

DEATH ON THE JOB

THE TOLL OF NEGLECT

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

32ND EDITION • APRIL 2023

AFL-CIO

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EXECUTIVE SUMMARY

This 2023 edition of “Death on the Job: The Toll of Neglect” marks the 32nd year the AFL-CIO has produced a report on the state of safety and health protections for America’s workers. The Occupational Safety and Health Act, promising every worker the right to a safe job, has been in effect for more than 50 years, and more than 668,000 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 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 and health hazards like silica and coal dust, strengthened enforcement and expanded worker rights. These initiatives have undoubtedly made workplaces safer and saved lives. But much more progress is needed.

Over the years, the progress has become more challenging as employers’ opposition to workers’ rights and protections has grown, and attacks on unions have intensified. Big corporations and many Republicans have launched an aggressive assault on worker protections. They are attempting to shift the responsibility to provide safe jobs from employers to individual workers, and undermine the core duties of workplace safety agencies.

The nation must remain committed to protecting workers from job injury, disease and death. Preventing injury, illness and death at work to restore dignity, save lives, improve livelihoods, and reduce burdens on families and communities must be 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. There is much more work to be done to ensure the fundamental right to a safe job is a reality for all.

The High Toll of Job Injuries, Illnesses and Deaths

In 2021:

- 343 workers died each day from hazardous working conditions.
- 5,190 workers were killed on the job in the United States.
- An estimated 120,000 workers died from occupational diseases.
- The job fatality rate increased to 3.6 per 100,000 workers.
- Black workers died on the job at the highest rate in more than a decade.
- Latino workers continue to be at greater risk of dying on the job than all workers.
- Employers reported nearly 3.2 million work-related injuries and illnesses.
- The true impact of COVID-19 infections due to workplace exposures is unknown. Limited data show that more than 1.5 million nursing home workers have been infected with COVID-19 and more than 3,000 have died.
- Workplace violence, musculoskeletal disorders from repetitive motion injuries and occupational heat illness continue to be major problems, but data no longer is reported annually to track and understand these important issues.

- Underreporting is widespread—the true toll of work-related injuries and illnesses is 5.4 million to 8.1 million each year in private industry.

The cost of job injuries and illnesses is enormous—estimated at \$174 billion to \$348 billion a year.

States with the highest fatality rates in 2021 were:

- Wyoming (10.4 per 100,000 workers)
- North Dakota (9.0 per 100,000 workers)
- Montana (8.0 per 100,000 workers)
- Louisiana (7.7 per 100,000 workers)
- Alaska (6.2 per 100,000 workers)
- New Mexico (6.2 per 100,000 workers)

Industries with the highest fatality rates in 2021 were:

- Agriculture, forestry, and fishing and hunting (19.5 per 100,000 workers)
- Transportation and warehousing (14.5 per 100,000 workers)
- Mining, quarrying, and oil and gas extraction (14.2 per 100,000 workers)
- Construction (9.4 per 100,000 workers)
- Wholesale trade (5.1 per 100,000 workers)

Black and Latino workers are more likely to die on the job:

- The Black worker fatality rate of 4.0 per 100,000 workers increased sharply in 2021 from 3.5 in 2020; this rate is now the highest in more than a decade.
- 653 Black workers died on the job, the highest number in at least 19 years.
- The Latino fatality rate is still disproportionate to the overall job fatality rate, at 4.5 per 100,000 workers in 2021—25% higher than the national average, and marking a 13% increase over the past decade.
- The number of Latino worker deaths in 2021 increased slightly from the previous year: 1,130 deaths in 2021, compared with 1,072 in 2020. Of those who died in 2021, 64% were immigrants.

Older workers and minors are at high risk. In 2021:

- More than one-third of workplace fatalities occurred among workers ages 55 and older.
- Workers 65 and older have 2.3 times the risk of dying on the job as other workers, with a job fatality rate of 8.4 per 100,000 workers.
- Many children, mostly migrants, have become the focus of stark exploitation, working in dangerous conditions.
- The number of children who died on the job in 2021 were 24 younger than 18 and 350 younger than 25 years old.

Job Safety Oversight and Enforcement

Occupational Safety and Health Administration (OSHA) resources in FY 2022 still are too few to be a deterrent:

- There are 1,871 inspectors (900 federal and 971 state) to inspect the 10.8 million workplaces under the Occupational Safety and Health Act's jurisdiction.

- Federal OSHA has 145 additional inspectors than in FY 2021—but still only enough to inspect workplaces once every 190 years.
- There is one inspector for every 77,334 workers.
- The current OSHA budget amounts to \$3.99 to protect each worker.

Penalties in FY 2022 still are too weak:

- The average penalty for a serious violation was \$4,354 for federal OSHA.
- The average penalty for a serious violation was \$2,221 for OSHA state plans.
- The median penalty for killing a worker was \$12,063 for federal OSHA.
- The median penalty for killing a worker was \$7,000 for state OSHA plans.
- Only 128 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.

Action needed from job safety agencies:

- Fully enforce OSHA, Mine Safety and Health Administration (MSHA) and Environmental Protection Agency (EPA) job safety and health protections to hold employers accountable for not following workplace safety and health laws.
- Strengthen federal OSHA oversight of state OSHA plans.
- Increase attention to the significant safety and health problems faced by Latino, Black, immigrant and aging workers, and those under nontraditional work arrangements.
- Strengthen anti-retaliation protections and worker participation rights.
- Expeditiously issue a permanent OSHA COVID-19 standard to protect health care workers.
- Issue an OSHA workplace violence standard for health care and social service workers. Congress should pass legislation to ensure this is done.
- Issue an OSHA heat illness and injury prevention standard to protect indoor and outdoor workers from dangerously hot working conditions.
- Develop and issue new OSHA protections and initiatives to address emergency response, combustible dust and prevention of musculoskeletal disorders.
- Develop and issue an MSHA rule to protect miners from silica exposures and finalize MSHA protections on powered haulage equipment.
- Fully implement the Toxic Substances Control Act to protect workers from chemical exposures under EPA, in coordination with OSHA and the National Institute for Occupational Safety and Health.

Action needed from Congress:

- Increase funding and staffing at job safety agencies, modernizing the inadequate budget that has prevented agencies from fulfilling their obligations.
- 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 anti-discrimination protections, and strengthen the rights of workers, unions and those who have been injured or made ill because of their jobs.

- Oppose attempts by corporations to weaken protections under the guise of regulatory “reform” that actually would make it more difficult—or impossible—for agencies to issue needed safeguards.

Action needed to restore and improve injury and illness data:

- Enhance access to timely injury and illnesses by providing the Bureau of Labor Statistics (BLS) additional resources to publish annual detailed nonfatal injury and illnesses data.
- Improve and restore the collection and reporting of demographic, cause, nature and other descriptive data for workers killed on the job through agreements and policies that allow BLS to publish more comprehensive worker fatality data.
- Strengthen the connection between major and emerging worker safety and health issues and data efforts needed to support the tracking and understanding of these key areas.
- Develop a national occupational disease surveillance system to determine and illuminate the true toll of occupational illnesses from workplace exposures, and inform prevention efforts to reduce chronic illnesses.

THE STATE OF WORKERS' SAFETY AND HEALTH 2023

This 2023 edition of “Death on the Job: The Toll of Neglect” marks the 32nd 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 and illnesses, as well as 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 key topics such as COVID-19, workplace violence, musculoskeletal disorders and heat illness prevention.

Fifty-two years ago on April 28, the OSH Act went into effect, promising every worker the right to a safe job. More than 668,000 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 approximately 125,000 workers each year—5,190 from traumatic injuries, and an estimated 120,000 from occupational diseases. Job injury and illness numbers continue to be severe undercounts of the real problem.

Over the years, our progress has become more challenging, as employers’ opposition to workers’ rights and protections has grown, and attacks on unions have intensified. Big corporations and many Republicans have launched an aggressive assault on worker protections. They are attempting to shift the responsibility to provide safe jobs from employers to individual workers, and undermine the core duties of workplace safety agencies.

The Biden administration has taken important steps to protect workers, prioritizing worker protections on its regulatory agenda, taking steps on targeted enforcement efforts on urgent hazards, and filling staff and leadership vacancies. It also launched broad efforts on worker empowerment and targeting workplace inequities. Within the first two years, the Biden administration has been rebuilding the safety agency’s capacity and resources to hold employers accountable for providing safe workplaces. It has increased the number of inspectors, established strong enforcement initiatives, improved transparency and is working on new rules for worker participation of the Occupational Safety and Health Administration (OSHA) inspection process, and health and safety protections for workplace violence in health care and social assistance, heat illness prevention, silica in mining and injury tracking.

This is a significant change from the Trump administration’s approach to safety and health, which rolled back progress made under the Obama administration, attacking longstanding workplace safety protections—targeting job safety rules on beryllium, mine safety examinations and injury reporting, and cutting agency budgets and staff—and attempting to dismantle the

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 2021 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.

systems for future protections. The Trump administration totally failed to respond to the COVID-19 pandemic and the disparities of those most affected by work-related infection.

While the number of inspectors and inspections has improved in FY 2022—with 145 additional federal OSHA inspectors from the previous year—there is much more progress to be made to meet or exceed prepandemic levels. The COVID-19 pandemic also brought to light the weaknesses in federal oversight of state OSHA plans. Congress continues to fund job safety at stagnant levels, allowing an OSHA budget that still only amounts to \$3.99 to protect each worker covered by the OSH Act.

President Joe Biden has appointed strong candidates focused on worker protection to lead job safety and health agencies and labor agencies. Doug Parker has served as assistant secretary of labor for occupational safety and health—the head of OSHA—since October 2021. Previously, Parker served as the California OSHA chief, on the Biden-Harris transition team, in chief policy roles at the Mine Safety and Health Administration (MSHA) and was executive director of Worksafe—a nonprofit organization focused on workplace injury, illness and death prevention. Also in OSHA, President Biden appointed a longtime United Steelworkers (USW) safety and health leader, James Frederick, as deputy assistant secretary for occupational safety and health. As of April 2022, Christopher Williamson was confirmed and has served as assistant secretary of labor for mine safety and health. He previously served as a special assistant at MSHA in the Obama administration before serving as an attorney-adviser at the Federal Mine Safety and Health Review Commission. John Howard continues to serve as the head of the National Institute for Occupational Safety and Health (NIOSH).

In April 2021, the Senate confirmed Marty Walsh, the Boston mayor from the construction trades unions, as secretary of labor; he served until March 2023. President Biden then nominated the deputy secretary of labor and former secretary for the California Labor and Workforce Development Agency and the state’s labor commissioner, Julie Su, to replace Walsh. These appointments are a sharp contrast to President Donald Trump, who nominated corporate officials to head the job safety agencies—people who had records of opposing enforcement and regulatory actions, and who often lacked safety experience.

WHAT NEEDS TO BE DONE

Over the more than 50 years since the passage of the OSH Act, there has been significant progress made toward improving working conditions and protecting workers from job injuries, illnesses and deaths, preventing devastating losses to working families and saving lives. Federal job safety agencies have issued important regulations on many safety hazards, as well as on 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 regulatory safety and health structural systems have been weakened over decades and are still under threat. Job safety agencies need to be rebuilt, not only restored to the pre-Trump era, but in ways that reflect solutions to the most significant barriers to ensuring workers are protected and can fully exercise their rights. This requires refocusing 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 an extensive 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.

Employers and elected leaders must recognize that employment is a significant determinant of health and take action and ownership to make workplaces safer. 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 take more prominence, and workplace safety and health regulations must be seen as a significant tool to raise the level of working conditions for those disproportionately affected. There must be renewed, dedicated attention given to the increased risk of fatalities and injuries faced by workers of color, immigrant workers, aging workers and young workers who are often exploited, and enhanced efforts to protect temporary and contract workers.

OSHA must immediately issue final and proposed rules that are currently under White House review, including a permanent standard to protect health care and other workers in congregate settings from COVID-19 and its standard on electronic injury reporting that will make more of the data collected public, and strengthen and fully enforce the anti-retaliation protections for workers who report injuries.

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 ensure this is done. OSHA also must move forward to issue proposed rules on heat illness prevention, emergency response and infectious disease.

More attention and resources are needed to address health hazards in the workplace. OSHA standards for chemical hazards are obsolete and must be updated. The Environmental Protection Agency (EPA) must fully implement the new toxic chemicals reform law and coordinate with OSHA and NIOSH, taking action to address the risks to the public and to workers. New initiatives are needed to address musculoskeletal disorders and combustible dust.

The agency needs to fully enforce its standards and other workplace safety laws by developing a proactive enforcement plan across industries, fully investigating complaints, performing on-site inspections, issuing violations and penalties that reflect the size and scope of the real problem and deter other employers, and ensure workers' rights to report unsafe working conditions and refuse dangerous work. Workers and their representatives must be able to fully participate in the enforcement process as employers and their representatives do. The Biden administration's new OSHA enforcement initiative to encourage "instance-by-instance" citations to increase the penalty amounts to become a deterrent for willfully negligent employers is one step forward.

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

improving power haulage safety when working with mobile mining equipment. Congress must strengthen job safety laws to prevent tragedies like the Massey Upper Big Branch mining disaster, which killed 29 miners in West Virginia. 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 more than 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.

The nation must remain committed to protecting workers from injury, disease and death. Preventing injury, illness and death at work to restore dignity, save lives, improve livelihoods, and reduce burdens on families and communities must be 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.

DATA REPORTING, TRANSPARENCY AND EQUITY

Throughout this report, there are notations where data have been restricted compared with past reporting. This has impacted the public's understanding of key issues, worsening problems and attention needed to control hazards in the workplace. Annual reporting of these data helped employers, workers, advocates and the government analyze and evaluate trends in the workplace.

In 2020 (starting with 2019 data), the Bureau of Labor Statistics (BLS) updated its disclosure methodology policy, resulting in significantly fewer published descriptive data than had been reported.² This has led to less transparency about a significant number of occupational deaths in the United States.

There is now more limited information on the nature, events and sources of worker fatalities. Gender information no longer is reported for fatalities by cause (e.g., homicides, fires) and for workers by race (e.g., Latino workers). Country of origin is no longer reported for Latino workers and other workers by race. Occupation, industry and other information are no longer available for Latino immigrants and many other immigrant workers, despite fatalities among all foreign-born workers continuing to be a serious problem.³ On his first day in office, President Biden issued the Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.^{4,5} More can be done to align this equitable lens with identification and reporting on occupational safety and health data that are leading to injuries, illnesses and deaths because of work.

It is not just occupational fatality data that now are significantly limited.

Data policies also have changed on the reporting of injuries that result in days away from work, collected through the BLS Survey of Occupational Injuries and Illnesses (SOII). BLS recently ended its pilot program on annual reporting and collecting data on days with job transfer or restriction case details for selected industries, resulting in a decision to report serious injuries only every two years instead of annually, and providing detailed data for both cases with days away from work (DAWF) and days of job transfer or restriction (DJTR) than in prior years. BLS made these changes after a 60-day request for comment on its information collection requests for workplace injuries and illnesses.⁶ Case and demographic estimates for DAFW and for DJTR cases will be produced biennially (every two years), starting with combined data from reference years 2021 and 2022 that will be published in the fall of 2023. BLS has made this policy change with the intention to remain resource neutral for the collection and reporting of data, and burden neutral for employers who report this injury and illness information.

² See answer to question six under "Accessing our data," Why are there noticeably fewer counts in CFOI data since reference year 2019? [BLS.gov/iif/questions-and-answers.htm](https://www.bls.gov/iif/questions-and-answers.htm).

³ See [BLS.gov/iif/oshfaq1.htm#accessingourdata](https://www.bls.gov/iif/oshfaq1.htm#accessingourdata).

⁴

[WhiteHouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/).

⁵

[WhiteHouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/](https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/).

⁶ See 86 FR 28905.

Therefore, we are not able to analyze and update our report's data on some of these important topics this year. The only updated data available for 2021 include the rates and numbers of injuries and illnesses resulting in days away from work, restricted work activity, or job transfer and total injuries and illnesses overall and by detailed industry. Data have not been published for 2021 that provide information on worker characteristics, selected natures, parts of the body, events or exposure or occupation. This includes data on key topics like musculoskeletal disorders and serious injuries from workplace violence or heat overexposure.

BLS has stated that it plans to publish combined years of both cases with days away from work and cases with days of job transfer or restriction with the same level of detail previously provided only for cases involving days away from work. This could provide insights into a more complete understanding of the impact and nature of injuries among different worker populations, and better inform safety resources and return-to-work strategies.

In recent years, BLS also has restricted data access to researchers.⁷ BLS is governed by the Confidential Information Protection and Statistical Efficiency Act (CIPSEA) and must report to the Office of Management and Budget on the implementation of CIPSEA.⁸

⁷ See [BLS.gov/rda/home.htm](https://www.bls.gov/rda/home.htm).

⁸ See [BLS.gov/bls/cipsea-report.htm](https://www.bls.gov/bls/cipsea-report.htm).

JOB FATALITIES

In 2021, 5,190 workers lost their lives on the job as a result of traumatic injuries, an increase from 2020, according to fatality data from the Bureau of Labor Statistics (BLS). The rate of fatal job injuries in 2021 was 3.6 per 100,000 workers, an increase from 2020 and a return to the fatality rate in 2016.⁹ 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 120,000 each year.¹⁰ This number does not include those who died from being exposed to COVID-19 at work. Chronic occupational diseases receive less attention and place little accountability on employers because most are not detected until years after workers have been exposed to toxic chemicals and other agents, and because occupational illnesses often are misdiagnosed and poorly tracked. There is no national comprehensive surveillance system for occupational illnesses. In total, about 343 workers die each day due to job injuries and illnesses.

In 2021, agriculture, forestry, and fishing and hunting continues to be the most dangerous industry (19.5 deaths per 100,000 workers), followed by transportation and warehousing (14.5 per 100,000 workers)—largely from the transportation industry, mining, quarrying, and oil and gas extraction (14.2 per 100,000 workers), construction (9.4 per 100,000 workers) and wholesale trade (5.1 per 100,000 workers).

Since 1992, the first year this report was issued, the job fatality rate in most significantly dangerous industries (manufacturing, construction, agriculture and mining) has decreased, except transportation and warehousing, which has increased 12%, from 13.0 per 100,000 workers in 1992.

Transportation incidents, in particular roadway crashes, continue to be the leading cause of workplace deaths, responsible for 1,982 or 38% of all fatalities in 2021, followed by deaths from falls, slips and trips (850, or 16%) and exposure to harmful substances or environments (798, or 15%), including 464 unintentional overdoses. The increase in unintentional overdoses occurring in the workplace mirrors the unintentional overdose crisis seen outside of workplaces across the nation. In 2021, 106,699 individuals in the overall population died from an overdose due to illicit or prescription opioids, a 16% increase from the previous year.¹¹

The job fatality rate for all self-employed workers—a group that lacks OSHA coverage—continues to remain high at 11.1 per 100,000 workers, more than three times the rate among wage and salary workers (3.1 per 100,000). In 2021, 906 contract workers died on the job—17% 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. Fatality data in 2019 and forward no longer report details of contractor deaths due

⁹ U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2021.

¹⁰ Takala, J., P. Hämäläinen, N. Nenonen, et al. “Comparative Analysis of the Burden of Injury and Illness at Work in Selected Countries and Regions,” *Central European Journal of Occupational and Environmental Hygiene* 23:1–2, 6–31, (2017). Available at icohweb.org/site/images/news/pdf/CEJOEM%20Comparative%20analysis%20published%202023_1-2_Article_01.pdf

¹¹ National Institutes of Health. National Institute on Drug Abuse. Drug Overdose Death Rates. Feb. 9, 2023. Available at [NIDA.NIH.gov/research-topics/trends-statistics/overdose-death-rates#:~:text=More%20than%20106%2C000%20persons%20in,drugs%20from%201999%20to%202021.](https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#:~:text=More%20than%20106%2C000%20persons%20in,drugs%20from%201999%20to%202021.)

to a 2020 BLS policy on disclosure methodology and reduction in publishable data—pulling back on transparency of details among contract worker deaths.

