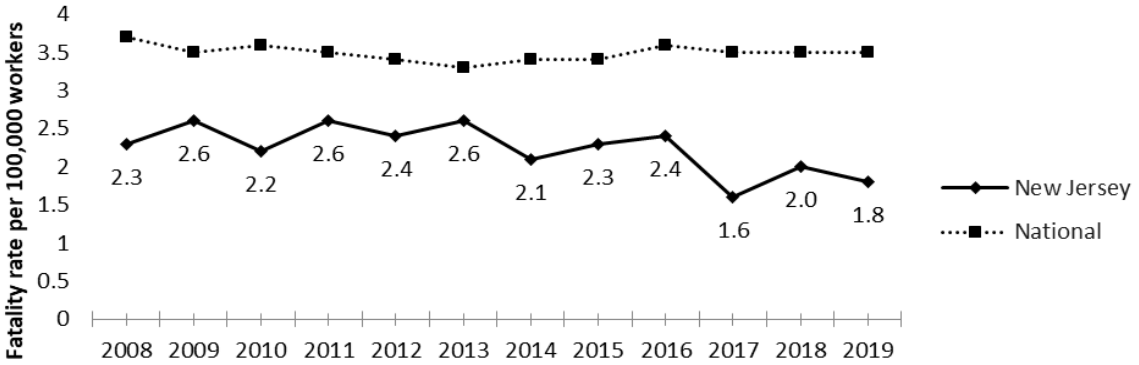


Prepared by AFL-CIO Safety and Health, April 2021

NEW JERSEY

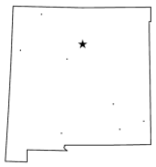
Worker Safety and Health

Number of employees:[1]	4,083,014
Number of establishments:[1]	277,044
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	74
Rate per 100,000 workers:[4]	1.8
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	3
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	69,000
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, 2019:[7]	40,900
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	52
Years it would take for OSHA to inspect each workplace once: [9]	183
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,517
Construction:	567
Nonconstruction:	950
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,491
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$8,913
National average:	$13,343



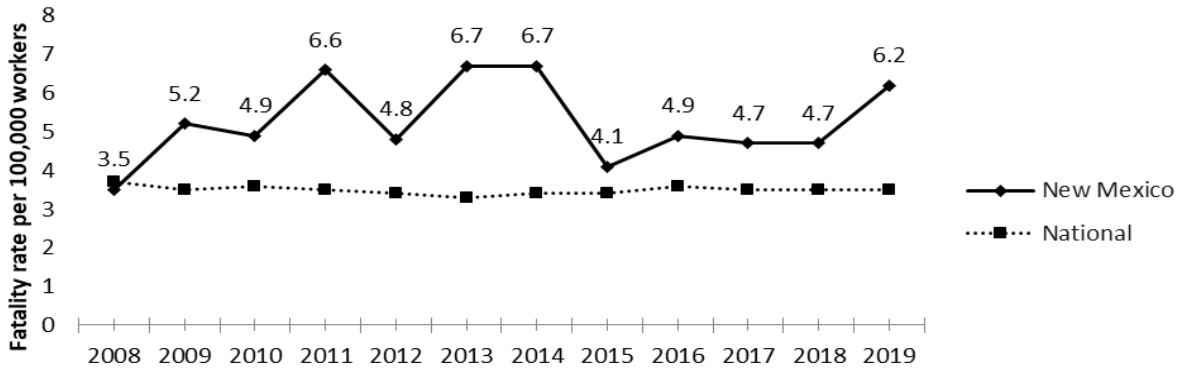
Prepared by AFL-CIO Safety and Health, April 2021

NEW MEXICO



Worker Safety and Health

Number of employees:[1]	836,674
Number of establishments:[1]	62,865
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	55
Rate per 100,000 workers:[4]	6.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	44
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	14,200
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, 2019:[7]	6,500
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	8
Years it would take for OSHA to inspect each workplace once: [9]	319
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	197
Construction:	41
Nonconstruction:	156
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$2,417
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$24,214
National average:	$13,343

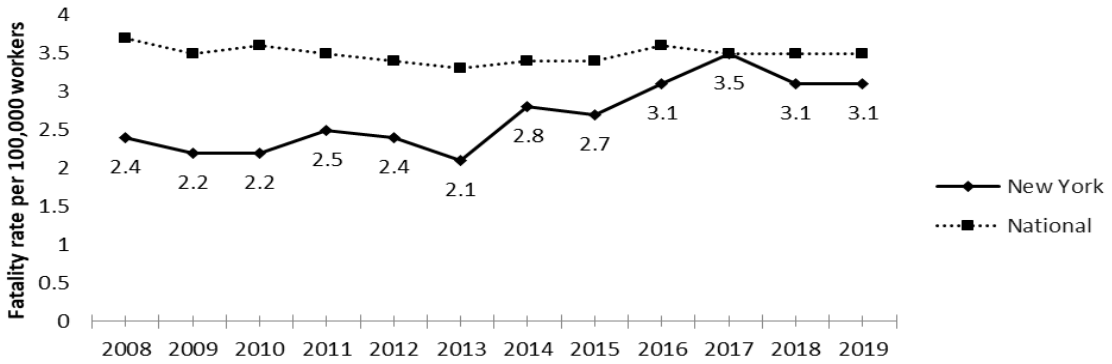


Prepared by AFL-CIO Safety and Health, April 2021

NEW YORK

Worker Safety and Health

Number of employees:[1]	9,542,899
Number of establishments:[1]	643,213
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	273
Rate per 100,000 workers:[4]	3.1
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	16
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	140,500
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, 2019:[7]	78,400
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	89
Years it would take for OSHA to inspect each workplace once: [9]	245
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	2,621
Construction:	1,114
Nonconstruction:	1,507
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,231
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$8,629
National average:	$13,343

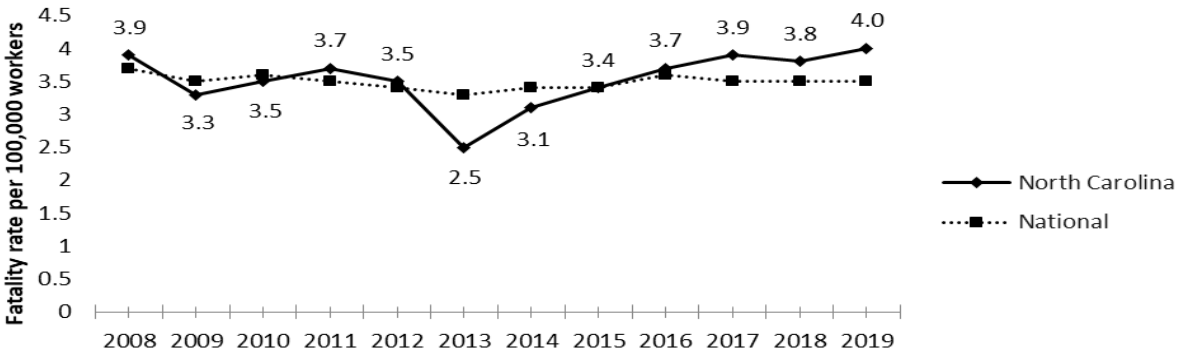


Prepared by AFL-CIO Safety and Health, April 2021

NORTH CAROLINA

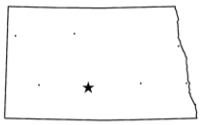
Worker Safety and Health

Number of employees:[1]	4,498,572
Number of establishments:[1]	286,744
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	186
Rate per 100,000 workers:[4]	4.0
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	25
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	69,400
Rate per 100 workers:	2.3
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	36,600
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	92
Years it would take for OSHA to inspect each workplace once: [9]	131
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	2,196
Construction:	1,344
Nonconstruction:	852
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,854
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$10,388
National average:	$13,343



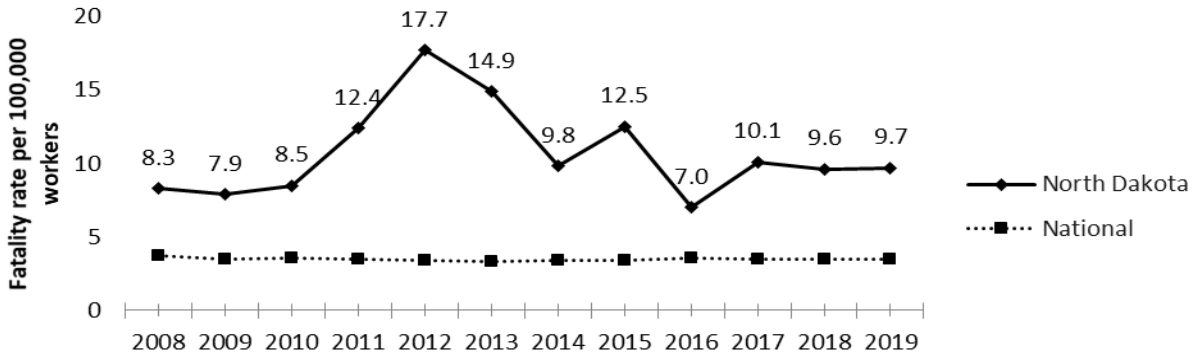
Prepared by AFL-CIO Safety and Health, April 2021

NORTH DAKOTA



Worker Safety and Health

Number of employees:[1]	422,837
Number of establishments:[1]	31,897
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	62,058
Number of workplace fatalities, 2019:[3]	37
Rate per 100,000 workers:[4]	9.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	48
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	4
Years it would take for OSHA to inspect each workplace once: [9]	170
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	179
Construction:	125
Nonconstruction:	54
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,971
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$8,818
National average:	$13,343

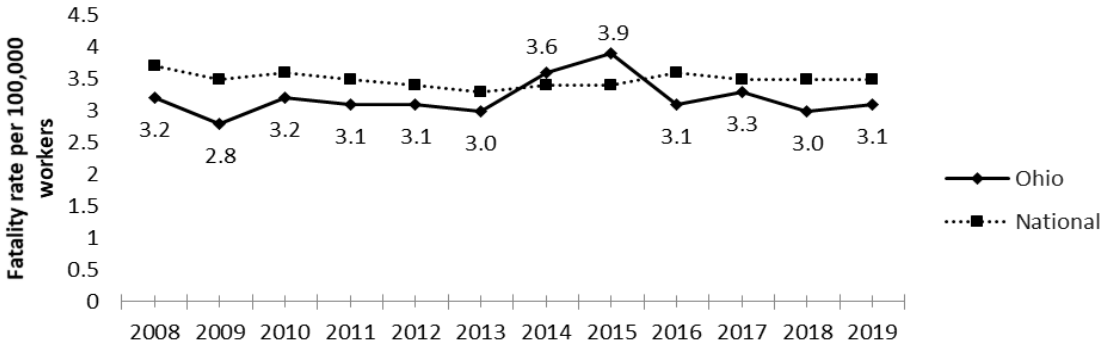


Prepared by AFL-CIO Safety and Health, April 2021

OHIO

Worker Safety and Health

Number of employees:[1]	5,439,352
Number of establishments:[1]	301,813
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	648,401
Number of workplace fatalities, 2019:[3]	166
Rate per 100,000 workers:[4]	3.1
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	16
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	91,800
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, 2019:[7]	46,600
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	51
Years it would take for OSHA to inspect each workplace once: [9]	156
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,852
Construction:	974
Nonconstruction:	878
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,193
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$43,486
National average:	$13,343