States with the highest fatality rates include Wyoming (10.4 per 100,000 workers), North Dakota (9.0 per 100,000 workers), Montana (8.0 per 100,000 workers), Louisiana (7.7 per 100,000 workers), Alaska (6.2 per 100,000 workers) and New Mexico (6.2 per 100,000 workers). In 2021, the job fatality rate increased in more than half the states (26 states) since 2020.

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

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

²Fatality 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.

³Employment 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.

⁴Deaths 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.

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

Workplace Fatalities 2006–2021¹ (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
2020	4,764	269,900	3.4
2021	5,190	284,100	3.6

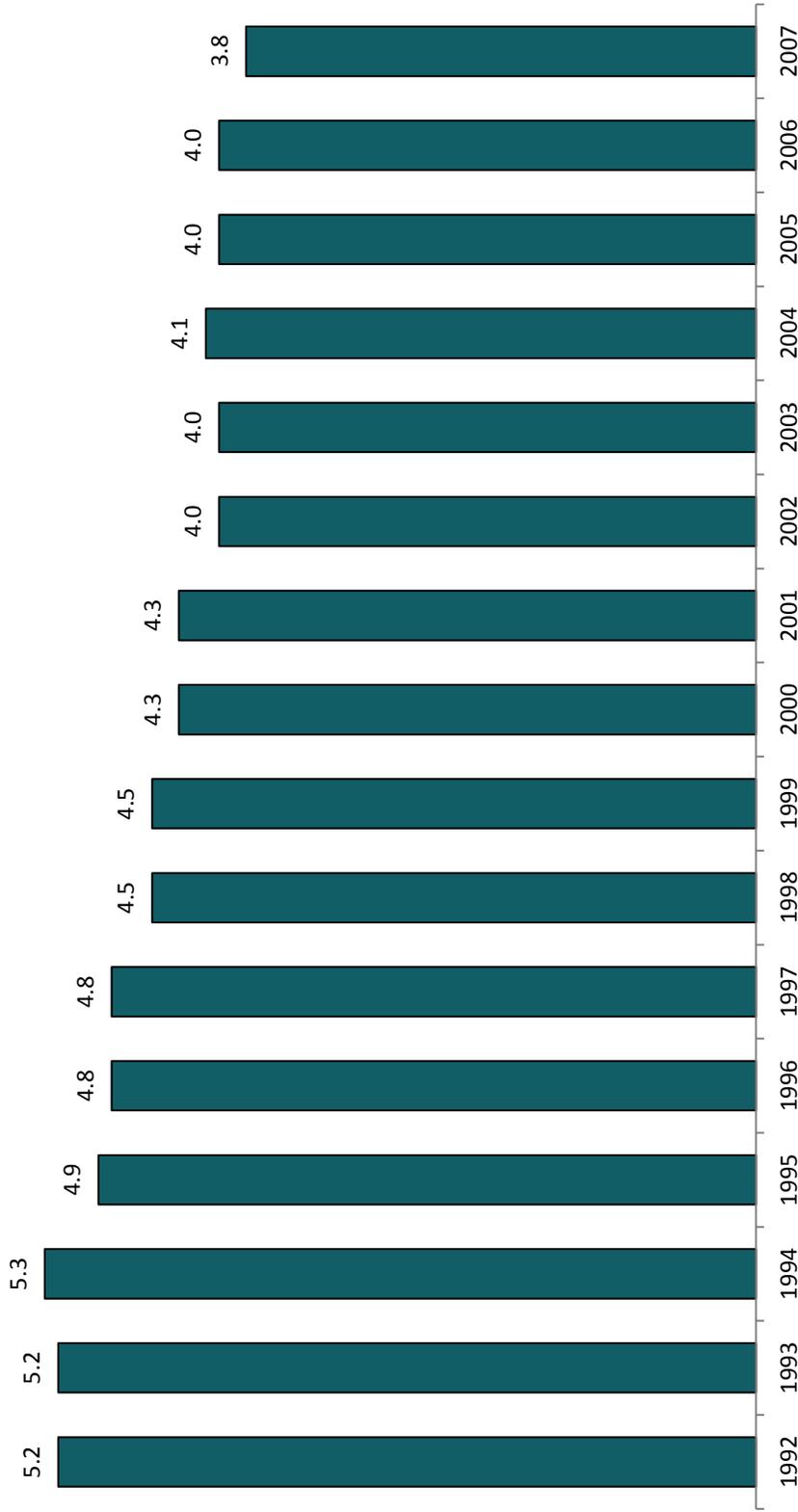
¹Fatality information is from the U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

²The 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.

³Deaths 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, 1992–2007¹

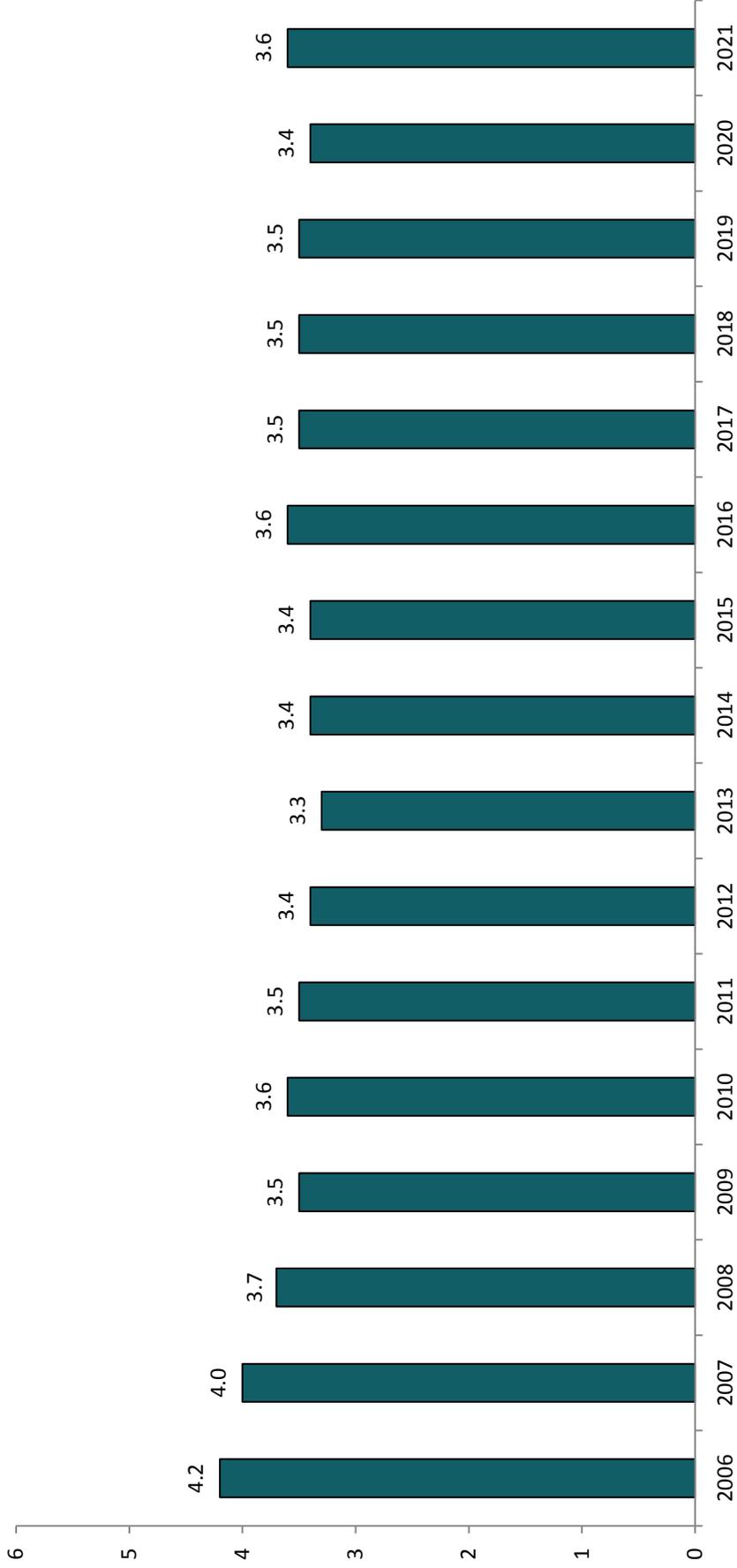
(Employment-Based Rates)



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.

¹Incidence 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 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, 2006–2021¹ (Hours-Based Rates)



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

¹Incidence 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 CFI 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

¹Data 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.

²Deaths per 100,000 workers.

Workplace Fatality Rates by Industry Sector, 2003–2007^{1,2}

(Employment-Based Rates)

Industry Sector	2003	2004	2005	2006	2007
<u>All Industries</u>	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.

¹Deaths per 100,000 workers.

²Fatality 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, 2011–2021^{1,2} (Hours-Based Rates)

Industry Sector	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
All Industries	3.5	3.4	3.3	3.4	3.4	3.6	3.5	3.5	3.5	3.4	3.6
Agriculture, Forestry, Fishing and Hunting	24.9	22.8	23.2	25.6	22.8	23.2	23.0	23.4	23.1	21.5	19.5
Mining, Quarrying, and Oil and Gas Extraction	15.9	15.9	12.4	14.2	11.4	10.1	12.9	14.1	14.6	10.5	14.2
Construction	9.1	9.9	9.7	9.8	10.1	10.1	9.5	9.5	9.7	10.2	9.4
Manufacturing	2.2	2.2	2.1	2.3	2.3	2.0	1.9	2.2	—	2.3	2.6
Wholesale Trade	4.9	5.4	5.3	5.1	4.7	4.8	4.8	5.3	4.9	4.6	5.1
Retail Trade	1.9	1.9	1.9	1.9	1.8	1.9	2.0	1.9	2.0	2.0	1.9
Transportation and Warehousing	15.3	14.6	14	14.1	13.8	14.3	15.1	14.0	13.9	13.4	14.5
Utilities	4.2	2.5	2.6	1.7	2.2	2.8	2.6	2.6	2.0	1.8	3.4
Information	1.9	1.5	1.5	1.2	1.5	1.7	1.6	1.2	—	1.3	1.5
Financial Activities	1.1	0.9	0.9	1.2	0.9	1.2	1.0	1.1	1.0	0.9	0.9
Professional and Business Services³	2.9	2.7	2.8	2.7	3.0	3.1	3.0	3.3	0.7	0.5	—
Educational and Health Services	0.8	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.8	0.7	0.7
Leisure and Hospitality	2.2	2.2	1.9	2.0	2.0	2.6	2.2	2.2	2.2	2.5	2.4
Other Services, Except Public Administration	3.0	2.7	2.7	2.7	3.0	3.2	2.9	2.6	3.0	3.3	3.8
Government⁴	2.2	2.0	2.0	1.9	1.9	2.2	2.0	1.8	1.8	1.8	—

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

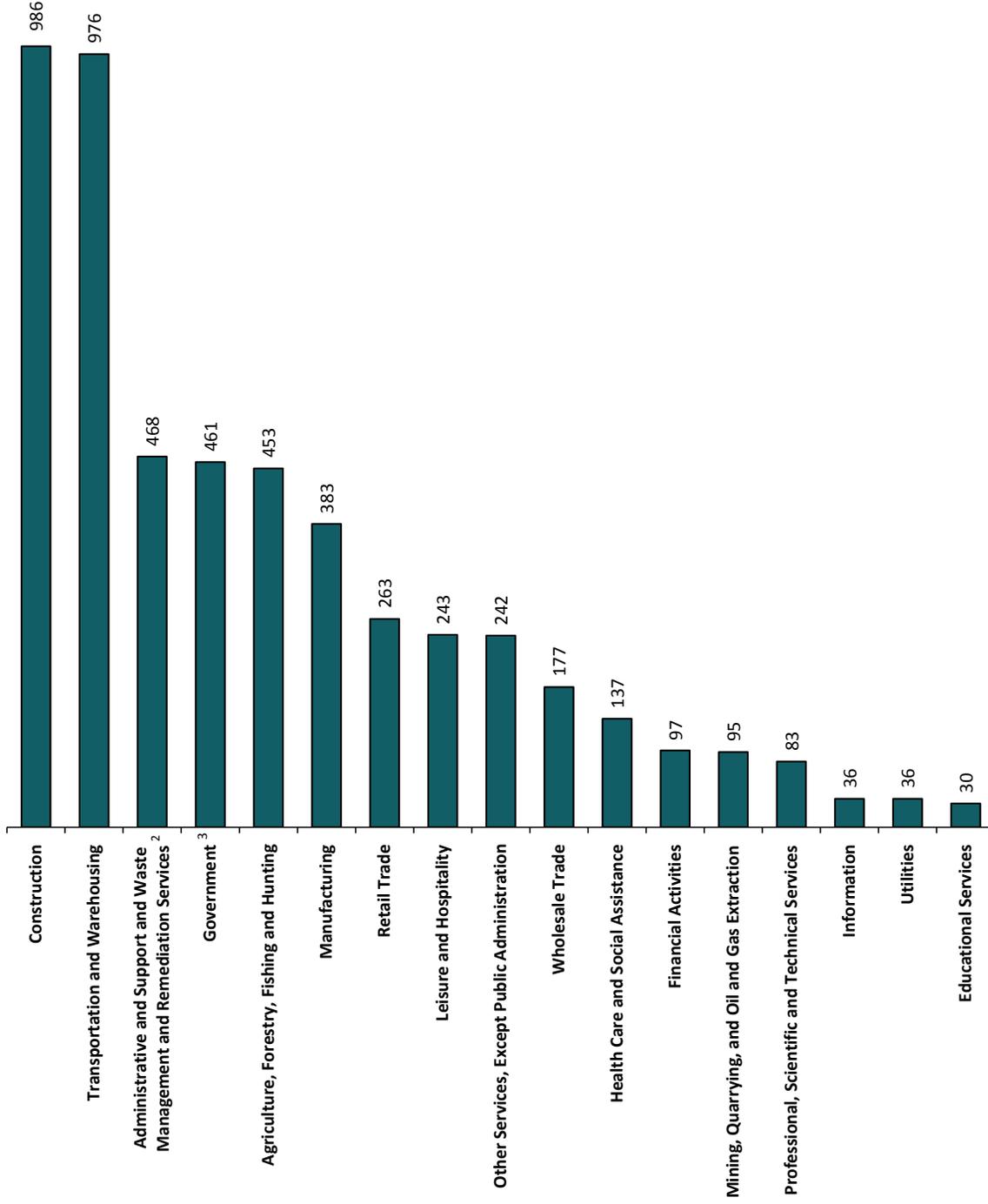
¹Deaths per 100,000 workers.

²Fatality 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. Hours-based fatality rates should not be compared directly with employment-based rates that CFOI calculated for 1992 to 2007.

³In this sector, landscaping services had a fatality rate of 18.8 and waste management services and remediation services had a fatality rate of 16.7 in 2021.

⁴Government fatalities may overlap with specific industry sectors listed.

Occupational Fatalities by Industry Sector, 2021 (Total Fatalities 5,190)¹



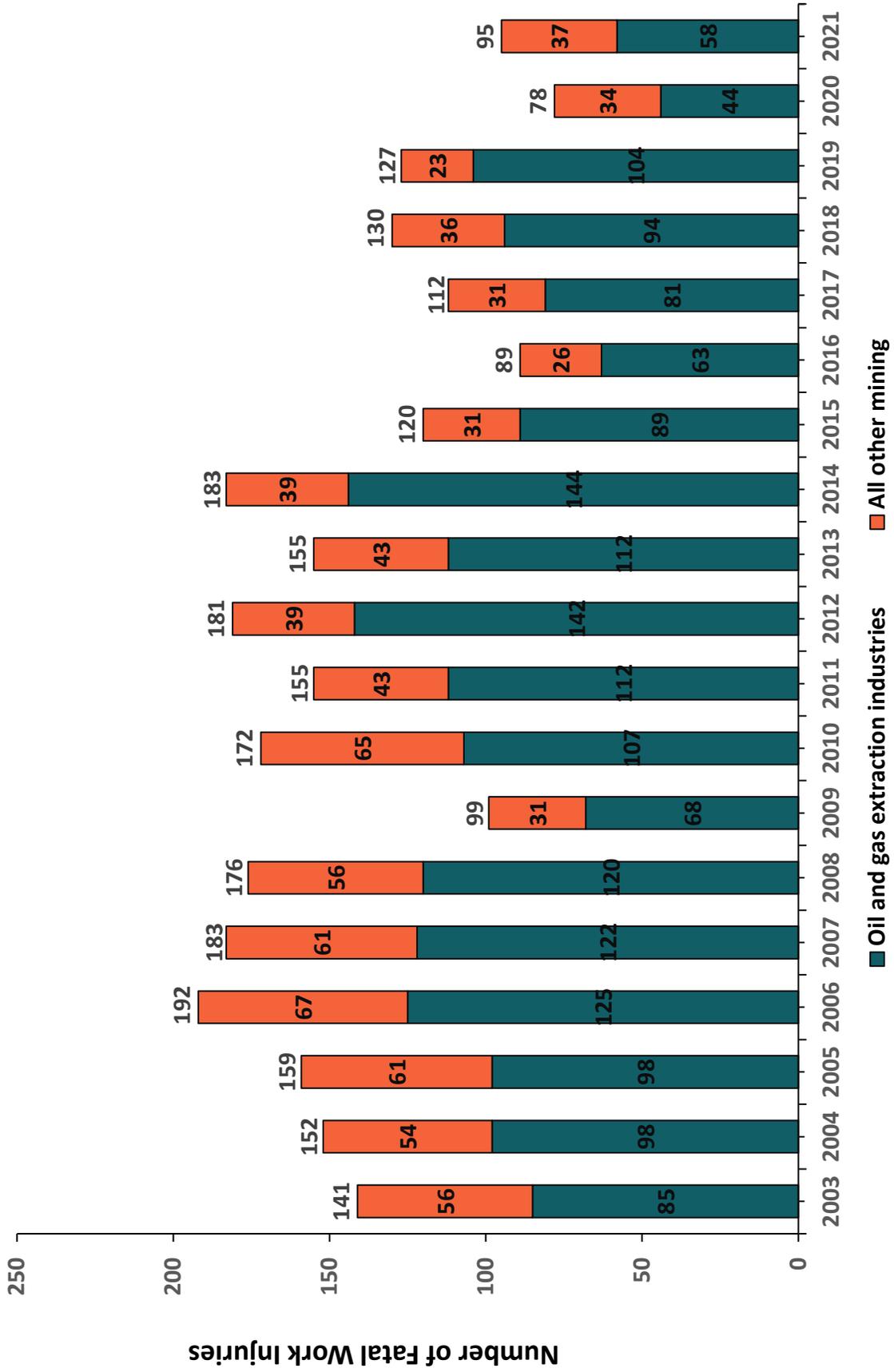
Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

¹Fatalities reported for all ownerships and government fatalities may overlap with specific industry sectors listed.

²Landscaping services accounted for 234 of these deaths.

³This number reflects the sum of federal (98), state (83) and local (280) government fatalities reported in 2021.