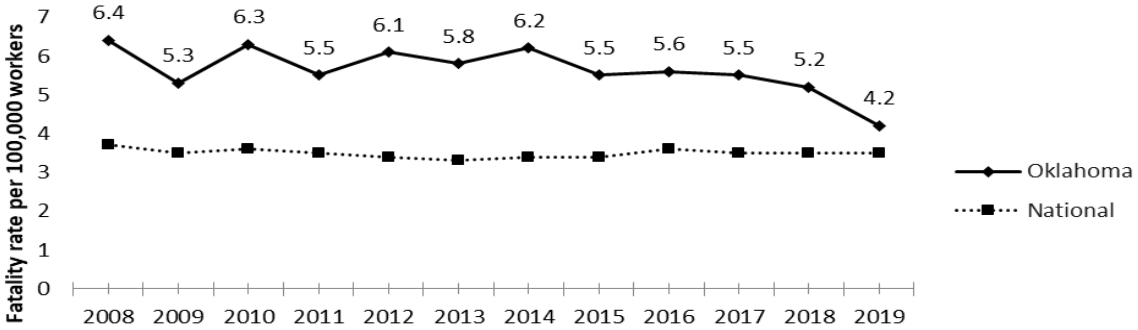


Prepared by AFL-CIO Safety and Health, April 2021

OKLAHOMA

Worker Safety and Health

Number of employees:[1]	1,622,058
Number of establishments:[1]	111,608
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	275,939
Number of workplace fatalities, 2019:[3]	73
Rate per 100,000 workers:[4]	4.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	13
Years it would take for OSHA to inspect each workplace once: [9]	342
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	313
Construction:	206
Nonconstruction:	107
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,537
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$22,611
National average:	$13,343

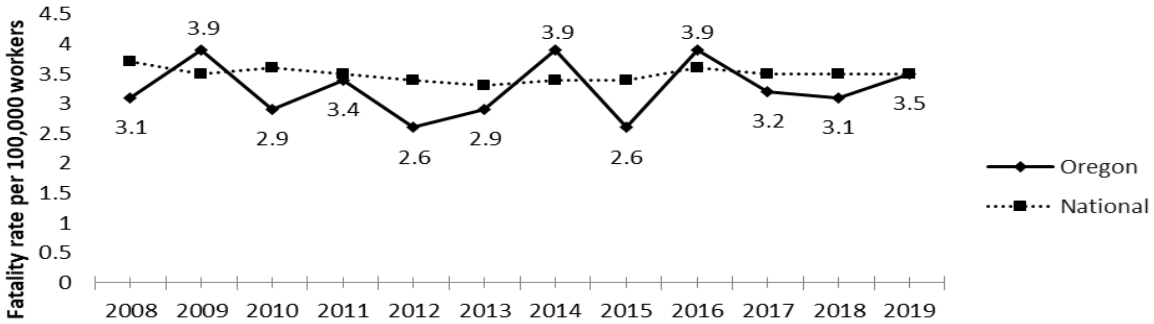


Prepared by AFL-CIO Safety and Health, April 2021

OREGON

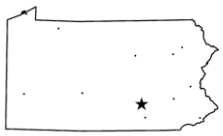
Worker Safety and Health

Number of employees:[1]	1,953,467
Number of establishments:[1]	158,282
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	69
Rate per 100,000 workers:[4]	3.5
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	20
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	51,300
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, 2019:[7]	30,100
Rate per 100 workers:	2.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	77
Years it would take for OSHA to inspect each workplace once: [9]	76
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	2,077
Construction:	714
Nonconstruction:	1,363
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$599
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$1,178
National average:	$13,343



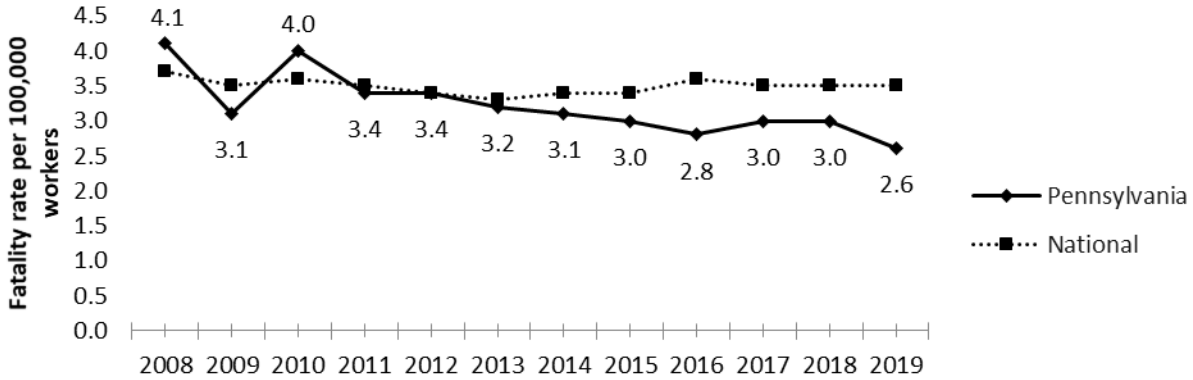
Prepared by AFL-CIO Safety and Health, April 2021

PENNSYLVANIA



Worker Safety and Health

Number of employees:[1]	5,925,588
Number of establishments:[1]	359,117
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	577,752
Number of workplace fatalities, 2019:[3]	154
Rate per 100,000 workers:[4]	2.6
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	8
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	137,000
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, 2019:[7]	75,200
Rate per 100 workers:	1.8
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	52
Years it would take for OSHA to inspect each workplace once: [9]	237
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,470
Construction:	671
Nonconstruction:	799
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,977
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$11,208
National average:	$13,343

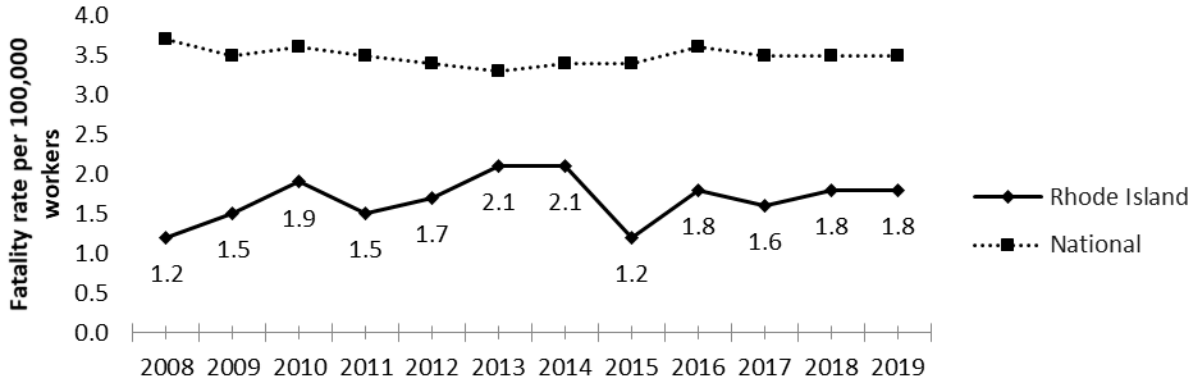


Prepared by AFL-CIO Safety and Health, April 2021

RHODE ISLAND

Worker Safety and Health

Number of employees:[1]	485,638
Number of establishments:[1]	38,871
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	49,999
Number of workplace fatalities, 2019:[3]	10
Rate per 100,000 workers:[4]	1.8
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	3
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	5
Years it would take for OSHA to inspect each workplace once: [9]	244
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	157
Construction:	84
Nonconstruction:	73
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,236
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$6,230
National average:	$13,343

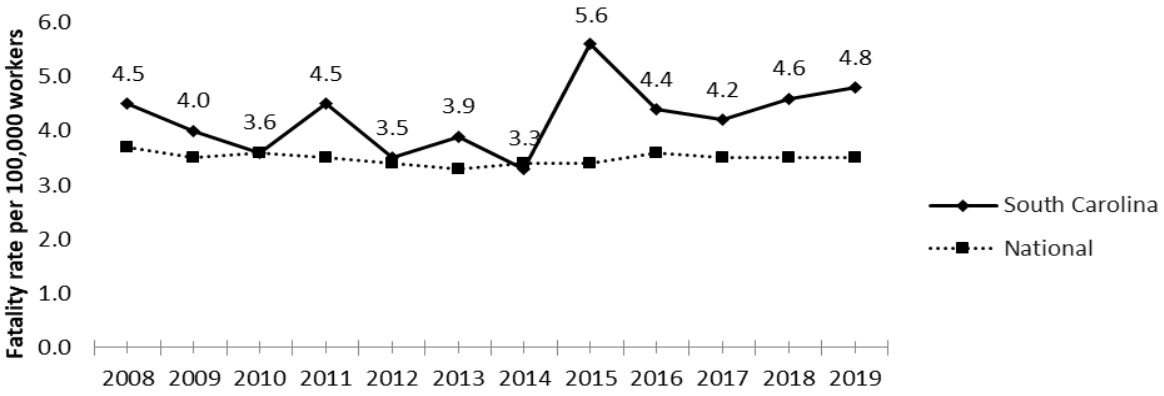


Prepared by AFL-CIO Safety and Health, April 2021

SOUTH CAROLINA

Worker Safety and Health

Number of employees:[1]	2,129,271
Number of establishments:[1]	140,545
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	108
Rate per 100,000 workers:[4]	4.8
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	39
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	34,100
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, 2019:[7]	20,300
Rate per 100 workers:	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	21
Years it would take for OSHA to inspect each workplace once: [9]	365
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	385
Construction:	182
Nonconstruction:	203
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,510
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$5,475
National average:	$13,343