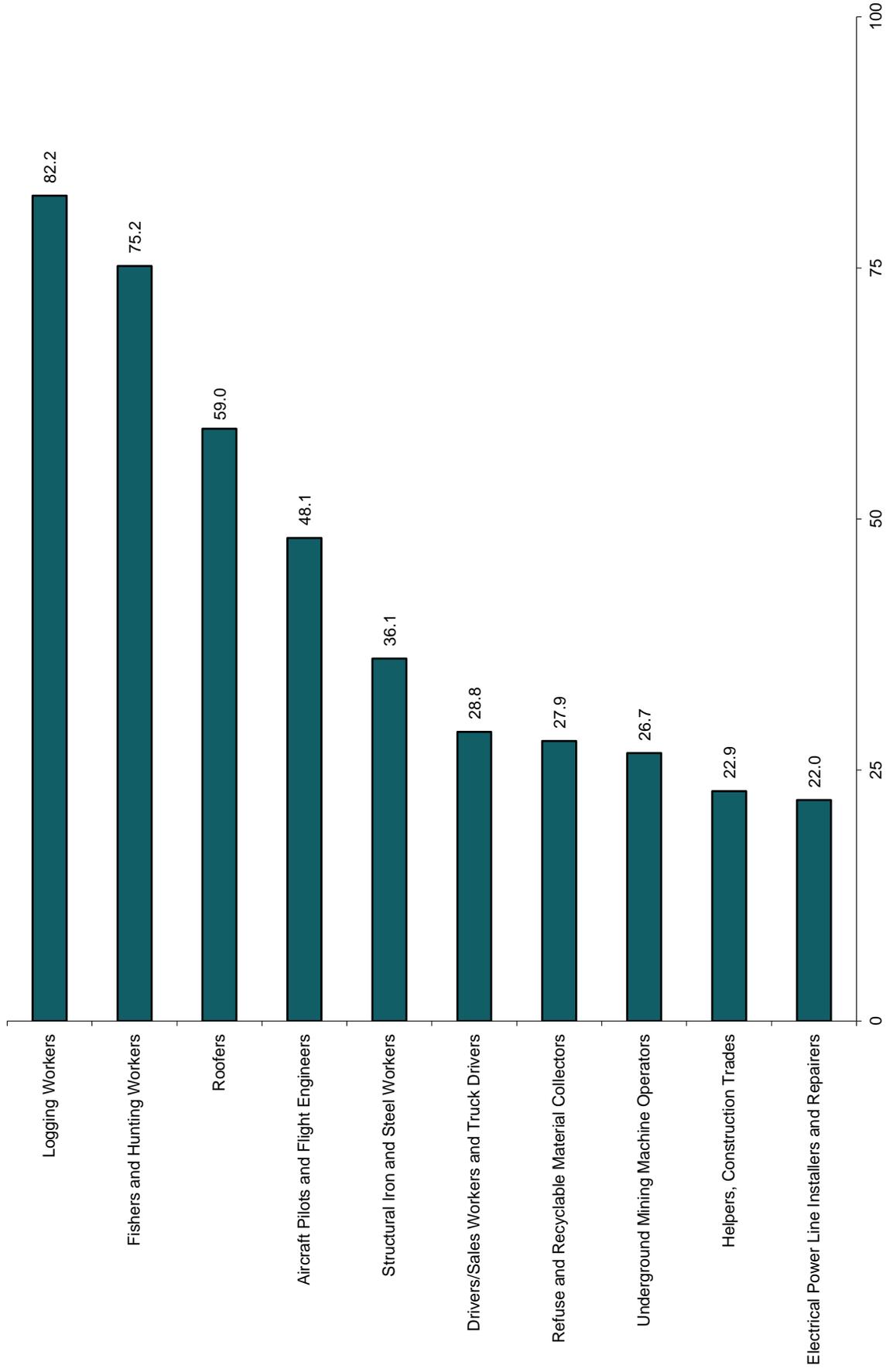
Fatal Occupational Injuries in the Private-Sector Mining, Quarrying, and Oil and Gas Extraction Industries, 2003–2021



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

Note: Oil and gas extraction industries include oil and gas extraction (NAICS 2111), drilling oil and gas wells (NAICS 21311), and support activities for oil and gas operations (NAICS 21312).

Selected Occupations with High Fatality Rates, 2021
 (Per 100,000 Workers)
 National Fatality Rate = 3.6



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

Workplace Fatalities by State, 2001–2021

State	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alabama	138	102	124	133	128	100	108	107	75	92	75	84	78	75	70	100	83	89	89	85	111
Alaska	64	42	28	42	29	45	30	33	17	39	39	31	32	30	14	35	33	32	51	31	20
Arizona	87	101	80	84	99	112	97	100	76	77	69	60	95	88	69	77	90	82	94	97	67
Arkansas	68	80	87	70	80	78	89	85	75	88	93	63	63	67	74	68	76	76	62	64	74
California	515	478	459	467	465	537	461	465	409	326	390	375	396	344	388	376	376	422	451	463	462
Colorado	139	123	102	117	125	137	126	105	83	85	92	82	65	84	75	81	77	72	84	78	96
Connecticut	41	39	36	54	46	38	38	28	34	49	37	36	29	35	44	28	35	48	26	29	23
Delaware	10	11	9	10	11	15	10	11	7	8	10	14	11	12	8	12	10	7	18	7	13
Florida	368	354	347	422	406	360	363	291	245	225	226	218	239	228	272	309	299	332	306	275	315
Georgia	237	197	199	232	200	201	193	182	110	108	111	101	117	152	180	171	194	186	207	193	187
Hawaii	41	24	21	25	15	30	23	19	13	19	26	20	11	31	18	29	20	22	26	16	15
Idaho	45	39	43	38	35	38	31	36	27	33	37	19	30	34	36	30	37	45	36	32	30
Illinois	231	190	200	208	194	207	185	193	158	206	177	146	176	164	172	171	163	184	158	135	176
Indiana	152	136	132	153	157	148	127	143	125	118	125	115	127	130	115	137	138	173	146	158	157
Iowa	62	57	76	82	90	71	89	93	80	77	93	97	72	91	60	76	72	77	76	58	49
Kansas	94	89	78	80	81	85	101	73	76	85	78	76	55	73	60	74	72	61	83	55	63
Kentucky	105	146	145	143	122	147	112	106	101	69	93	91	86	82	99	92	70	83	78	92	97
Louisiana	117	103	95	121	111	118	139	135	140	111	111	116	114	120	112	95	117	98	119	103	141
Maine	23	30	23	16	15	20	21	24	16	20	26	19	19	19	15	18	18	17	20	20	19
Maryland	64	102	92	81	95	106	82	60	65	71	71	72	79	74	69	92	87	97	78	59	80
Massachusetts	54	46	78	72	75	66	75	68	64	54	68	44	57	55	69	109	108	97	86	69	97
Michigan	175	152	152	127	110	157	120	123	94	146	141	137	135	143	134	162	153	155	164	131	140

Workplace Fatalities by State, 2001–2021

State	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Minnesota	68	76	81	72	80	87	78	72	65	61	70	60	70	69	62	74	92	75	80	67	80
Mississippi	125	111	94	102	88	112	96	93	80	67	68	63	63	68	75	77	71	78	59	44	41
Missouri	148	145	175	154	165	185	167	156	148	142	106	132	88	118	106	117	124	145	106	105	147
Montana	42	58	51	39	39	50	45	54	40	52	36	49	34	28	28	36	38	28	38	29	40
Nebraska	59	57	83	51	46	36	57	63	53	57	54	39	48	39	55	50	60	44	53	48	39
Nevada	51	40	47	52	61	57	49	71	41	24	38	38	42	42	40	44	54	39	40	37	43
New Hampshire	13	9	19	19	15	18	13	14	7	6	6	9	14	14	17	18	22	20	11	14	21
New Jersey	115	129	129	104	129	112	88	106	92	99	81	99	92	102	87	97	101	83	74	82	110
New Mexico	35	59	63	46	57	44	59	52	31	42	38	52	39	54	53	35	41	43	55	37	53
New York	233	220	240	227	254	239	234	220	213	185	182	206	202	178	241	236	272	271	273	223	247
North Carolina	234	203	169	182	183	165	168	167	161	129	139	148	146	109	137	150	174	178	186	189	179
North Dakota	34	25	25	26	24	22	31	25	28	25	30	44	65	56	38	47	28	35	37	26	34
Ohio	207	209	202	206	202	168	193	165	168	137	161	155	161	149	185	202	164	158	166	117	171
Oklahoma	82	115	92	100	91	95	91	104	102	82	94	86	97	92	98	91	92	91	73	75	86
Oregon	52	44	63	75	60	65	87	69	55	66	47	58	43	49	69	44	72	62	69	60	66
Pennsylvania	199	225	188	208	230	224	240	220	241	168	221	186	194	183	179	173	163	177	154	148	162
Rhode Island	7	17	8	18	7	6	10	5	6	7	9	7	8	10	10	6	9	9	10	5	5
South Carolina	115	91	107	115	113	132	95	122	87	73	69	81	63	75	64	117	96	98	108	102	107
South Dakota	35	35	36	28	24	31	37	22	30	24	36	31	31	20	29	21	31	32	20	32	20
Tennessee	160	136	140	137	145	139	153	154	135	111	138	120	101	95	127	112	122	122	124	142	132
Texas	572	536	417	491	440	495	489	528	463	482	461	433	536	508	531	527	545	488	608	469	533

Workplace Fatalities by State, 2001–2021

State	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Utah	61	65	52	54	50	54	60	78	64	48	41	39	39	37	54	42	44	49	51	48	52
Vermont	15	6	11	14	7	7	14	10	10	12	12	8	11	7	10	9	10	11	10	8	10
Virginia	148	146	142	155	171	186	165	146	156	119	107	127	149	128	116	106	153	157	180	118	125
Washington	75	102	86	83	98	85	87	90	84	76	104	60	67	56	88	70	78	86	84	83	73
West Virginia	46	63	40	51	58	46	79	61	53	41	95	43	49	61	38	35	47	57	46	47	36
Wisconsin	107	110	91	103	94	125	91	104	77	94	91	89	114	97	99	104	105	114	113	108	105
Wyoming	36	40	33	37	43	46	36	48	33	19	33	32	35	26	37	34	34	31	32	35	27
Total^{1,2,3}	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	4,764	5,190

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

¹In 2021, 19 fatal injuries occurred in Puerto Rico and five fatal injuries occurred in the U.S. Virgin Islands. These are not reflected in the U.S. total. Fatalities were not reported in 2021 for Guam.

²Totals include fatalities that occurred in the District of Columbia. In 2021, D.C. had 12 fatalities.

³States cannot always be assigned to fatality cases. For example, some fatalities occur at sea outside of specific state jurisdictions. In 2021, two 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, 2021

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	111	22	42	—	20	10	17
Alaska	20	—	9	1	—	—	5
Arizona	67	9	46	—	—	—	5
Arkansas	74	5	44	—	10	4	10
California	462	87	142	—	78	103	44
Colorado	96	23	25	—	17	13	17
Connecticut	23	2	7	—	3	4	6
Delaware	13	—	—	—	4	3	2
District of Columbia	12	7	—	—	—	—	—
Florida	315	34	111	3	69	59	39
Georgia	187	37	76	—	22	31	—
Hawaii	15	—	3	—	—	4	3
Idaho	30	—	15	—	5	—	6
Illinois	176	37	59	3	33	21	23
Indiana	157	35	59	—	18	25	20
Iowa	49	—	25	—	7	7	—
Kansas	63	4	36	—	8	5	9
Kentucky	97	—	32	—	11	20	21
Louisiana	141	19	52	6	19	30	15
Maine	19	—	9	—	—	—	5
Maryland	80	23	21	—	6	19	8

Fatalities by State and Event or Exposure, 2021

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	97	17	21	1	18	30	10
Michigan	140	17	47	4	23	26	23
Minnesota	80	10	33	—	19	9	—
Mississippi	41	6	18	—	9	—	3
Missouri	147	23	54	—	20	21	25
Montana	40	5	23	2	6	—	4
Nebraska	39	—	24	—	4	—	6
Nevada	43	7	19	—	7	5	5
New Hampshire	21	—	6	—	5	5	3
New Jersey	110	—	29	—	28	21	16
New Mexico	53	5	38	—	—	5	—
New York	247	39	—	—	57	51	36
North Carolina	179	—	62	—	29	38	25
North Dakota	34	—	10	—	5	6	8
Ohio	171	15	67	—	34	27	25
Oklahoma	86	9	36	6	12	10	13
Oregon	66	7	30	—	8	—	14
Pennsylvania	162	—	59	—	30	24	29
Rhode Island	5	—	—	—	—	—	4
South Carolina	107	17	49	—	16	13	11
South Dakota	20	—	9	—	5	—	—

Fatalities by State and Event or Exposure, 2021

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	132	21	54	—	23	20	14
Texas	533	57	260	7	88	54	66
Utah	52	8	26	—	6	3	9
Vermont	10	—	3	—	3	—	3
Virginia	125	26	39	1	21	18	16
Washington	73	8	30	—	12	13	10
West Virginia	36	—	15	—	—	—	12
Wisconsin	105	21	36	4	13	13	18
Wyoming	27	—	10	—	4	3	5
Total^{1,2}	5,190	761	1,982	76	850	798	705

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

¹In 2021, 19 fatalities were reported in Puerto Rico and five were reported in the U.S. Virgin Islands. These are not reflected in the U.S. total. Fatalities were not reported in 2021 in Guam.

²States 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.

WORKPLACE INJURIES AND ILLNESSES ARE UNDERREPORTED AND COSTLY

Nonfatal Injuries and Illnesses

In 2021, more than 3.3 million workers across all industries, including 2.7 million in the private sector, had work-related injuries and illnesses that were reported by employers, with 2.6 million injuries and illnesses reported in private industry. In 2021, state and local public sector employers reported an injury rate of 4.5 per 100 workers, 67% higher than the reported rate of 2.7 per 100 workers in the private sector.¹²

Due to limitations in the current injury reporting system and widespread underreporting of workplace injuries, this number understates the problem. The true toll in the private sector alone is estimated to be two to three times greater—or 5.4 million to 8.1 million injuries and illnesses a year. In addition, since the BLS Survey of Occupational Injuries and Illnesses is voluntary, some states do not report.

The number of reported illnesses in private industry decreased to 365,200 in 2021 from 544,600 illnesses in 2020, largely due to a significant decline in reported COVID-19 illnesses. This is not a true count of occupational COVID-19 illness. The true toll of work-related COVID-19 illnesses is unknown, but enormous based on ongoing studies and other reports.

Reported Cases Understate the Problem

Over the last decade, there has been significant research showing that the BLS survey fails to capture a large proportion of work-related injuries and illnesses—one-third to two-thirds of work-related injuries and illnesses are missed by the survey. Studies comparing injuries captured by the BLS survey with injuries reported to workers' compensation or other injury-reporting systems have found that the BLS survey missed 33% to 69% of work-related injuries.^{13, 14, 15, 16} 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.¹⁷ A study that compared state fatality rates in the construction industry with rates of injuries that result in lost time or job restriction found little

¹² U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2020.

¹³ Boden, L.I., and A. Ozonoff. "Capture-Recapture Estimates of Nonfatal Workplace Injuries and Illnesses." *Annals of Epidemiology* 18, No. 6. 2008. Available at [10.1016/j.annepidem.2007.11.003](https://doi.org/10.1016/j.annepidem.2007.11.003).

¹⁴ 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* 48, No. 4, 357–67. April 2006. Available at [10.1097/01.jom.0000205864.81970.63](https://doi.org/10.1097/01.jom.0000205864.81970.63).

¹⁵ 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* 57, No. 10. April 29, 2014. Available at [10.1002/ajim.22327](https://doi.org/10.1002/ajim.22327).

¹⁶ Wuellner, S., and D. Bonauto. "Injury Classification Agreement in Linked Bureau of Labor Statistics and Workers' Compensation Data." *American Journal of Industrial Medicine* 57, No. 10. Dec. 17, 2013. Available at [10.1002/ajim.22289](https://doi.org/10.1002/ajim.22289).

¹⁷ 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* 61, 436–443. March 9, 2018. Available at [10.1002/ajim.22826](https://doi.org/10.1002/ajim.22826).

correlation between the two, and in some cases there was a negative correlation.¹⁸ 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, *e.g.*, injuries among self-employed individuals, and the design of the survey.¹⁹ 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.²⁰ 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 BLS study 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.²¹

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.²² The 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.²³ 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.²⁴ Hopefully, if the survey is improved, Congress will provide the necessary funding to continue and expand this important work.

¹⁸ Mendeloff, J., and R. Burns. "States with Low Non-Fatal Injury Rates Have High Fatality Rates and Vice-Versa." *American Journal of Industrial Medicine* 56, 509–519. April 2, 2012. Available at [10.1002/ajim.22047](https://doi.org/10.1002/ajim.22047) (2013).

¹⁹ 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](https://www.bls.gov/opub/mlr/2014/article/examining-the-completeness-of-occupational-injury-and-illness-data-an-update-on-current-research.htm).

²⁰ United States Government Accountability Office. "Enhancing OSHA's Records Audit Process Could Improve the Accuracy of Worker Injury and Illness Data." GAO-10-10. Oct. 15, 2009. Available at [GAO.gov/products/GAO-10-10](https://www.gao.gov/products/GAO-10-10).

²¹ 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.

²² U.S. Bureau of Labor Statistics. Survey of Occupational Injuries and Illnesses Data Quality Research. Available at [BLS.gov/iif/data-quality-research/data-quality.htm](https://www.bls.gov/iif/data-quality-research/data-quality.htm).

²³ 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. Dec. 5, 2020. Available at [BLS.gov/iif/hsoii-update-12052020-final.pdf](https://www.bls.gov/iif/hsoii-update-12052020-final.pdf).

²⁴ 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). Available at doi.org/10.17226/24835.

Cost of Occupational Injuries and Deaths

The cost of occupational injuries and deaths in the United States is staggering.

The 2022 Workplace Safety Index, published by Liberty Mutual Insurance, estimated the cost of the most disabling workplace injuries to employers at more than \$58 billion a year—more than \$1 billion per week.²⁵ This analysis, based on 2019 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 \$174 billion and \$348 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). 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 signature, comprehensive study examined a broad range of data sources, including data from the BLS, the Centers for Disease Control and Prevention (CDC), the National Council on Compensation Insurance and the Healthcare Cost and Utilization Project (HCUP), to determine the cost of fatal and nonfatal occupational injuries and illnesses in 2007. This study estimated the medical and indirect (productivity) costs of workplace injuries and illnesses at \$250 billion annually, more than the cost of cancer.²⁶ 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.²⁷

In 2021, the National Safety Council also performed an economic impact analysis of workplace injuries using some of the same data sources, including the Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) cost estimates, HCUP, and BLS fatal and nonfatal injury data. They estimated the total cost of work injuries in 2021 to be \$167 billion and 103 million lost work days.²⁸ However, this analysis also utilizes the BLS Survey of Occupational Injuries and Illnesses data, and therefore includes underreporting issues in the estimates.

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.

²⁵ 2022 Liberty Mutual Workplace Safety Index. Available at [Business.LibertyMutual.com/wp-content/uploads/2022/06/WSI-1000_2022.pdf](https://business.libertymutual.com/wp-content/uploads/2022/06/WSI-1000_2022.pdf).

²⁶ Leigh, J.P. "Economic Burden of Occupational Injury and Illness in the United States." *The Milbank Quarterly* 89, No. 4. December 2011. Available at doi.org/10.1111/j.1468-0009.2011.00648.x.

²⁷ Leigh, J.P., and J. Marcin. "Workers' Compensation Benefits and Shifting Costs for Occupational Injuries and Illnesses." *Journal of Occupational and Environmental Medicine* 54, No. 4. April 2012. Available at [10.1097/JOM.0b013e3182451e54](https://doi.org/10.1097/JOM.0b013e3182451e54).