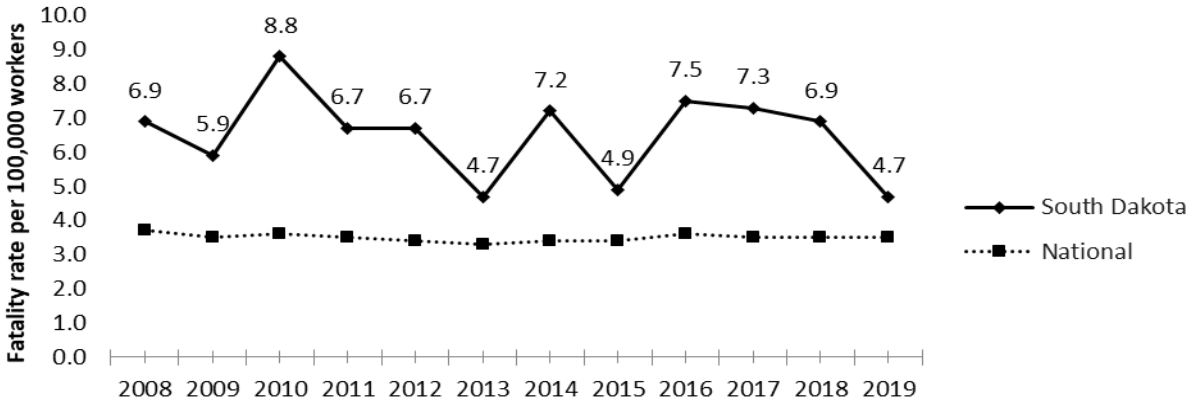


Prepared by AFL-CIO Safety and Health, April 2021

SOUTH DAKOTA

Worker Safety and Health

Number of employees:[1]	430,117
Number of establishments:[1]	34,232
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	63,384
Number of workplace fatalities, 2019:[3]	20
Rate per 100,000 workers:[4]	4.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	35
Total cases of workplace injuries and illnesses, private industry, 2019:[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, 2019:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	4
Years it would take for OSHA to inspect each workplace once: [9]	170
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	147
Construction:	113
Nonconstruction:	34
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,524
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$28,342
National average:	$13,343

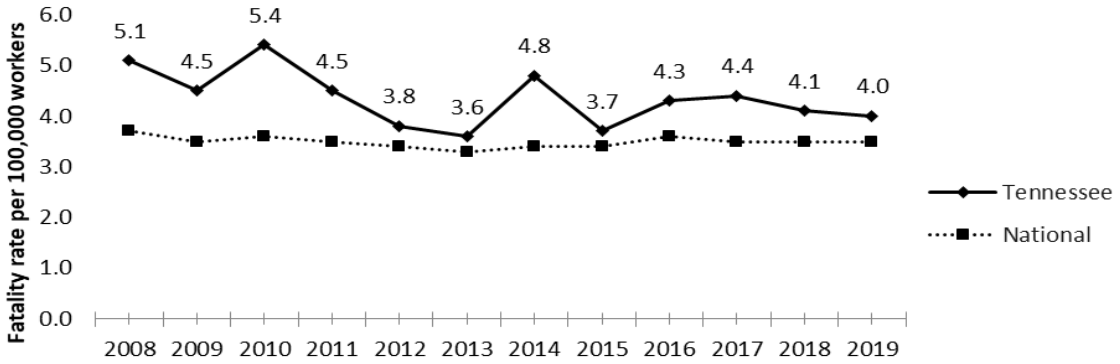


Prepared by AFL-CIO Safety and Health, April 2021

TENNESSEE

Worker Safety and Health

Number of employees:[1]	3,032,893
Number of establishments:[1]	166,368
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	124
Rate per 100,000 workers:[4]	4.0
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	25
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	58,200
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, 2019:[7]	30,800
Rate per 100 workers:	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	43
Years it would take for OSHA to inspect each workplace once: [9]	121
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,373
Construction:	294
Nonconstruction:	1,079
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,672
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$5,863
National average:	$13,343

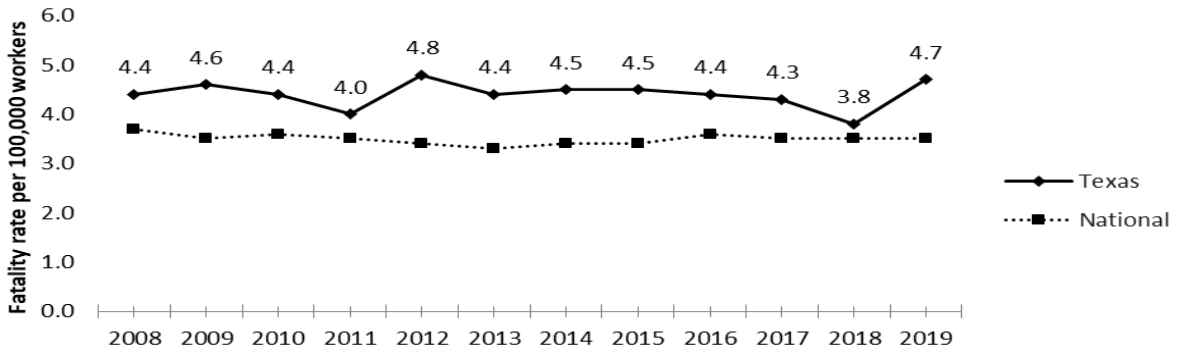


Prepared by AFL-CIO Safety and Health, April 2021

TEXAS

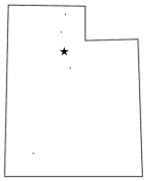
Worker Safety and Health

Number of employees:[1]	12,590,406
Number of establishments:[1]	714,982
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	1,691,739
Number of workplace fatalities, 2019:[3]	608
Rate per 100,000 workers:[4]	4.7
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	35
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	187,600
Rate per 100 workers:	2.1
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	108,700
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	99
Years it would take for OSHA to inspect each workplace once: [9]	274
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	2,557
Construction:	1,472
Nonconstruction:	1,085
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,724
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$15,694
National average:	$13,343



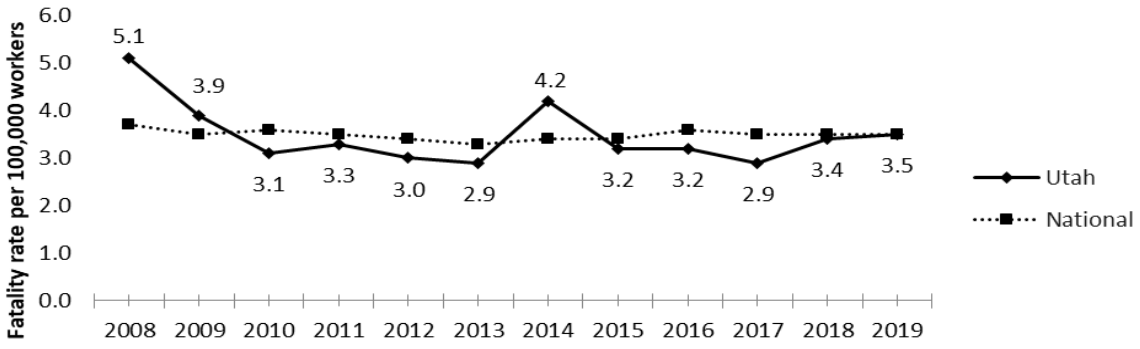
Prepared by AFL-CIO Safety and Health, April 2021

UTAH



Worker Safety and Health

Number of employees:[1]	1,520.688
Number of establishments:[1]	108,070
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	51
Rate per 100,000 workers:[4]	3.5
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	20
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	30,500
Rate per 100 workers:	2.9
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	13,400
Rate per 100 workers:	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	17
Years it would take for OSHA to inspect each workplace once: [9]	127
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	850
Construction:	467
Nonconstruction:	383
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,337
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$2,350
National average:	$13,343

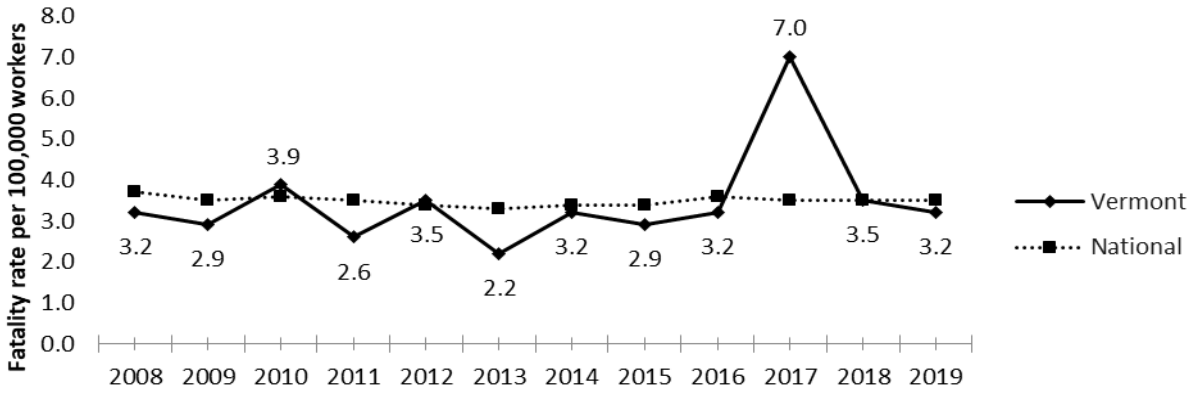


Prepared by AFL-CIO Safety and Health, April 2021

VERMONT

Worker Safety and Health

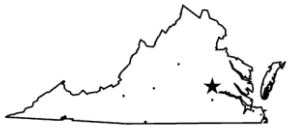
Number of employees:[1]	310,611
Number of establishments:[1]	25,970
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	10
Rate per 100,000 workers:[4]	3.2
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	18
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	9,200
Rate per 100 workers:	4.6
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	4,300
Rate per 100 workers:	2.1
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	6
Years it would take for OSHA to inspect each workplace once: [9]	155
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	165
Construction:	76
Nonconstruction:	89
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,192
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$28,337
National average:	$13,343



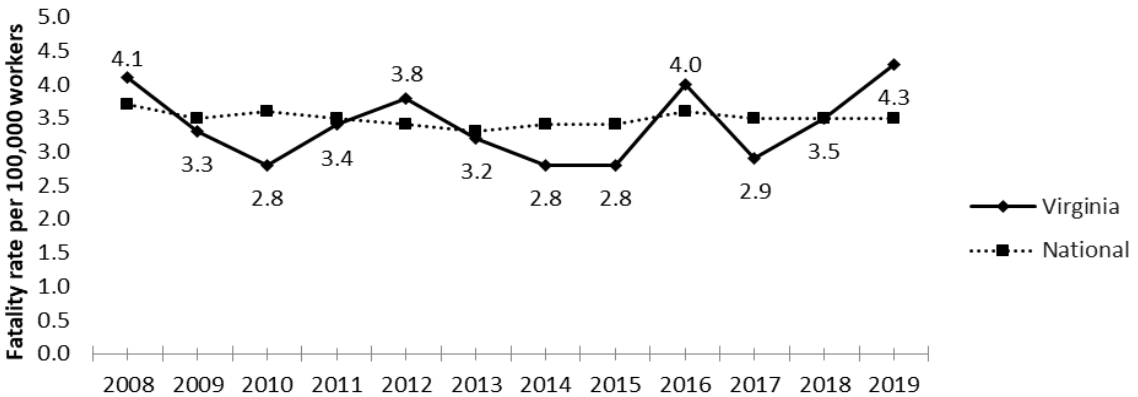
Prepared by AFL-CIO Safety and Health, April 2021

VIRGINIA

Worker Safety and Health



Number of employees:[1]	3,938,841
Number of establishments:[1]	280,066
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	180
Rate per 100,000 workers:[4]	4.3
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	33
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	58,500
Rate per 100 workers:	2.3
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	31,700
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	48
Years it would take for OSHA to inspect each workplace once: [9]	147
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	1,901
Construction:	1,089
Nonconstruction:	812
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$2,573
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$17,619
National average:	$13,343