²⁸ National Safety Council. Injury Facts. "Work Injury Costs." Accessed on April 14, 2023. Available at [InjuryFacts.NSC.org/work/costs/work-injury-costs/](https://injuryfacts.nsc.org/work/costs/work-injury-costs/).

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.²⁹

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 ProPublica and National Public Radio exposed the failure of the workers' compensation system to provide fair and timely compensation for workers hurt on the job.³⁰ 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, at the time of the investigation, the maximum compensation for loss of an eye was \$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 ProPublica, 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.

²⁹ 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](https://www.osha.gov/sites/default/files/inequality_michaels_june2015.pdf).

³⁰ ProPublica and National Public Radio. "Insult to Injury: America's Vanishing Worker Protections." March 2015. Available at ProPublica.org/series/workers-compensation.

Workplace Injury and Illness Incidence Rates, Private Sector, 1974–2021 (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
2020	2.7	1.7	1.2	0.5
2021	2.7	1.7	1.1	0.6

Source: Department of Labor, Bureau of Labor Statistics.

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

Workplace Injury and Illness Rates by Industry Sector, 1973–2002¹

Per 100 Full-Time Workers

Year	Total Case Rate									
	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.

¹Beginning 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, 2006–2021^{1,2}

	2006	2007	2008 ³	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total case rate, private industry	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	2.7	2.7
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	3.9	4.5
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	3.3	3.2
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	4.2	5.0
Natural resources and mining	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	3.3	3.4
Agriculture, forestry, fishing and hunting	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	4.6	4.6
Mining, quarrying, and oil and gas extraction	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	1.2	1.3
Construction	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	2.5	2.5
Construction (local government)	—	—	12.7	13.0	9.5	8.7	10.2	7.9	8.6	8.0	9.1	—	—	—	—	—
Manufacturing	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	3.1	3.3
Trade, transportation and utilities	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	3.1	3.5
Wholesale trade	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	2.4	2.5
Retail trade	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	3.1	3.6
Transportation and warehousing	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	4.0	4.6
Utilities	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	1.5	1.7
Information	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	0.8	0.7
Financial activities	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	0.8	0.4
Professional and business services	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	1.1	1.1
Educational and health services	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	5.0	4.0
Hospitals (private)	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	7.6	6.1
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	8.9	7.6
Nursing and residential care (private)	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	11.5	7.3
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	13.7	10.3
Leisure and hospitality	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	2.7	2.9
Other services, except public administration	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	1.8	1.9

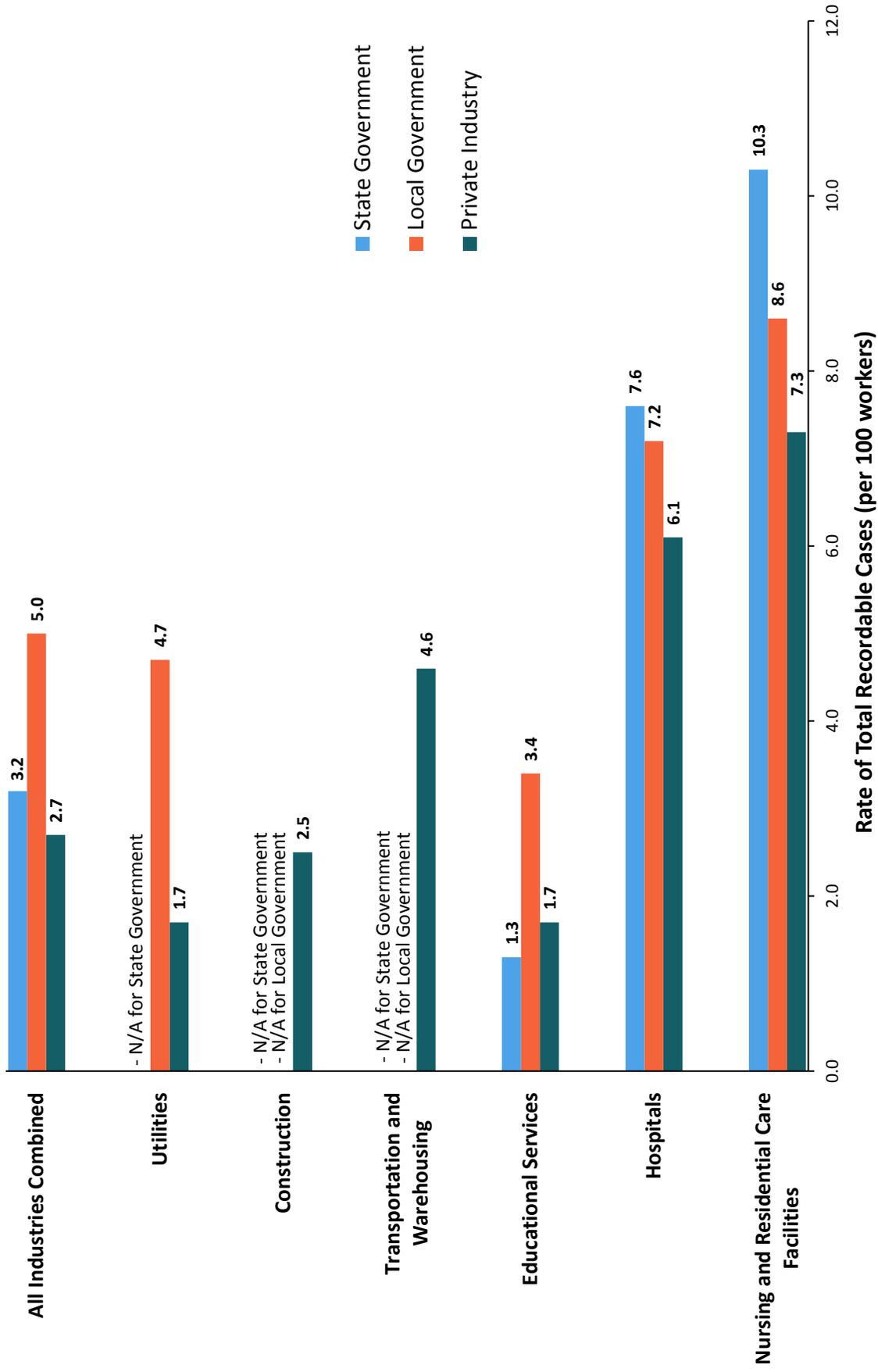
Source: U.S. Department of Labor, Bureau of Labor Statistics.

¹Total recordable cases per 100 workers.

²Private industry, unless otherwise noted.

³Beginning 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, 2021



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

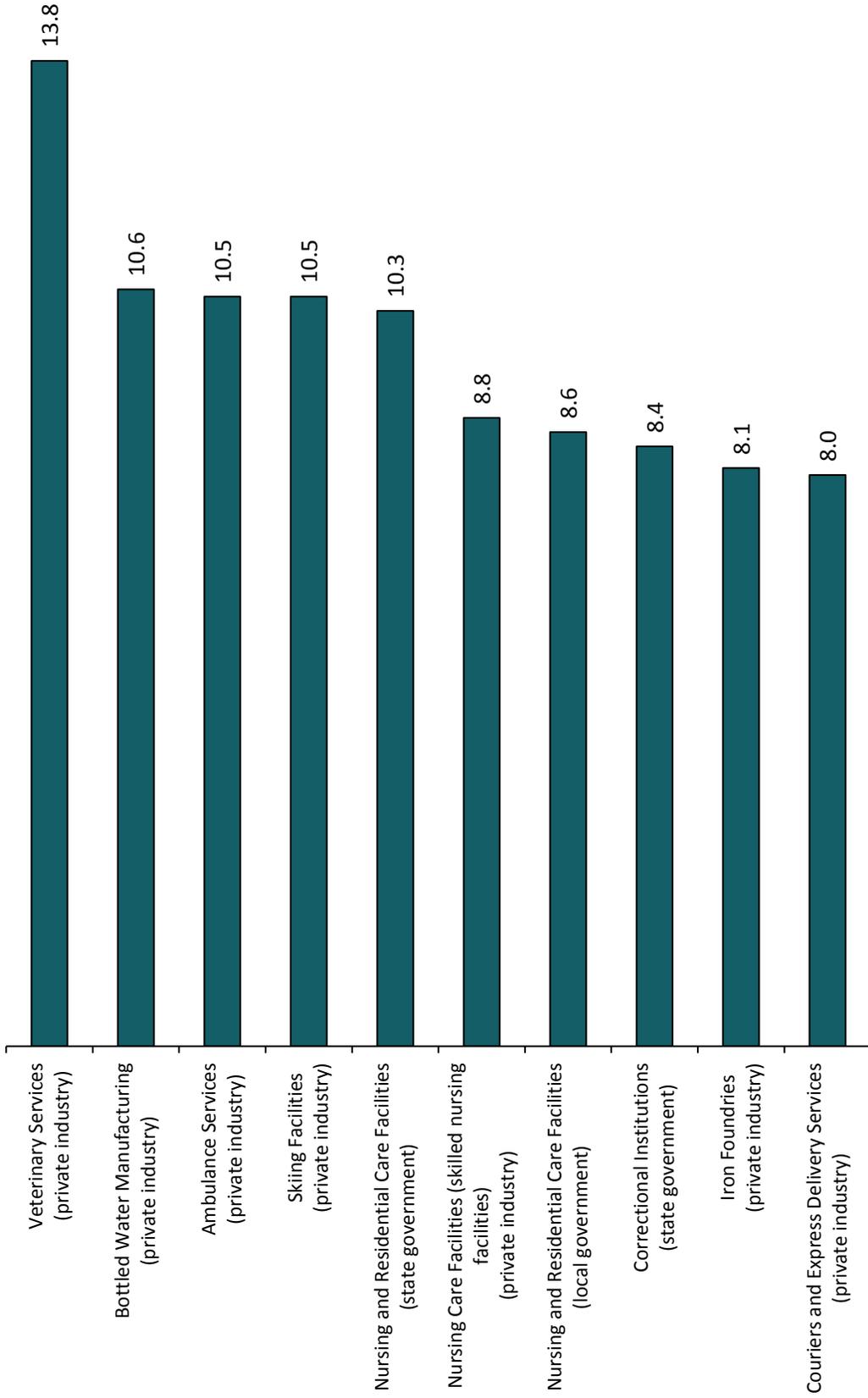
Industries with the Highest Total Nonfatal Injury and Illness Rates, 2021

(Per 100 Workers)

Private Industry = 2.7

State Government = 3.2

Local Government = 5.0



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

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2021

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	N/A	32,600	N/A	N/A	N/A	2.4	N/A	N/A
Alaska	7,400	6,200	300	900	3.3	3.3	1.6	4.1
Arizona	67,300	57,100	1,200	8,900	3.0	2.8	1.9	5.1
Arkansas	26,000	21,100	1,100	3,800	2.5	2.4	1.8	4.3
California	450,500	349,100	20,900	80,600	3.6	3.2	5.3	6.5
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	39,800	32,700	1,600	5,500	3.3	3.0	3.5	6
Delaware	8,300	6,900	700	700	2.3	2.2	2.3	2.9
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii	13,100	11,000	1,100	1,000	3.3	3.3	2.3	5.7
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	124,800	102,000	2,700	20,000	2.8	2.6	2.8	4.9
Indiana	75,800	65,400	1,600	8,800	3.2	3.1	1.6	4.8
Iowa	40,500	34,900	1,200	4,400	3.3	3.3	3.0	3.6
Kansas	31,000	24,700	N/A	4,400	2.8	2.7	N/A	3.6
Kentucky	46,400	38,600	2,100	5,700	3.2	3.1	3.2	4.6
Louisiana	31,300	23,700	N/A	6,100	2.1	1.9	N/A	3.7
Maine	21,200	18,500	700	2,100	4.7	4.7	3.6	4.9
Maryland	58,300	45,800	2,700	9,800	2.9	2.7	3.2	5.4
Massachusetts	73,600	57,900	3,200	12,600	2.8	2.4	3.3	6.3

**Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry,
State Government and Local Government, 2021**

Michigan	102,700	86,700	6,100	9,900	3.1	3.0	5.2	4.3
Minnesota	73,800	63,800	1,700	8,300	3.4	3.3	2.4	4.9
Mississippi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Missouri	59,100	50,600	N/A	N/A	2.7	2.6	N/A	N/A
Montana	12,100	10,400	500	1,300	3.4	3.4	2.2	4
Nebraska	22,400	19,600	N/A	N/A	2.9	3.0	N/A	N/A
Nevada	33,900	29,800	500	3,600	3.3	3.3	1.8	5.0
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	91,000	70,500	4,000	16,500	2.9	2.6	3.7	5.6
New Mexico	17,800	13,500	N/A	3,400	3.0	2.8	N/A	5.2
New York	183,700	125,500	10,300	47,900	2.7	2.2	5.4	6.1
North Carolina	83,800	67,700	2,700	13,400	2.4	2.2	1.8	3.9
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	93,300	78,000	3,500	11,700	2.3	2.2	2.5	3.2
Oklahoma	41,600	30,200	1,600	N/A	3.0	2.8	1.7	N/A
Oregon	54,200	47,800	1,200	5,300	3.8	3.8	3.3	3.7
Pennsylvania	138,400	117,100	N/A	N/A	3.1	2.9	N/A	N/A
Rhode Island	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South Carolina	38,400	30,300	2,200	5,800	2.4	2.2	3	3.3
South Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tennessee	63,800	53,400	1,200	9,200	2.6	2.5	1.6	4.2
Texas	N/A	178,900	N/A	N/A	N/A	2.1	N/A	N/A
Utah	32,300	27,800	1,700	N/A	2.7	2.6	2.7	N/A
Vermont	8,400	7,200	N/A	1,000	3.8	3.8	N/A	4.8

**Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry,
State Government and Local Government, 2021**

Virginia	68,400	54,400	2,100	11,900	2.3	2.1	1.8	4.4
Washington	95,400	77,600	5,500	12,300	3.8	3.5	5.2	5.6
West Virginia	15,700	12,600	600	2,500	3.0	2.9	1.8	4.5
Wisconsin	70,600	61,200	1,800	7,600	3.3	3.2	2.4	4.2
Wyoming	6,500	4,700	500	1,300	3.1	2.9	4.2	3.9
Total or National Average²	3.3 million	2.6 million	127,000	515,800	2.9	2.7	3.2	5.0

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

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

²Total 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.

Estimates of the True Toll of Workplace Injuries and Illnesses

	Estimated 2021 Figures Accounting for Impact of Undercounting Injuries and Illnesses ¹	2021 Data Reported by Bureau of Labor Statistics
Total Number of Nonfatal Injuries and Illnesses in Private Industry	8.1 million	2.7 million
Total Nonfatal Injury and Illness Case Rate in Private Industry (cases per 100 workers)	8.1	2.7
Total Number of Injuries and Illnesses Involving Days Away from Work in Private Industry	3.2 million	1,062,700
Case Rate for Nonfatal Injuries and Illnesses Involving Days Away from Work (cases per 100 workers) in Private Industry	3.3	1.1
Total Number of Musculoskeletal Disorders—Cases Involving Days Away from Work in Private Industry²	—	—
Total Number of Estimated Cases of Musculoskeletal Disorders in Private Industry²	—	—

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 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):

² The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, only now publishing demographic data biannually, including musculoskeletal disorder cases involving days away from work and job transfer or restriction. Prior to this decision, case and demographic characteristics for occupational injuries and illnesses involving days away from work were published annually. In the fall of 2023, BLS will publish combined data from 2021 and 2022.

DEMOGRAPHICS

Women Workers

In 2021, 448 women died on the job, compared with 4,741 men, who often work in more dangerous industries. However, in 2021, a larger percentage of women died in the workplace due to exposure to harmful substances or environments than men (19% of all workplace fatalities for women compared with 15% for men) and roadway incidents (25% compared with 24%). In recent years, workplace homicide was a leading cause of job fatalities for women and the problem was worsening. These data were not reported for 2021. (Please refer to the “Data Reporting, Transparency and Equity” section of this report. This restriction also has limited the ability to identify and track domestic violence in the workplace and the magnitude of nonfatal, serious injuries, both disproportionately borne by women. In the past, women were 50% more likely than men to be killed by a relative or domestic partner at work.)

Aging Workers

Workers 65 and older have 2.3 times the risk of dying on the job than all workers, with a fatality rate of 8.4 per 100,000 workers in 2020. Workers ages 55–64 also are at increased risk, with a fatality rate of 4.6 per 100,000 workers. In 2021, 35% of all fatalities (1,842 deaths) occurred in workers ages 55 years and older, with 702 of these deaths occurring in workers ages 65 years and older. People are working longer, and by 2031, all baby boomers will be 66 years and older, and one in five individuals older than 65 will still be working.³¹

Minors and Young Adult Workers

Young workers are at an increased risk of injury on the job, with workers ages 15–24 experiencing higher rates of work-related injuries than adults ages 25–44 years.³² In 2021, 350 workers younger than 25 died on the job, including 24 workers younger than 18. The number of workers killed on the job ages 18 or 19 increased 29% to 85 fatalities in 2021 from 66 fatalities in 2020. Young workers are at elevated risk due to limited or no prior work experience, lack of workplace safety and health training and supervision, and limitations in strength or cognitive ability needed to perform certain tasks. They are also less likely to recognize and voice safety concerns or be aware of their legal protection and worker protection agencies.

Recent months have brought public attention to employers’ illegal use of child labor, even in dangerous industries such as meatpacking, commercial baking, auto manufacturing and construction. Migrant children have been particularly exploited, hired in hazardous industries through staffing agencies, as the children seek income to support themselves, their families in other countries, and often to pay smuggling fees, rent and living expenses to sponsors.^{33,34}

³¹ Bureau of Labor Statistics. “Employment Projections—2021–31” (press release). Sept. 8, 2022. Available at [BLS.gov/news.release/pdf/ecopro.pdf](https://www.bls.gov/news.release/pdf/ecopro.pdf).

³² Guerin, R.J., A.A. Reichard, S. Derk, et al. “Nonfatal Occupational Injuries to Younger Workers — United States, 2012–2018.” *Morbidity and Mortality Weekly Report* 2020; 69:1204–1209. Available at dx.doi.org/10.15585/mmwr.mm6935a3.

³³ Dreier, H. “Biden Administration Plans Crackdown on Migrant Child Labor.” *The New York Times*, Feb. 27, 2023. Available at [NYTimes.com/2023/02/27/us/biden-child-labor.html](https://www.nytimes.com/2023/02/27/us/biden-child-labor.html).

³⁴ Rosenberg, M., K. Cooke and J. Schneyer. “Child Workers Found Throughout Hyundai-Kia Supply Chain in Alabama.” *Reuters Investigates*, Dec. 16, 2022. Available at [Reuters.com/investigates/special-report/usa-immigration-hyundai/](https://www.reuters.com/investigates/special-report/usa-immigration-hyundai/).

The Department of Labor’s Wage and Hour Division enforces child labor laws under the Fair Labor Standards Act. The current penalties are still too low: the maximum penalty for a serious violation is \$15,138 per child. On Feb. 17, 2023, DOL announced its issuance of penalties to a contractor that had employed 31 children, ages 13 to 17, systematically across eight states to clean dangerous machinery in meat and poultry plants; some of the children reported suffering injuries.³⁵ The investigation began in August 2022.

After a series of investigative press coverage and in order to address the rise in unchecked child labor exploitation, particularly impacting migrant children, the Biden administration created an interagency task force to improve collaboration on child labor investigations and scrutiny in the sponsor vetting processes, and to implement education and training initiatives in relevant communities.³⁶

However, in conflict with federal law, some states are opening the door for employers to expand the use of child labor as part of a multi-industry effort to expand employers' ability to exploit low-wage labor. Arkansas enacted legislation that eliminates the need for children younger than 16 to provide an employment certificate from the Division of Labor that verifies proof of their age and parental consent to work.³⁷ Other states, including Iowa, Minnesota, Missouri, Nebraska, Ohio and South Dakota, have introduced legislation to increase the hours of work for minors, increase the number of industries and hazardous tasks minors can work, and reduce employer liability, many under the guise of youth employment training programs.³⁸

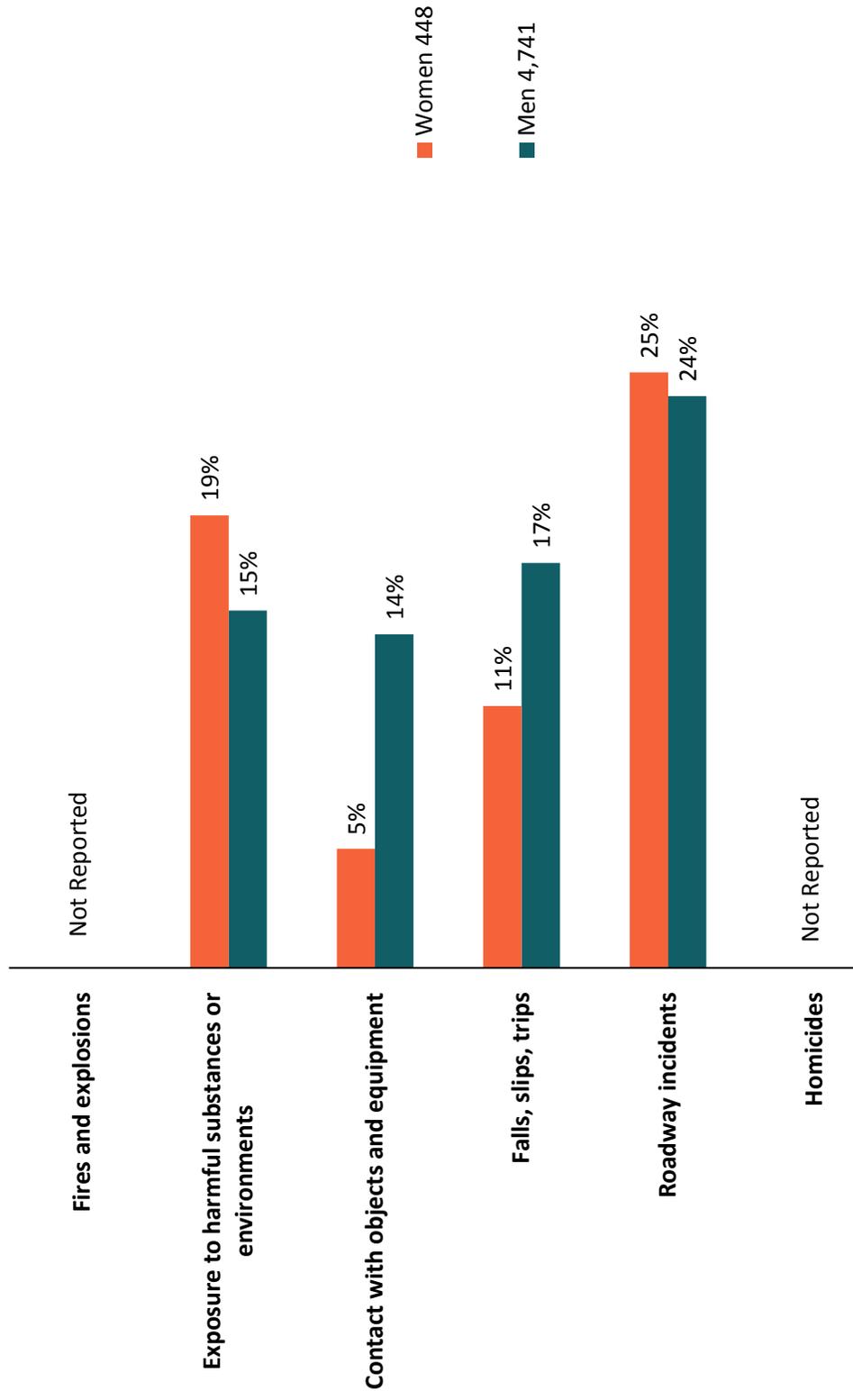
³⁵ U.S. Department of Labor. “More Than 100 Children Illegally Employed in Hazardous Jobs, Federal Investigation Finds; Food Sanitation Contractor Pays \$1.5M in Penalties” (news release). Feb. 17, 2023. Available at [DOL.gov/newsroom/releases/whd/whd20230217-1](https://www.dol.gov/newsroom/releases/whd/whd20230217-1).

³⁶ U.S. Department of Labor. “Departments of Labor, Health and Human Services Announce New Efforts to Combat Exploitative Child Labor” (news release). Feb. 27, 2023. Available at [DOL.gov/newsroom/releases/osec/osec20230227](https://www.dol.gov/newsroom/releases/osec/osec20230227).

³⁷ H.B. 1410, 94th Gen. Assemb. (Ark. 2023).

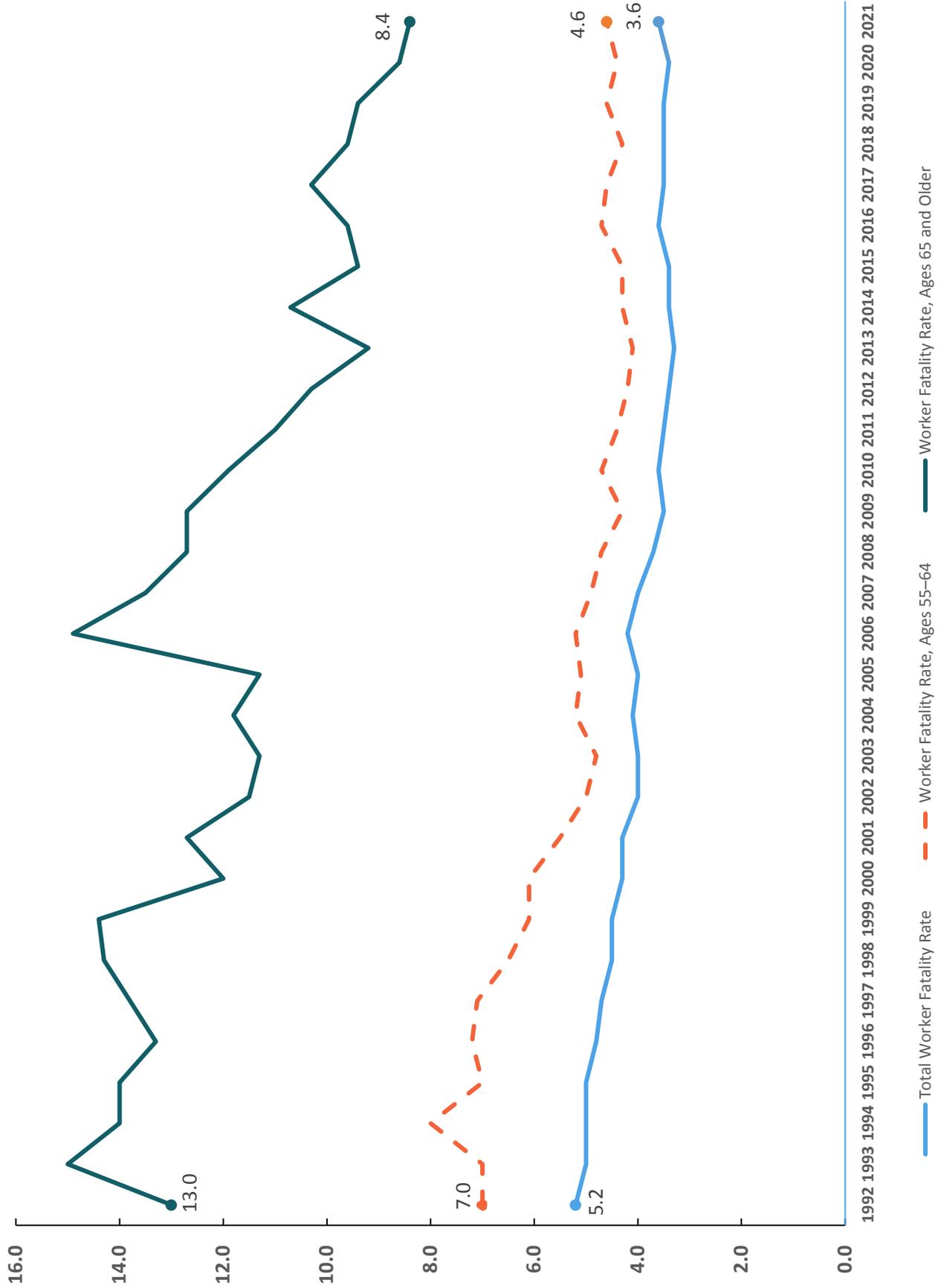
³⁸ Sherer, J., and Mast, N. *Child Labor Laws are Under Attack in States Across the Country*. Economic Policy Institute. March 14, 2023. Available at [EPI.org/publication/child-labor-laws-under-attack/](https://www.epl.org/publication/child-labor-laws-under-attack/).

Distribution of Fatal Injury Events by Gender of Worker, 2021



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

Total Worker Fatality Rates Compared with Aging Worker Fatality Rates, 1992–2021¹



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

¹All rates per 100,000 workers.

RACIAL DISPARITIES

Black and Latino workers are at increased risk of work-related deaths.

The fatality rate among Latino workers was the same in 2021 as it was in 2020 (4.5 per 100,000), which was an increase from 2019. This job fatality rate has increased 13% over the past decade and is 25% higher than the overall job fatality rate of 3.6 per 100,000 workers. The job fatality rate for Latino workers peaked in 2001 at 6.0 per 100,000 workers.

In 2021, 1,130 Latino workers died on the job, an increase from 1,072 deaths in 2020. This is following a drastic increase in Latino worker deaths immediately leading up to the pandemic: 1,088 Latino workers died on the job in 2019, an increase from 961 in 2018 and 903 deaths in 2017. In 2021, the No. 1 cause of fatalities among Latino workers was from transportation incidents, with 383 fatalities. Falls have been a continued issue; 272 Latino workers died from falls, slips or trips, compared with 269 in 2019 and 267 in 2018.

There were 1,106 (21%) reported fatalities among workers born outside of the United States in 2021. Of the 1,130 Latino workers killed on the job in 2021, 64% were born outside of the United States and account for 66% of all reported foreign-born fatalities in 2021. Some 80% of all Asian, Native Hawaiian or Pacific Islander workers who died on the job were immigrant workers (156), and 10% of all Black workers who died on the job were immigrant workers (71).

Black workers had a job fatality rate of 4.0 per 100,000 workers, a substantial increase from 3.5 in 2020 and 3.6 in 2019. This is now the third year in a row the fatality rate for Black workers is greater than the overall job fatality rate and the highest rate in more than a decade. In 2021, 653 Black workers died—up from 541 in 2020 and 634 in 2019—the highest number seen in more than two decades. The top industries where workplace fatalities occurred among Black workers in 2021 were transportation and warehousing (207), professional and business services (91) and construction (69). Within the transportation and warehousing industry, there were significant increases in Black worker fatalities from the previous year, including 19% among truck transportation (138 from 116), 183% among couriers and messengers (17 from 6) and 300% among warehousing and storage (12 from 3). In 2021, similar to all other workers, transportation incidents (267) was the top cause of fatalities among Black workers. The number of Black worker deaths due to violence on the job (155) increased from 125 in 2020, and is close to the highest number in the past decade, 160 in 2019. The third-leading cause of death was from contact with equipment (73).

In 2021, 93 Black workers died from exposure to harmful substances or environments, including 59 unintentional overdoses, a 51% increase from 2020, and 86 Latino workers died from exposure to harmful substances or environments, including 94 unintentional overdoses, a 42% increase from 2020. Unintentional overdose on the job has also been a major cause of death for White workers, making up 60% of deaths in this group and an 11% increase from 2020 to 2021, which is a slower rate of increase than in the previous year.

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

improving working conditions. These programs were established under the Obama administration and halted by the Trump administration.

Another contributing factor to workers of color facing a disproportionate risk of dying on the job is workers feeling the ability to be able to speak out about unsafe working conditions without fear of retaliation by their employer. The Biden administration enhanced its website on worker rights and protections, and has developed a worker's rights card that OSHA inspectors, unions, advocates and workers can hand out, informing workers of their rights to speak out about safety and health issues and what to do when those rights are violated.^{39,40}

³⁹ Occupational Safety and Health Administration. *Workers Have Rights!* OSHA publication 3850-09. 2016. [OSHA.gov/sites/default/files/publications/OSHA3850.pdf](https://www.osha.gov/sites/default/files/publications/OSHA3850.pdf).

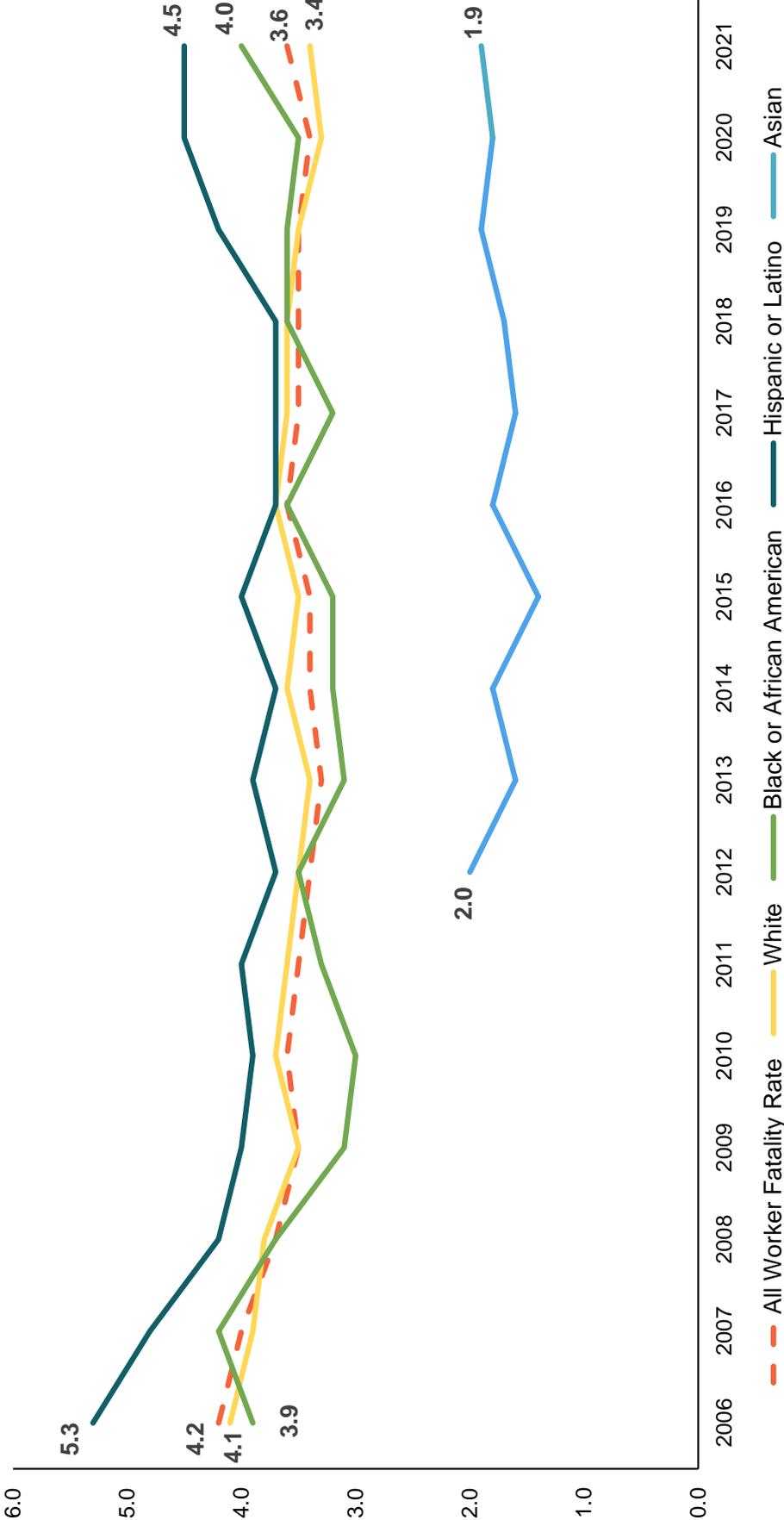
⁴⁰ Occupational Safety and Health Administration. *OSHA Worker Rights and Protections*. OSHA website, accessed April 22, 2023. Available at [OSHA.gov/workers](https://www.osha.gov/workers).

Fatal Work Injuries by Race, 2002–2021

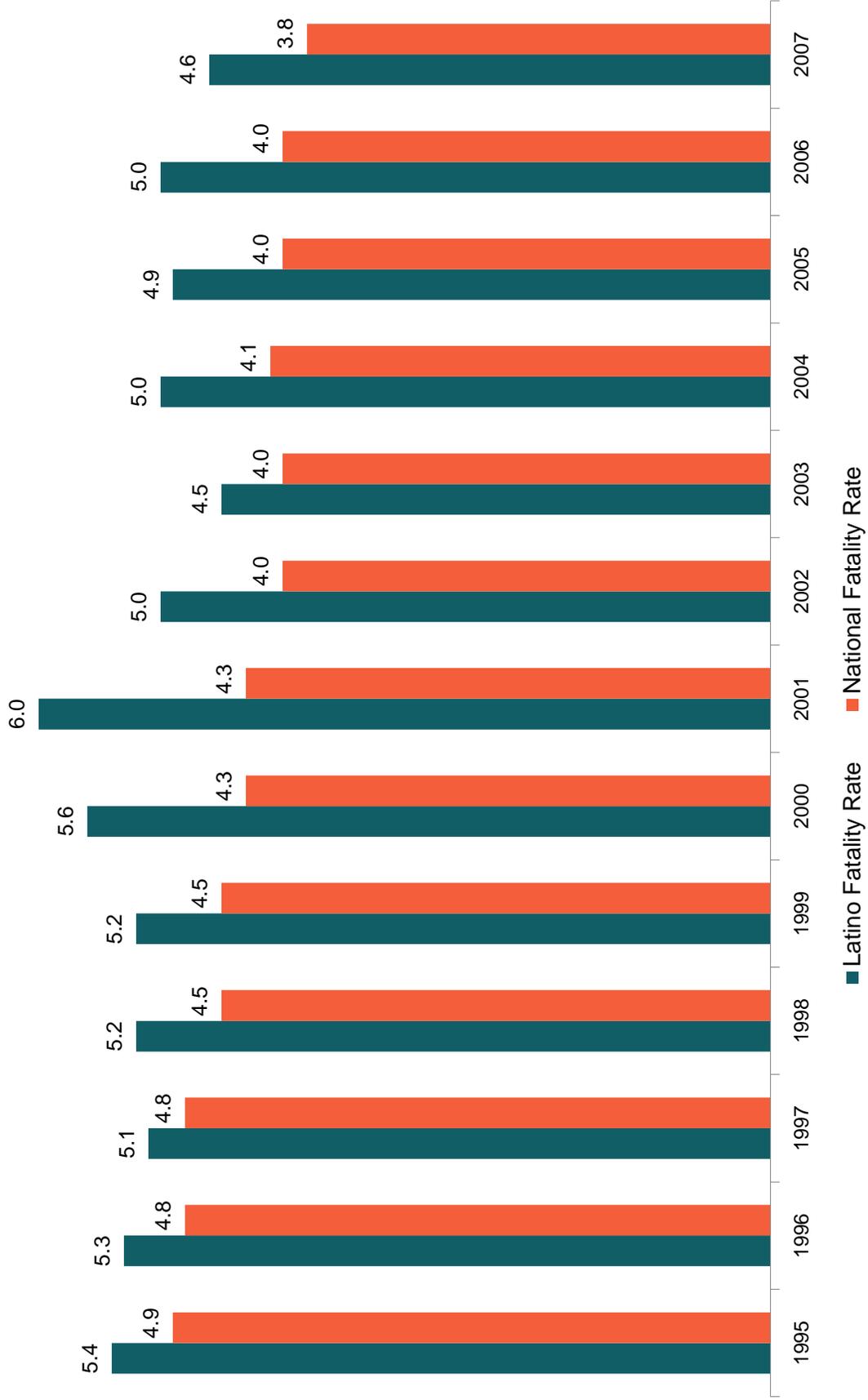
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Fatalities	5,534	5,575	5,764	5,734	5,840	5,657	5,214	4,551	4,690	4,693	4,628	4,585	4,821	4,836	5,190	5,147	5,250	5,333	4,764	5,190
White	3,926	3,988	4,066	3,977	4,019	3,867	3,663	3,204	3,363	3,323	3,177	3,125	3,332	3,241	3,481	3,449	3,405	3,297	2,898	3,103
Black or African American	491	543	546	584	565	609	533	421	412	440	486	439	475	495	587	530	615	634	541	653
Hispanic or Latino	841	794	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088	1,072	1,130
Asian, Native Hawaiian or Pacific Islander	140	158	180	163	159	172	152	148	149	124	154	132	142	123	167	161	163	195	158	196
American Indian or Alaskan Native	40	42	28	50	46	29	32	33	32	30	37	35	34	36	38	38	42	30	32	41
Multiple Races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	14	22	14	—
Other Races/Not Reported	96	50	42	37	61	43	30	32	27	27	26	37	34	38	38	57	50	67	49	—