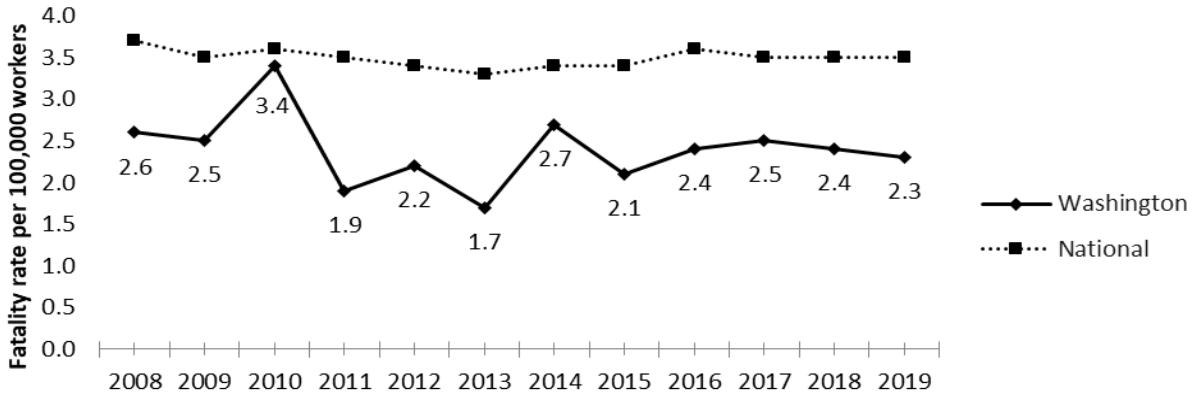


Prepared by AFL-CIO Safety and Health, April 2021

WASHINGTON

Worker Safety and Health

Number of employees:[1]	3,439,158
Number of establishments:[1]	253,429
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	84
Rate per 100,000 workers:[4]	2.3
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	5
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	88,600
Rate per 100 workers:	3.8
National rate:	2.8
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2019:[7]	50,400
Rate per 100 workers:	2.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	116
Years it would take for OSHA to inspect each workplace once: [9]	55
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	4,632
Construction:	1,927
Nonconstruction:	2,705
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$1,592
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$105,653
National average:	$13,343

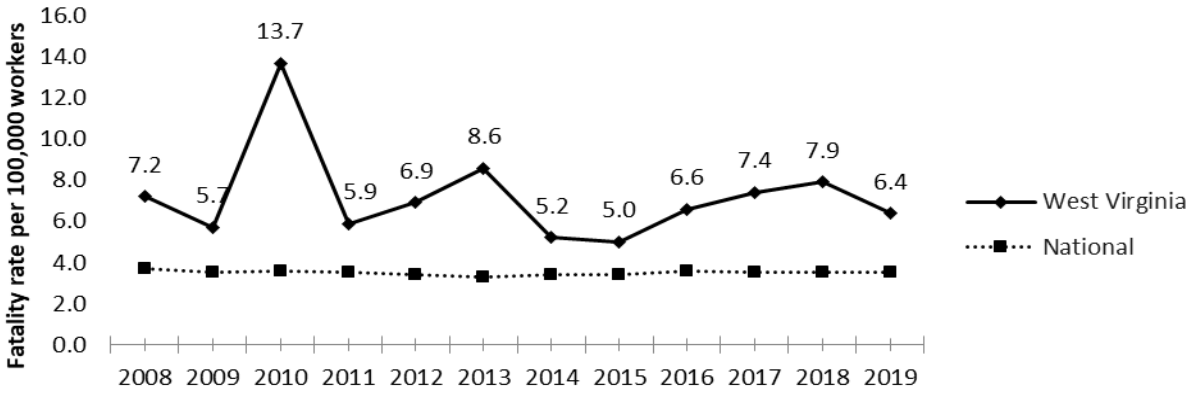


Prepared by AFL-CIO Safety and Health, April 2021

WEST VIRGINIA

Worker Safety and Health

Number of employees:[1]	688,761
Number of establishments:[1]	50,998
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	110,926
Number of workplace fatalities, 2019:[3]	46
Rate per 100,000 workers:[4]	6.4
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	46
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	12,800
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, 2019:[7]	6,700
Rate per 100 workers:	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	9
Years it would take for OSHA to inspect each workplace once: [9]	215
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	222
Construction:	95
Nonconstruction:	127
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$4,257
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$17,843
National average:	$13,343

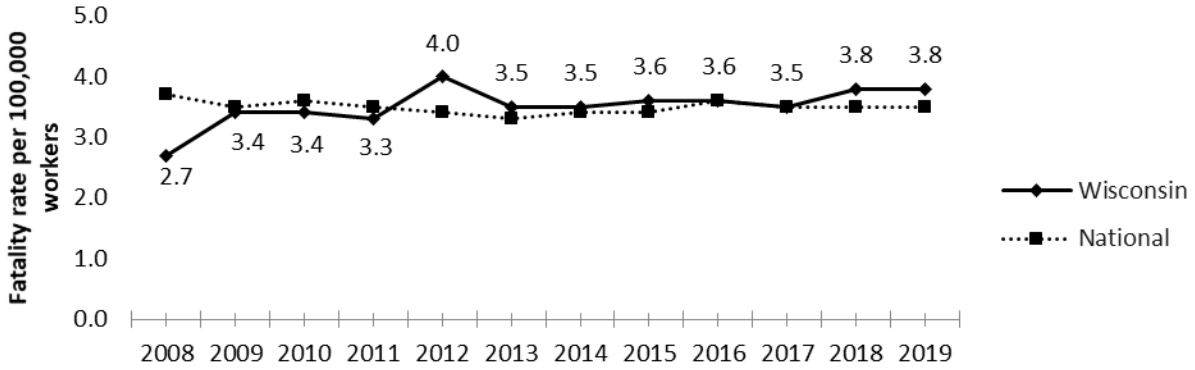


Prepared by AFL-CIO Safety and Health, April 2021

WISCONSIN

Worker Safety and Health

Number of employees:[1]	2,887,018
Number of establishments:[1]	176,205
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	350,737
Number of workplace fatalities, 2019:[3]	113
Rate per 100,000 workers:[4]	3.8
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	24
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	65,500
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, 2019:[7]	32,800
Rate per 100 workers:	1.7
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	30
Years it would take for OSHA to inspect each workplace once: [9]	180
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	941
Construction:	413
Nonconstruction:	528
Avg. penalty assessed for serious violations of the OSH Act, FY 2020: [10]	$3,805
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$6,757
National average:	$13,343