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

Workplace Fatality Rates by Race, 2006–2021 (Hours-based Rates)



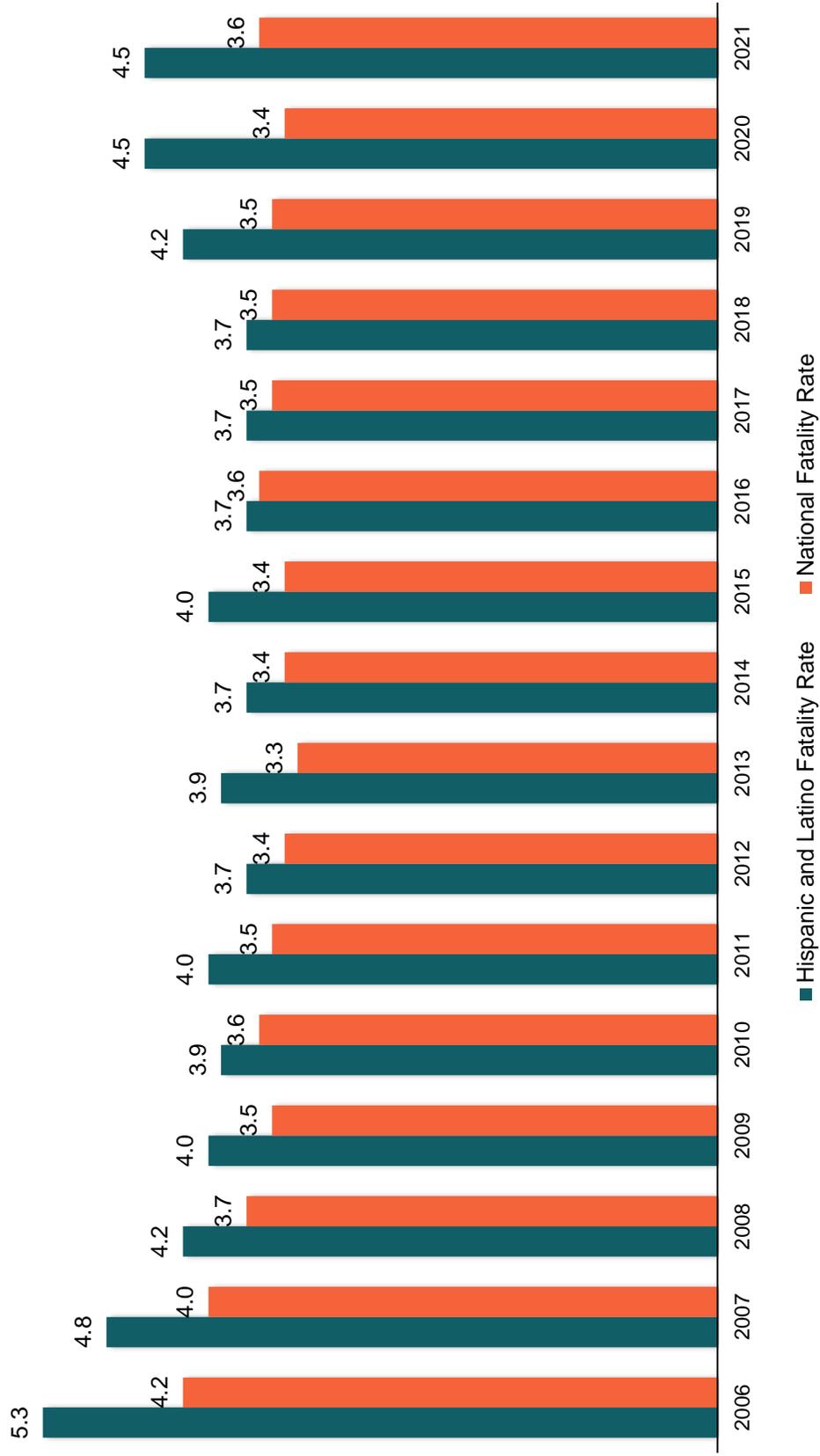
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995-2007¹ (Employment-Based Rates)



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

¹Incidence 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.

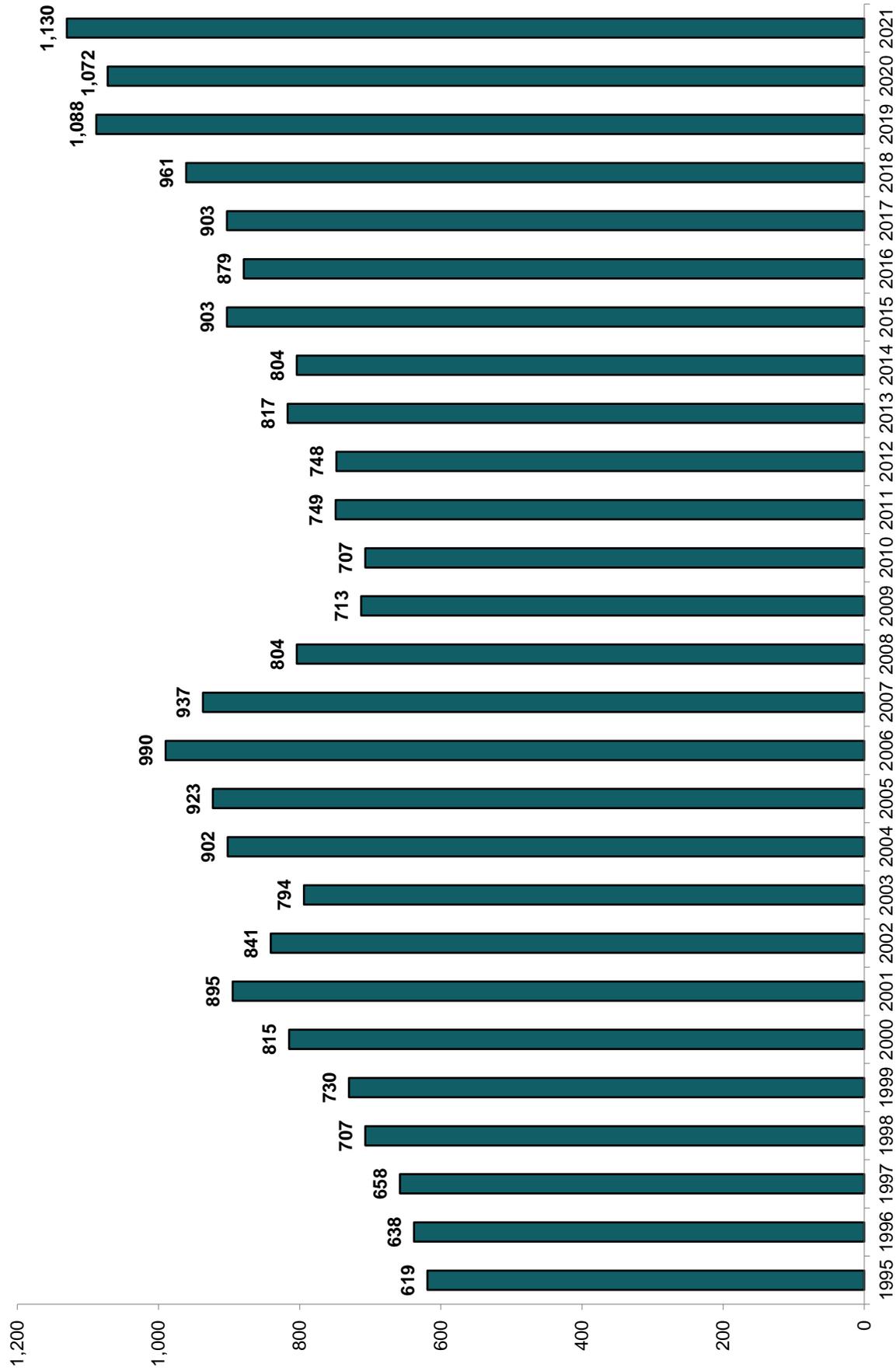
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 2006–2021¹ (Hours-Based Rates)



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

¹Incidence 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.

Number of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2021



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

Profile of Hispanic and Latino Worker Fatalities, 2021¹

Characteristic	Subcharacteristics	Deaths
Total Fatalities		1,130
Country of Birth	Foreign-born ²	727
	Native-born	403
Leading Birthplace Countries	Mexico	—
	United States	—
	El Salvador	—
Employee Status	Wage and salary workers	—
	Self employed	—
Gender	Men	—
	Women	—
Leading Occupations	Construction trades workers	297
	Motor vehicle operators ³	193
	Grounds maintenance workers	85
	Agricultural workers	52
Leading Industries	Construction	366
	Transportation and warehousing ⁴	168
	Administration and support and waste management and remediation services ⁵	144
Leading Event or Exposure	Transportation incidents	383
	Fall, slip, trip	272
	Exposure to harmful substances or environment	186
	Contact with object/equipment	168

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

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

²In 2020, the Bureau of Labor Statistics updated its disclosure methodology, which has resulted in the agency no longer publishing certain data. See [BLS.gov/iif/questions-and-answers.htm#accessingourdata](https://www.bls.gov/iif/questions-and-answers.htm#accessingourdata). For information on foreign-born fatalities in 2018 and prior, please see previous Death on the Job reports and BLS publications.

³Heavy and tractor-trailer truck drivers accounted for 156 of these deaths.

⁴Truck transportation accounted for 120 of these deaths.

⁵Landscaping services accounted for 97 of these deaths.

Hispanic and Latino Worker Fatalities by State, 2002–2021¹

State	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alabama	5	8	6	9	6	5	5	—	5	3	5	6	—	3	5	8	4	9	—	—
Alaska	—	—	—	3	5	—	—	—	—	5	5	3	—	—	—	—	—	—	—	—
Arizona	28	17	25	36	36	26	30	22	18	21	16	25	31	18	21	30	30	39	41	28
Arkansas	5	9	5	8	3	5	9	—	6	7	3	6	9	10	4	6	7	6	7	—
California	176	164	188	190	231	179	180	161	142	154	137	194	130	178	148	173	190	211	214	234
Colorado	16	25	25	19	18	30	21	17	19	22	21	14	18	20	23	29	19	24	26	30
Connecticut	7	—	10	5	7	4	7	4	5	7	6	5	3	8	4	4	14	5	4	6
Delaware	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	3	—	4	3
Florida	98	90	119	113	95	111	73	49	38	53	54	68	60	78	91	81	104	109	82	96
Georgia	16	26	29	25	35	28	26	10	16	14	10	14	21	26	16	24	24	37	43	27
Hawaii	—	—	—	—	—	4	—	—	—	—	1	—	4	3	—	—	—	—	—	—
Idaho	9	3	6	3	7	—	5	4	5	—	—	6	5	5	6	8	10	12	3	4
Illinois	27	22	29	23	30	27	25	16	25	25	19	26	16	19	27	17	27	17	18	17
Indiana	9	7	7	5	7	7	14	3	3	8	8	8	13	6	3	8	6	11	14	15
Iowa	—	—	7	—	—	4	6	8	5	3	4	—	3	—	4	—	5	6	13	6
Kansas	5	4	11	10	4	5	9	8	4	10	8	6	10	12	7	12	6	14	9	11
Kentucky	—	3	—	6	7	6	7	3	—	3	6	—	8	5	7	—	6	8	6	—
Louisiana	—	—	9	8	10	11	5	11	7	8	13	15	8	9	10	12	5	12	10	13
Maine	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Hispanic and Latino Worker Fatalities by State, 2002–2021¹

Maryland	10	11	17	8	22	7	10	3	12	8	15	15	8	9	14	21	12	—	19	12
Massachusetts	5	6	9	6	7	11	10	5	7	11	3	3	2	4	10	14	14	7	10	18
Michigan	7	4	6	8	12	7	8	4	10	4	4	3	6	12	7	10	8	7	11	5
Minnesota	—	5	3	6	4	—	—	—	3	—	—	—	4	—	6	5	—	—	4	3
Mississippi	5	--	4	3	3	7	7	4	5	—	—	—	—	7	—	3	3	—	—	3
Missouri	—	6	4	—	4	7	4	6	3	4	—	5	5	7	5	4	4	5	—	—
Montana	—	—	—	4	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—
Nebraska	9	3	4	—	—	4	5	—	3	3	5	3	9	4	--	4	7	—	—	9
Nevada	8	10	17	9	12	12	13	6	9	8	8	9	8	13	14	9	8	7	8	14
New Hampshire	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Jersey	33	24	34	30	28	23	25	25	20	26	15	20	31	22	26	11	22	23	20	37
New Mexico	21	9	12	19	30	21	10	16	17	23	22	20	22	13	16	11	19	19	18	18
New York	43	36	45	34	57	41	33	35	29	30	39	32	50	51	47	43	51	56	52	63
North Carolina	25	21	26	27	23	14	20	12	13	21	13	16	19	17	19	20	16	19	30	33
North Dakota	—	—	—	—	—	—	—	4	5	3	12	—	—	4	—	—	—	—	—	—
Ohio	—	15	5	5	8	6	4	4	8	1	8	2	3	11	10	15	11	9	9	11
Oklahoma	8	3	13	8	8	13	9	7	17	10	7	18	16	17	10	16	10	17	12	14
Oregon	—	7	4	6	11	6	—	8	6	6	—	9	8	5	12	5	8	11	13	13
Pennsylvania	12	10	6	11	14	16	11	10	13	14	13	4	13	17	7	9	10	13	11	21
Rhode Island	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—

REGULATORY ACTION AND REFORM

Twice a year, the president publishes a regulatory agenda for each agency to set its regulatory priorities for the next six months. The most recent agenda was published by the Biden administration in fall 2022. Pre-rulemaking priorities include workplace violence in health care and social assistance, heat illness prevention in indoor and outdoor work settings, and mechanical power press. Rulemaking priorities include powered industrial trucks, hazard communication updates, welding in construction confined spaces, infectious disease, tree care, updates to the lock-out tag-out standard and communications towers.

Newly added to the regulatory agenda is a notice of proposed rulemaking on the worker walkaround representation designation process that would clarify the rights of workers to have their designated representative participate during an OSHA investigation that is provided under the OSH Act. Further clarifying this right will help equal the playing field to ensure workers have access to representation as employers do throughout an OSHA investigation.

The agency's long-term agenda includes the restoration of the column for employer recording of musculoskeletal disorders (MSDs) onto the OSHA injury and illness log, receiving little attention by the agency despite accounting for the largest percentage of all serious nonfatal workplace injuries historically (21%–35%). The agency issued a proposed rule on this in 2010, but withdrew it in 2011. Initially, the 2001 final recordkeeping rule had included an MSD column, but OSHA later deleted that column before the provision became effective.

Thus far, this administration has completed a small business review for emergency response, has issued a proposed rule on powered industrial trucks and will complete the small business review for workplace violence in health care and social assistance by May 1, 2023. OSHA's proposal on personal protective equipment (PPE) fit in construction completed review by the Office of Management and Budget (OMB) on April 4, 2023, so its publication in the *Federal Register* is imminent.

Currently, there are two final rules at review by OMB, occupational exposure to COVID-19 in health care settings and improvements to electronic injury reporting.^{41,42} The issuance of a proposed rule on electronic injury reporting would restore requirements for large employers to submit detailed injury information to OSHA, which was revoked by the Trump administration in 2019. The Biden administration proposed to reinstate these requirements on March 30, 2022, and accepted public comment until June 30, 2022.⁴³

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. In January 2019, the Trump

⁴¹ See [RegInfo.gov/public/do/eoDetails?rrid=283412](https://www.reginfo.gov/public/do/eoDetails?rrid=283412).

⁴² See [RegInfo.gov/public/do/eoDetails?rrid=309563](https://www.reginfo.gov/public/do/eoDetails?rrid=309563).

⁴³ See [FederalRegister.gov/documents/2022/03/30/2022-06546/improve-tracking-of-workplace-injuries-and-illnesses](https://www.federalregister.gov/documents/2022/03/30/2022-06546/improve-tracking-of-workplace-injuries-and-illnesses).

administration revoked the requirement for large employers to submit detailed injury information.

There still are many priorities on the regulatory agenda that have not yet seen progress publicly. One includes a proposed rule to protect communications tower workers. Communications tower climbers install, maintain and repair equipment at significant heights, in rural and urban areas, and in all weather conditions. The majority of these workers are contract workers employed in small contracting firms scattered throughout the nation. They face such hazards as falls, extreme weather, animal attacks, Lyme disease, mosquito-borne illnesses and radiofrequency radiation. Over the past five years, there have been at least 28 reported deaths at wireless tower sites. Of the fatalities investigated by OSHA over the most recent five years, the agency issued 36 violations for a total penalty of \$304,806 against tower contractors.⁴⁴ As noted in the overview of fatalities, there is less transparency of contract worker deaths than there has been over the past decade due to a recent BLS disclosure policy.

Regulatory “reform” bills have been a problem over the years, introduced by conservatives. Despite the name, these bills would make it more difficult or impossible for agencies to issue needed safeguards in a timely manner. The most recent of these bills is the Regulations from the Executive in Need of Scrutiny Act of 2023 (REINS Act, H.R. 277), creating a congressional approval process for a major rule and, if it became law, it would prevent the implementation of a major rule unless it received congressional approval. Other regulatory reform bills would require unnecessary, redundant requirements to current rules and the rulemaking process. Over the years, OSHA’s standard-setting process has become unduly burdensome and lengthy. According to a congressional report, it takes OSHA between 4.3 and 11.5 years to issue a new standard—an average of eight years.⁴⁵ The longest amount of time OSHA has taken to complete the rulemaking process was 19 years each for the two most recent chemical standards—silica and beryllium.

⁴⁴ See [WirelessEstimator.com/content/fatalities](https://www.wirelessnavigator.com/content/fatalities).