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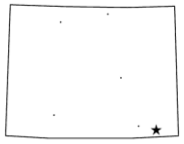
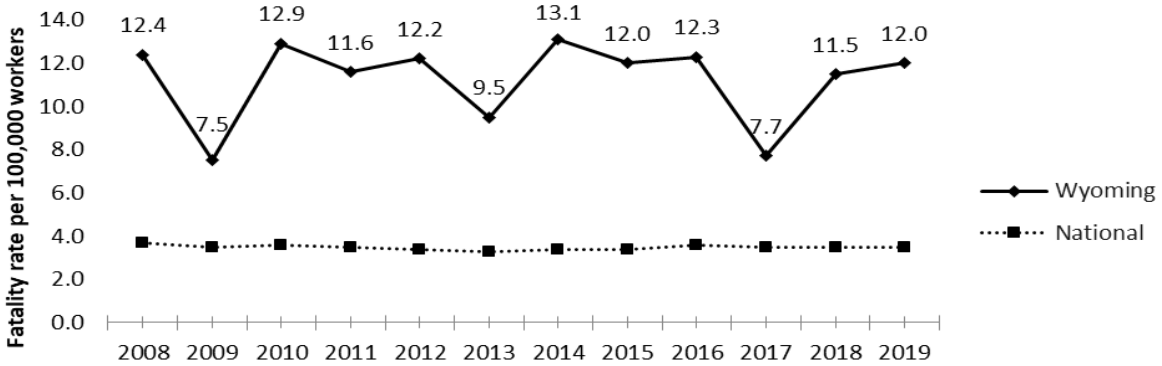
WYOMING



Worker Safety and Health

Number of employees:[1]	277,114
Number of establishments:[1]	26,730
State or federal OSHA program:[2]	State
Number of state and local public employees not covered by the OSH Act:	N/A
Number of workplace fatalities, 2019:[3]	32
Rate per 100,000 workers:[4]	12.0
National rate:	3.5
Ranking of state fatality rate, 2019:[5]	49
Total cases of workplace injuries and illnesses, private industry, 2019:[6]	5,500
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, 2019:[7]	2,600
Rate per 100 workers:	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2020:[8]	8
Years it would take for OSHA to inspect each workplace once: [9]	151
Number of workplace safety and health inspections conducted, FY 2020:[9,10]	177
Construction:	119
Nonconstruction:	58
Avg. penalty assessed for serious violations of the OSH Act, FY 2020:[10]	$3,987
National average:	$2,973
Avg. total penalty per fatality investigation, FY 2020:[11]	$1,940
National average:	$13,343



Prepared by AFL-CIO Safety and Health, April 2021

STATE PROFILES
FOOTNOTES

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2019.
[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, 2019, released Dec. 16, 2020.
[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, 2019 private sector only, released Nov. 4, 2020.
[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, 2019 private sector only, released Nov. 4, 2020.
[8]U.S. Department of Labor, OSHA. Federal Compliance Safety and Health Officer Totals by State, as of December 2020; data received March 12, 2021. State plan state Compliance Safety and Health Officers "on board" from FY 2020 State Plan Grant Applications, as of July 1, 2020; data received Jan. 21, 2021.
[9]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement in FY 2020.
[10]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).
[11]U.S. Department of Labor, OSHA, FY 2020. 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: The formal and nonformal complaints and inspection information comes from the OSHA Information System (OIS). OSHA provided federal and state COVID-19 complaint and inspection information for January 2020 to Feb. 28, 2021. 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 complaints by industry 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 for any industries or occupations other than nursing home facilities, and state data are limited. All workplace COVID-19 infection and fatality data presented were collected through multiple sources, and the data have 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. Since May 17, 2020, nursing homes have been required to report this information weekly and it is updated on their website weekly with a lag period. Nursing homes may have voluntarily provided information from Jan. 1, 2020, to May 17, 2020, but data during this time are limited. Reinfection data started being reported on Dec. 12, 2020. Data submitted, particularly during the first few weeks of the required reporting period in May, are 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 primarily are collected from local news reports, with additional information gathered from state health authorities and, on occasion, from companies with outbreaks. The presented data have been updated every weekday since April 22. The data include CDC reports that examine meatpacking outbreaks in 23 states. In instances where local reports reflected higher numbers than the Centers for Disease Control and Prevention, 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 are updated daily (federal business days). As the health care worker and employment fields are voluntary on the PUI reporting form, only approximately 20% of forms returned have 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 are cumulative starting on March 31, 2020, and are updated daily. The UCLA Law COVID-19 Behind Bars Data Project is an additional source of COVID-19 outbreak information for 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, 2019, 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, 2019, Bureau of Labor Statistics, U.S. Department of Labor.

Workplace Fatality Information: Census of Fatal Occupational Injuries, 2019, 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, 2019, 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 2021 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 2020. Beginning in FY 2020, federal agency enforcement data was provided by OSHA from the OSHA Information System.

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, 2019, 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.

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