⁴⁵ Congressional Research Service. “Occupational Safety and Health Administration (OSHA): COVID-19 Emergency Temporary Standards (ETS) on Health Care Employment and Vaccinations and Testing for Large Employers.” Updated March 24, 2022. Available at [CRSReports.congress.gov/product/pdf/R/R46288](https://crsreports.congress.gov/product/pdf/R/R46288).

Biden Administration's OSHA Regulatory Agenda, Fall 2022¹

Regulatory Actions	Regulatory Actions	Long-Term Actions
Occupational Exposure to COVID-19 in Health Care Settings—Final Rule 12/22	<i>Worker Walkaround Representation Designation Process—NPRM 5/23</i>	Powered Industrial Trucks—NPRM
Powered Industrial Trucks Design Standard Update—Analyze NPRM Comments 12/22	<i>Procedures for the Use of Administrative Subpoenas—Interim Final 6/23</i>	Silica—Update Table 1 (Construction)—NPRM
Arizona State Plan for Occupational Safety and Health (revoke consideration)—Analyze NPRM Comments 12/22	Amendments to the Cranes and Derricks in Construction Standard—NPRM 6/23	MSD Column
Personal Protective Equipment in Construction—NPRM 12/22	Lock-Out Tag-Out Update—NPRM 7/23	COVID-19 Vaccination and Testing ETS
Update Blood Lead Level Removal—Analyze ANPRM Comments 12/22	Shipyards Subpart E—Scaffolds, Ladders and Other Working Surfaces—NPRM 7/23	
Mechanical Power Press Update—Analyze RFI Comments 12/22	Emergency Response—NPRM 9/23	
Workplace Violence in Health Care and Social Services—Initiate SBREFA 12/22	Infectious Disease—NPRM 9/23	
Communications Towers—NPRM 1/23	Silica—Addressing the Lack of Medical Removal Protections—NPRM 9/23	
Heat Illness Prevention in Outdoor and Indoor Work Settings—SBREFA 1/23	Process Safety Management and Chemical Safety—Analyze Stakeholder Comments 11/23	
Welding in Construction Confined Spaces—NPRM 2/23	Procedures for Handling of Retaliation Complaints Under the Taxpayer First Act—Final Rule 12/22	
Improve Tracking of Workplace Injuries and Illnesses (restoring electronic 300/301)—Final Rule 3/23	Procedures for Handling of Retaliation Complaints Under the Criminal Antitrust Anti-Retaliation Act—Interim Final 12/22	
Update to Hazard Communication—Final Rule 3/23	Procedures for Handling of Retaliation Complaints Under the Anti-Money Laundering Act—Interim Final 1/23	
Walking Working Surfaces (clarity)—Re-open NPRM Record 5/23	Procedures for Handling of Retaliation Complaints Under the Whistleblower Protection Statutes—Interim Final 2/23	
Tree Care Standard—NPRM 5/23		

Note: Items in italics are new additions to the regulatory agenda.

Source: Office of Information and Regulatory Affairs. Issued on Jan. 4, 2023.

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

Biden Administration's MSHA Regulatory Agenda, Fall 2022¹

Regulatory Actions	Long-Term Actions
Respirable Crystalline Silica—NPRM 4/23	Alternatives to Petitions for Modification: Non-Permissible Surveying Equipment—NPRM 12/23
Testing, Evaluation and Approval of Electric Motor-Driven Mine Equipment—Final 6/23 Written Safety Program for Surface Mobile Equipment, Powered Haulage Equipment—Final 7/23	Notification, Investigation, Reports and Records of Accidents, Injuries, Illnesses, Employment and Coal Production in Mines—NPRM Alternatives to Petitions for Modification—Oil and Gas Wells—NPRM 12/23
	Radon Progeny—NPRM
	Retrospective Review Coal Dust Standard—Analyze RFI Comments

Source: Office of Information and Regulatory Affairs. Issued on Jan. 4, 2023.

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

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
39. Occupational Exposure to COVID-19 for Health Care Emergency Temporary Standard ¹	2021
40. COVID-19 Vaccination and Testing Emergency Temporary Standard (withdrawn after court injunction)	2021

Source: Code of Federal Regulations.

¹The COVID-19 ETS for health care was issued on June 21, 2021. On Dec. 27, 2021, OSHA announced it planned to withdraw the standard and the standard has not been in effect since, other than the recordkeeping provisions. On March 23, 2022, OSHA published a notice for limited reopening of the record and an informal hearing on its interim final rule. A public hearing was held on April 27, 2022. At the time of publication of this report, a permanent standard has not been issued and the final rule has been under review at the Office of Information and Regulatory Affairs under Executive Order 12866 since Dec. 7, 2022.

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

¹In 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.

²In 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.

³In 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 µg/m³ will prevent 642 deaths and 918 cases of silica-related disease each year (81 FR 16285).

⁴In 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 µg/m³ 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 administration issued a rule to revoke or otherwise alter the ancillary provisions for construction and maritime workers.

OSHA ENFORCEMENT AND OVERSIGHT

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 and lesser on 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.

The Biden administration has a fully staffed head office, including Douglas L. Parker as the confirmed assistant secretary of occupational safety and health as of Oct. 25, 2021. This is a significant change from the entire four-year term of the Trump administration, when OSHA did not have a confirmed head of the agency.

The first two years of the Biden administration’s OSHA has focused on rebuilding the agency’s internal staff capacity, training and expertise, including standards writing and enforcement capacity, while also responding to several major workplace safety incidents. Under the Trump administration, the number of onboard OSHA inspectors declined significantly—to the lowest number since the doors of the agency opened—due to President Trump’s federal hiring freeze and the failure to fill vacant positions. The Biden administration has made hiring new inspectors and filling other important vacant agency positions a priority, and initiated several national emphasis programs to address complicated hazards and hold bad-acting employers accountable.

OSHA Inspections

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 190 years under current staffing and inspection records. This figure is a significant improvement from the previous two years when OSHA did not conduct as many inspections during the COVID-19 pandemic. However, the agency still has not reached pre-pandemic levels.

In FY 2022, federal OSHA conducted 31,886 inspections, and the state OSHA programs combined conducted 33,243 inspections. This was a 31% increase for federal OSHA and 7% increase for state OSHA programs compared with past years’ reduced enforcement activity during the COVID-19 pandemic.

In FY 2022, federal OSHA conducted 835 inspections in federal agencies, including 248 inspections at the Department of Defense, 161 at the Veterans Administration, 112 at the Department of the Interior and 74 at the Department of Homeland Security.

There has been a decline in enforcement activity involving significant and complicated cases that began during the Trump administration and that 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, and under the OSHA Weighting System (OWS)—a protocol initiated under the Trump administration that downgrades complex health inspections with significant importance and impact, and increases the weight of quick inspections related to four fatal safety hazards (falls, caught in, struck by and electrical hazards).⁴⁶

Both systems assign different weights to different types of inspections performed by OSHA compliance safety and health officers. The change to the newer OWS system during the Trump administration masked the significant decrease in these inspections.

Under the EWS, in FY 2019, OSHA reported 42,825 enforcement units (EUs) for inspections and investigations, compared with 42,900 EUs in FY 2016, despite more inspections being conducted in FY 2019 (33,401, up from 31,948). 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.

In FY 2022, OSHA reported 59,686 EUs for inspections and investigations, compared with 48,271 EUs for inspections and investigations in FY 2021. These cannot be compared with the EWS EUs; however, a critical examination of the OWS EUs shows the difference is striking. Under the OWS, the majority of EUs result from inspections related to the fatal four safety hazards—30,219 of 59,686 EUs in FY 2021. However, EUs resulting from inspections from ergonomics, heat, non-PEL (permissible exposure limit) overexposures and workplace violence combined only accounted for 242 of 59,868 EUs in FY 2022. This is a significant increase since FY 2021, largely due to an increase in heat inspections (24 EUs in FY 2021 to 164 EUs in FY 2022) and workplace violence inspections (28 EUs in FY 2021 to 48 EUs in FY 2022). However, this system will continue to mask the significance of health inspections completed and disincentivize inspectors from completing these time-intensive and complex inspections—the opposite intended effect of the original weighting system.

Unprogrammed Enforcement Activity

OSHA refers to enforcement activity that isn't due to an enforcement directive as unprogrammed activity. This includes enforcement activity due to complaints, referrals, employer-required severe injury reports, and fatality and catastrophe investigations. These data have been requested since FY 2021.

Individuals can file a complaint with OSHA that an employer is not providing a safe workplace. The agency considers a complaint as “formal” if it is made by a current employee or representative that asserts imminent danger or a violation of the OSH Act or a standard. Formal complaints must be written or use OSHA’s complaint form, and must be signed. Other complaints that do not meet that criteria are considered “informal.” In FY 2022, federal OSHA received 6,626 formal complaints and 24,029 informal complaints, with workers filing 45% and 13% more complaints than FY 2021, respectively. Federal OSHA inspected the workplace in 43% of formal complaints and 18% of informal complaints. State OSHA plans received 8,421

⁴⁶ See [OSHA.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf](https://www.osha.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf). Effective Sept. 30, 2019.

formal complaints, inspecting 59%, and 25,411 informal complaints, inspecting 16%, a decline of 13% and 35% respectively in worker complaints filed with state OSHA plans. Complaints that did not receive an inspection resulted in the agency doing a “phone/fax investigation.” When conducting a phone/fax investigation, the agency telephones the employer, describes the alleged hazards in the complaint and then follows up with a letter. The employer must respond within five days, identifying in writing any problems found and noting corrective actions taken or planned. If OSHA determines the response adequate, an on-site inspection is not conducted. Phone/fax investigations were formerly only conducted in response to an informal complaint, but this practice changed during the COVID-19 pandemic to allow inspectors to conduct phone/fax investigations for all types of unprogrammed activity.

OSHA inspectors, other federal, state or local government agencies, discrimination or whistleblower complaints or the media can refer a case to OSHA. In FY 2022, federal OSHA received 4,005 referrals and responded with an inspection for 71% after referral. State OSHA plans received 5,651 referrals and followed up with an inspection in 31% of those. There was a significant decline in referrals made in states with OSHA plans, likely due to state and local agencies making fewer COVID-19 referrals, and likely mostly in states that had COVID-19 OSHA standards.

In 2015, OSHA began requiring employers to report all severe work-related injuries, defined as an amputation, in-patient hospitalization or loss of an eye, to the agency. In response to these reports, the agency conducts either an inspection or rapid response investigation (RRI). An RRI does not involve an on-site inspection, and requires the employer to conduct its own investigation into the incident and share their findings with OSHA. In FY 2022, federal OSHA received 10,476 severe injury reports (SIRs) and conducted an inspection in 32% of cases, and OSHA state plans received 3,507 SIRs and conducted an inspection in 48% of cases. Federal OSHA received reports of 2,592 fatalities and catastrophes on the job in FY 2022 and investigated 50% of the cases. State OSHA plans received reports of 2,253 fatalities and catastrophes and investigated 54% of them.

OSHA 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 to achieve more expedient abatement of hazards, rather than imposing the maximum fines.

In recent years, administrative and statutory changes have resulted in an increase in OSHA penalties. A revised penalty policy implemented during the Obama administration in 2010 resulted in a doubling of fines for serious violations. Passage of the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, which extended the coverage of the Inflation Adjustment Act to OSHA, further increased penalties for OSHA violations. Under the 2015 law, OSHA was authorized to raise maximum penalties by approximately 80%, the amount of inflation since the last time OSHA penalties were raised in 1990, and to regularly update penalties to account for future inflation. This statutory increase in federal OSHA penalties took effect Aug. 1, 2016. The latest adjustment, effective Jan. 14, 2023, increased the maximum

penalty for serious violations to \$15,625, and for willful and repeat violations to \$156,259.^{47,48,49} State OSHA plans also are required to raise their statutory maximum penalties to be as effective as the federal OSHA program, but many states that cover private sector workers have not yet complied. As of Jan. 30, 2023, only 12 of 24 state OSHA plans have adopted increased penalties for 2022: Alaska, Arizona, California, Hawaii, Iowa, North Carolina, Nevada, New Mexico, Oregon, Vermont, Washington and Wyoming. Indiana intends to wait on legislation before adopting the maximum penalties; it now is more than five years overdue.⁵⁰ State OSHA plans are not required to impose monetary penalties on state and local government employers.^{51,52}

In FY 2022, the average penalty for a serious violation under federal OSHA was \$4,354, compared with an average penalty of \$4,460 for serious violations in FY 2021. In FY 2022, the average penalty for a serious violation for state OSHA plans combined remained lower, at \$2,221; in FY 2021, it was \$2,421.

The number of willful violations cited by federal OSHA in FY 2022 was 477, an increase from FY 2021. The average penalty per willful violation was \$68,062 in FY 2022, compared with \$61,750 in FY 2021 and \$70,797 in FY 2020. The average penalty per repeat violation was \$14,690 in FY 2022, compared with \$13,277 in FY 2021. In states with state-run OSHA plans, in FY 2022, there were 211 willful violations issued, with an average penalty of \$39,573 per violation, and 2,081 repeat violations issued, with an average penalty of \$5,435 per violation.

In FY 2022, federal OSHA issued 1,039 violations to federal agencies, including six willful violations and 68 repeat violations. Federal OSHA does not issue monetary penalties because of violations to federal agencies.

For FY 2022, federal OSHA reported that the agency brought 94 “significant” enforcement cases.⁵³ This is more than FY 2021 (65) and more than the first year of the Trump administration, FY 2017 (53).⁵⁴ It is unclear how significant enforcement cases may have been impacted by the COVID-19 pandemic and reduction in enforcement activity during FY 2020 and 2021.

The median current penalty issued per fatality investigation conducted in FY 2022 was \$12,063 for federal OSHA and the median current penalty was \$7,000 for the state OSHA plans

⁴⁷ 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.

⁴⁸ See [FederalRegister.gov/documents/2022/01/14/2022-00144/departments-of-labor-and-health-and-human-services-department-of-labor-federal-civil-penalties-inflation-adjustment-act-annual-adjustments-for-2022](https://www.federalregister.gov/documents/2022/01/14/2022-00144/departments-of-labor-and-health-and-human-services-department-of-labor-federal-civil-penalties-inflation-adjustment-act-annual-adjustments-for-2022). Jan. 14, 2022.

⁴⁹ See [OSHA.gov/memos/2022-01-13/2022-annual-adjustments-osh-civil-penalties](https://www.osha-slc.gov/memos/2022-01-13/2022-annual-adjustments-osh-civil-penalties). Jan. 13, 2022.

⁵⁰ See [OSHA.gov/sites/default/files/2022-06/indiana-fy-2021-comprehensive-fame-report.pdf](https://www.osha-slc.gov/sites/default/files/2022-06/indiana-fy-2021-comprehensive-fame-report.pdf).

⁵¹ OSHA. State Plan Adoption of Federal OSHA Standards and Directives. Final Rule on the Implementation of the 2022 Annual Adjustment to Civil Penalties for Inflation. Updated Jan. 30, 2023. Available at [OSHA.gov/stateplans/adoption/standards/2022-01-14](https://www.osha-slc.gov/stateplans/adoption/standards/2022-01-14).

⁵² 87 FR 2328.

⁵³ OSHA defines a significant enforcement case as one in which the investigation results in a total proposed penalty of greater than or equal to \$180,000, or one that involves novel enforcement issues.

⁵⁴ 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.

combined, according to enforcement data provided by OSHA in March 2023. This is an increase when compared with the respective penalties in FY 2021: \$9,753 for federal OSHA and \$5,825 for the state OSHA plans combined. These data include enforcement cases that still are under contest, and some cases that still are open. Increased penalties in FY 2022 may be attributed to a combination of Congress tying maximum penalties to inflation annually and the COVID-19 pandemic resulting in decreased enforcement activity in FY 2021. 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.

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. According to OSHA inspection data, the average total penalty in a fatality case in FY 2022 was \$16,024 for federal and state OSHA plans combined.

OSHA Enforcement Initiatives and Policies

From the first days in office, the Biden administration has been working to reestablish and improve upon the stronger Obama administration enforcement initiatives and policies to protect workers and hold employers accountable.

The Biden administration improved transparency and disclosure of worker fatalities and significant enforcement cases that had been rolled back by the Trump administration. A list of names of workers who have died on the job and information on every fatality investigation, including the circumstances surrounding the death and the employer, has returned to the OSHA website homepage. This information, initiated in 2010, is used to disclose to the public all work-related deaths and the need to prevent them. This action was praised by families of workers killed on the job who had objected to the change by the Trump administration, which instead promoted initiatives the agency was taking to cooperate with employers.

The Biden administration also resumed the practice of issuing 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 Biden and Obama administrations, it has been a specific OSHA policy to issue a press release on all enforcement cases with significant total proposed penalties and significant violations of the general duty clause, and federal OSHA encourages 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.⁵⁵ 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 institute the issuance of press releases on all significant enforcement cases.

⁵⁵ Johnson, M.S. “Regulation by Shaming: Deterrence Effects of Publicizing Violations of Workplace Safety and Health Laws.” *American Economic Review* 110 (6):1866–1904. June 2020. Available at [10.1257/aer.20180501](https://doi.org/10.1257/aer.20180501).

The Biden administration understands that penalties have been too low to be a deterrent for many egregiously behaved employers. On Jan. 26, 2023, OSHA announced a new enforcement policy to make its penalties more effective in stopping employers from repeatedly exposing workers to life-threatening hazards or failing to comply with certain workplace safety and health requirements.⁵⁶ OSHA inspectors now have the authority to issue “instance-by-instance citations” when “high-gravity” serious violations of specific OSHA standards occurs, including lockout/tagout, machine guarding, permit-required confined space, respiratory protection, falls, trenching and for cases with other-than-serious violations specific to recordkeeping. Additionally, the policy encourages violations not to be grouped when there is evidence that worksite conditions giving rise to the violations are separate and distinct, or where different conduct gave rise to the violations. The goal of this policy is to deter employers from flagrantly disregarding their responsibilities and repeatedly violating the law.

Recognizing the importance of worker participation and representation in the OSHA investigation process, the Biden administration has added a clarifying rule on its regulatory agenda to ensure workers are able to have a designated representative during OSHA investigations. As previously discussed in the section of the report on the regulatory agenda, this is an existing right for a collective bargaining representative or another individual designated by employees; if the inspector determined the individual would aid the inspection, the individual could serve as the walkaround representative. However, further clarification will help to ensure workers have actual representation that is not infringed upon and maintains equality to employers’ right to representation. This tool also will help OSHA inspectors conduct a more thorough investigation, as worker representatives often have expertise in the industry, OSHA investigation process and access to the trust of workers, so that specifics of the exposure and control scenarios are shared during the investigation. The Trump administration did not support the right of workers to have a designated representative, and at the urging of business groups, revoked a 2013 letter of interpretation that clarified this right under the law.⁵⁷

The Biden administration also has continued Obama-era programs and policies to address high-hazard employers and industries and to respond to changes in the workforce and employment relationships. 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, 80 new cases were added to the log of the Severe Violator Enforcement Program in FY 2022. As of the end of FY 2022, 384 employers remained in the severe violator program subject to OSHA enforcement.⁵⁸

⁵⁶ Occupational Safety and Health Administration. “Department of Labor Announces Enforcement Guidance Changes to Save Lives, Target Employers Who Put Profit Over Safety” (press release). 23-146-NAT. Jan. 26, 2023. Available at [OSHA.gov/news/newsreleases/national/01262023-0](https://www.osha-slc.gov/news/newsreleases/national/01262023-0).

⁵⁷ 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](https://www.osha-slc.gov/laws-regs/standardinterpretations/2013-02-21).

⁵⁸ OSHA Inspection Data in Response to AFL-CIO Data Request, FY 2022.

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.

The Biden administration issued several new enforcement directives and national emphasis programs to address the urgent issues of COVID-19 and heat to help protect workers from these hazards while the administration moves through the rulemaking process.^{59,60,61,62}

State Plan Oversight

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 serious risk of being injured on the job.

The OSH Act permits federal OSHA to grant approval to states that want to manage their own workplace safety and health program and cover public sector workers in their states. On Aug. 18, 2022, Massachusetts became the sixth state to receive approval for its own OSHA plan that covers more than 430,000 state and local government employees.⁶³ The plan is in effect and will undergo review for final approval in the coming years. Other states that only cover public employees, while federal OSHA retains private sector jurisdiction, are Connecticut, Illinois, Maine, New Jersey and New York, as well as the Virgin Islands. There are 21 other states and Puerto Rico with approved state OSHA plans that cover both public and private sector employees.⁶⁴

One stipulation for approval, however, is that the states’ safety standards are “at least as effective” as federal standards. State standards can be stricter than federal OSHA’s standards but not weaker. When states are clearly not fulfilling their duty to be at least as effective as federal OSHA, there are limited options for federal OSHA to step in.

Federal OSHA’s main tool is to remove the state’s OSHA state plan approval. The process to approve or revoke a state plan requires a lengthy rulemaking process, including public comment. This also has two significant side effects. If federal OSHA went through with revoking a state plan, federal OSHA would be in charge of all enforcement in the state, adding to its

⁵⁹ Occupational Safety and Health Administration. Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19). July 7, 2021. Available at [OSHA.gov/laws-regs/standardinterpretations/2021-07-07](https://www.osha-slc.gov/laws-regs/standardinterpretations/2021-07-07).

⁶⁰ OSHA Directive: DIR 2021-03 (CPL 03). Revised National Emphasis Program – Coronavirus Disease 2019 (COVID-19). July 7, 2021. Available at [OSHA.gov/sites/default/files/enforcement/directives/DIR_2021-03_CPL_03.pdf](https://www.osha-slc.gov/sites/default/files/enforcement/directives/DIR_2021-03_CPL_03.pdf).

⁶¹ COVID-19 Focused Inspection Initiative in Healthcare. March 2, 2022. Available at [OSHA.gov/laws-regs/standardinterpretations/2022-03-02](https://www.osha-slc.gov/laws-regs/standardinterpretations/2022-03-02).

⁶² OSHA Directive: CPL 03-00-024. National Emphasis Program – Outdoor and Indoor Heat-Related Hazards. April 8, 2022. Available at [OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf](https://www.osha-slc.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf).

⁶³ 87 FR 50766.

⁶⁴ U.S. Department of Labor. State plans. Available at [OSHA.gov/stateplans/](https://www.osha-slc.gov/stateplans/).

responsibilities while not gaining resources, and public employees would lose OSHA coverage provided to them through their state plan.

The state of Arizona, as its most recent malfeasance in a long history, never adopted the COVID-19 ETS for health care, leaving many workers unprotected. Federal OSHA sent “courtesy letters” to the state plans that were slow to adopt the COVID-19 ETS. On April 21, 2022, OSHA issued a proposal to revoke the approval of Arizona’s state plan due to years of not operating as least as effectively as federal OSHA and to move the state plan back to initial approval status, which would result in joint federal and state OSHA jurisdiction in the state.⁶⁵ Due to this action, Arizona OSHA adopted three outstanding final rules, increased minimum penalties to match federal penalties and annual penalty level adjustments, passed a state law to authorize adoption of an emergency temporary standard (ETS) when either the Industrial commission of Arizona or OSHA deems the grave danger criteria met, and adopted recordkeeping and log requirements for COVID-19. On Feb. 15, 2023, federal OSHA withdrew its proposal to revoke Arizona’s plan approval.⁶⁶

OSHA has had other successes in ensuring state plans adopt rules or run programs at least as effective as federal OSHA. During the Obama administration, federal OSHA threatened to withdraw South Carolina’s state plan when the state announced it was going to eliminate its OSHA whistleblower program. The state finally relented, largely at the urging of South Carolina’s business community. However, the state plan still remains problematic. On April 4, 2023, the Union of Southern Service Workers, Service Employees International Union filed a complaint to the Department of Labor’s Civil Rights Center stating South Carolina OSHA has violated Title VI of the Civil Rights Act, and of the Department of Labor’s anti-discrimination regulations, 29 C.F.R. § 31.3(b)(2), for racial discrimination by disproportionately excluding black workers from its programmed inspections and exposing them to inequitable risk of injuries and illnesses.⁶⁷

OSHA Criminal Enforcement

Throughout OSHA’s history, criminal enforcement under the Occupational Safety and Health Act has been rare and dependent on political will. According to information provided by the Department of Labor, since the passage of the act in 1970, only 128 cases have been referred for prosecution under the act. During this time, there were approximately 430,000 workplace fatalities. From Jan. 1, 2022, to April 13, 2023, DOL referred 13 cases for criminal prosecution, compared with nine cases in FY 2021, seven cases in FY 2020, four cases in FY 2019 and 11 cases in FY 2018.^{68, 69, 70}

⁶⁵ 87 FR 23783.

⁶⁶ 88 FR 9796.

⁶⁷ See [Drive.Google.com/file/d/10EYhINS6VAu73rpvjSikIxMW49UhEIJJ/view](https://drive.google.com/file/d/10EYhINS6VAu73rpvjSikIxMW49UhEIJJ/view).

⁶⁸ “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 13, 2023. The information for the early years of the statute is incomplete and may not include all cases prosecuted.

⁶⁹ 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.

⁷⁰ Information on criminal referrals provided by the U.S. Department of Labor, Office of the Solicitor of Labor.

By comparison, the Environmental Protection Agency reported in FY 2021 that there were 117 criminal enforcement cases initiated under federal environmental laws—and in 88% of the criminal cases charged, an individual defendant was prosecuted, and those prosecutions generated a total 94% conviction rate.⁷¹ 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 (DOJ) 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 provisions of environmental statutes.^{72, 73, 74} 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.⁷⁵ During the Obama administration, the Department of Labor (DOL) 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.

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

⁷¹ U.S. Environmental Protection Agency. Enforcement Annual Results for Fiscal Year 2022. Available at [EPA.gov/enforcement/criminal-enforcement-fy-2022-annual-results](https://www.epa.gov/enforcement/criminal-enforcement-fy-2022-annual-results).

⁷² Goldsmith, A.D. "Worker Endangerment Initiative." PowerPoint presentation, American Bar Association, Occupational Safety and Health Committee, Miami Beach, Florida. February 2009.

⁷³ Department of Justice, Office of Public Affairs. "The Departments of Justice and Labor Announce Expansion of Worker Endangerment Initiative to Address Environmental and Worker Safety Violations" (press release). Dec. 17, 2015. Available at [Justice.gov/opa/pr/departments-justice-and-labor-announce-expansion-worker-endangerment-initiative-address](https://www.justice.gov/opa/pr/departments-justice-and-labor-announce-expansion-worker-endangerment-initiative-address).

⁷⁴ 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](https://www.justice.gov/enrd/file/800526/download).

⁷⁵ PBS. "Frontline: A Dangerous Business Revisited." March 2008.

against the general contractor, Harco Construction LLC, for the 2015 trenching death of a young undocumented immigrant construction worker. The foreman for the excavation company, Sky Materials Corp., was convicted of criminally negligent homicide and reckless endangerment, and sentenced to one to three years in jail. In both cases, unions and local safety and health activists worked with prosecutors to provide assistance and to educate the community about the job safety crimes. Recently, a Colorado contractor was charged with felony manslaughter after three workers were buried in a trench collapse, resulting in the death of a 20-year-old immigrant worker, after a pattern of unsafe behavior for months leading up to the fatal incident and for at least another month after the fatality.⁷⁶

OSHA Coverage

For FY 2022, the OSHA law still did not cover 7.9 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.^{77,78} 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. The Mine Safety and Health Administration (MSHA) covers many underground and surface mine workers under its own law, which is stronger than the OSH Act.

In 2013, OSHA coverage was extended to flight attendants when the Federal Aviation Administration rescinded a longstanding policy and ceded jurisdiction to OSHA on some 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.⁷⁹

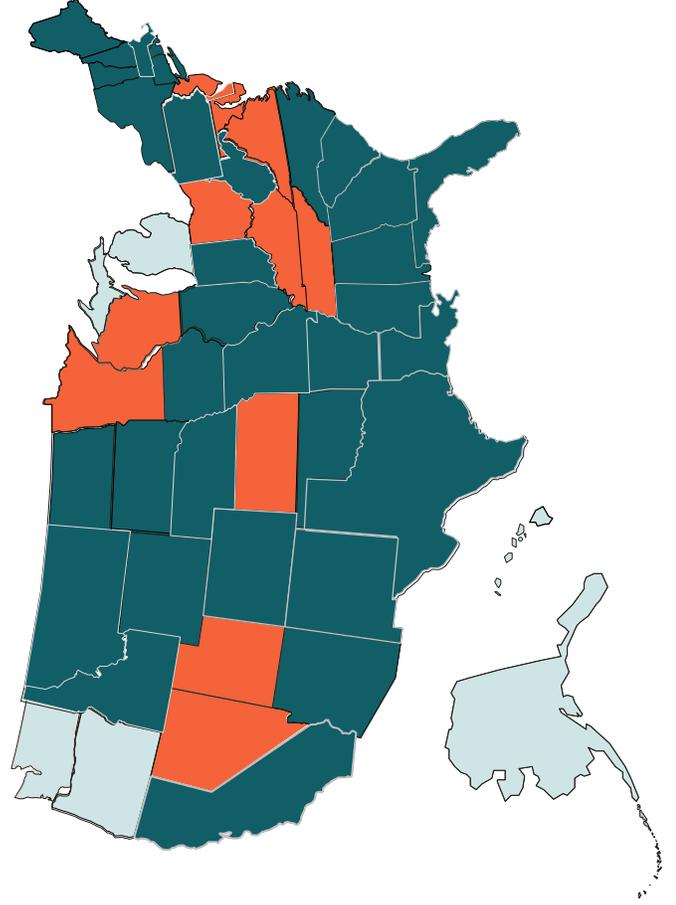
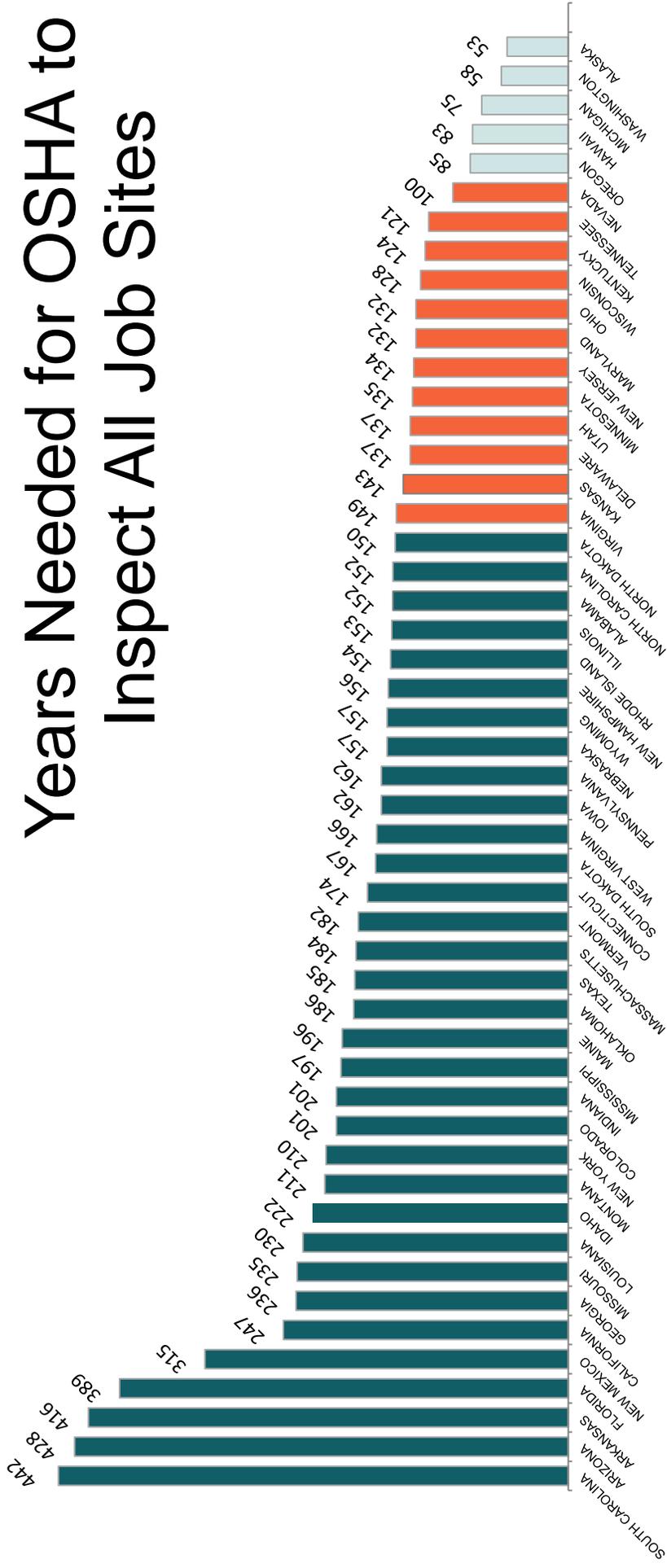
⁷⁶ Occupational Safety and Health Administration. “Facing Manslaughter Charges in Worker’s 2021 Trench Collapse Death, Colorado Contractor Who Willfully Ignored Federal Law Surrenders to Police” (press release). 23-75-NAT. Jan. 26, 2023. Available at [OSHA.gov/news/newsreleases/national/01262023-1](https://www.osha-slc.gov/news/newsreleases/national/01262023-1).

⁷⁷ 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, Massachusetts, New Jersey and New York now have state programs covering state and local employees only.

⁷⁸ Federal OSHA recently granted Massachusetts initial approval for its state OSHA program that covers public employees only and went into effect Aug. 18, 2022.

⁷⁹ Department of Transportation, Federal Aviation Administration. Occupational Safety and Health Standards for Cabin Crew Members. Aug. 27, 2013. Available at [FederalRegister.gov/documents/2013/08/27/2013-20841/occupational-safety-and-health-standards-for-aircraft-cabin-crewmembers](https://www.federalregister.gov/documents/2013/08/27/2013-20841/occupational-safety-and-health-standards-for-aircraft-cabin-crewmembers).

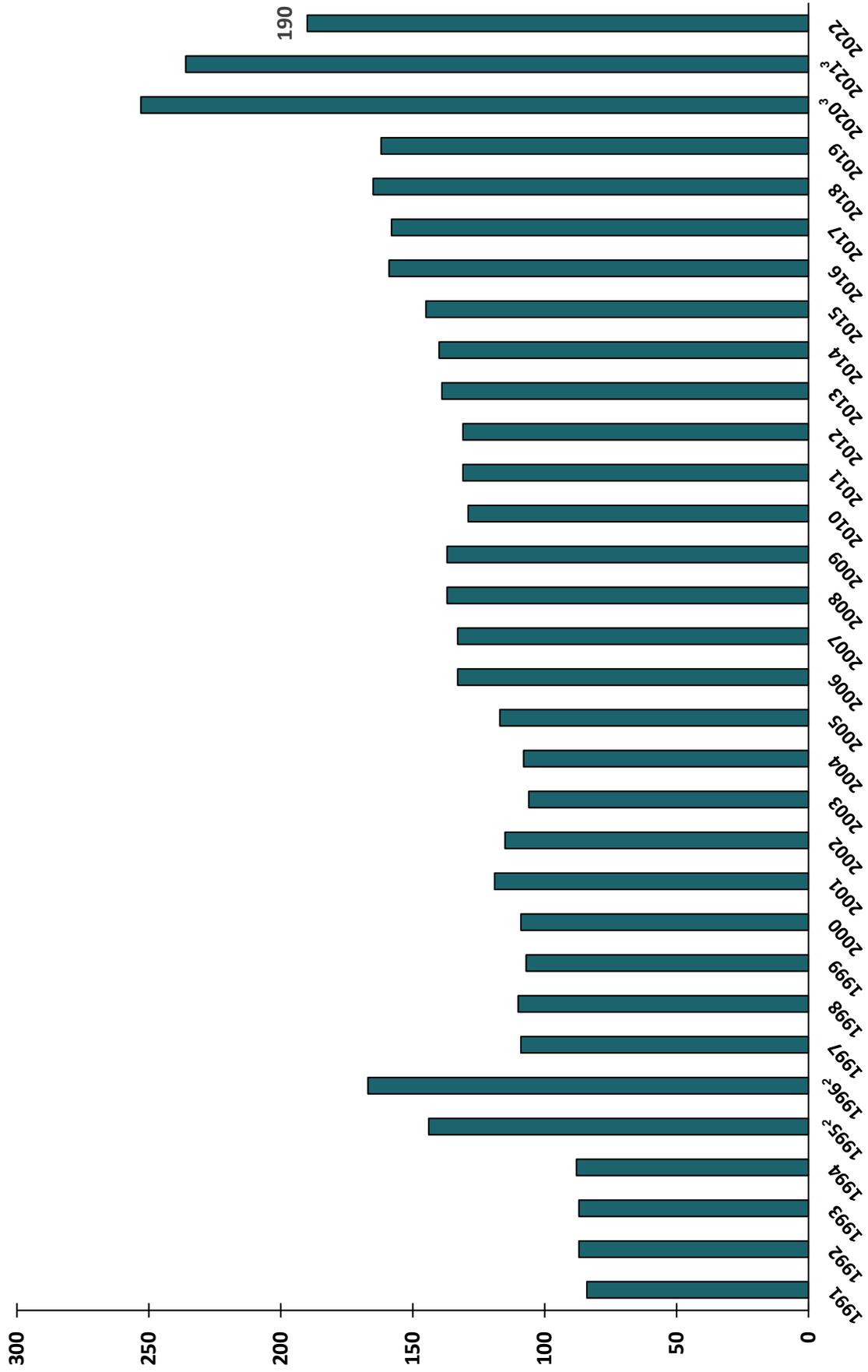
Years Needed for OSHA to Inspect All Job Sites



- 0–49 years (0 states)
- 50–99 years (5 states)
- 100–149 years (12 states)
- 150 years or more (33 states)

Sources: U.S. Department of Labor, Bureau of Labor Statistics, "Employment and Wages Annual Averages 2021," and Occupational Safety and Health Administration OIS data on worksite inspections, FY 2022.

Years for Federal OSHA to Inspect Each Workplace Once FY 1991–2022¹



¹Years to inspect is based on the number of establishments and the number of OSHA inspections for each fiscal year.
²FY 1995–1996 inspections declined significantly during the Clinton administration's "Reinventing Government" initiative.
³FY 2020–2021 inspections declined significantly during the COVID-19 pandemic.

Federal OSHA Inspection/Enforcement Activity, FY 2012–2022

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020 ¹	FY 2021 ¹	FY 2022
Inspections	40,950	39,178	36,167	35,822	31,948	32,396	32,020	33,401	21,674	24,355	31,886
Safety	33,598	31,920	29,343	28,903	25,704	26,607	26,453	27,890	17,558	19,948	25,388
Health	7,352	7,258	6,824	6,917	6,244	5,789	5,567	5,511	4,116	4,407	6,498
Complaints Programmed	9,568	9,503	9,577	9,037	8,870	8,254	7,510	7,408	4,581	4,954	6,795
	23,082	22,170	19,207	16,527	12,731	14,396	13,980	14,910	8,726	10,598	14,114
Construction	22,507	20,430	18,223	17,549	15,610	16,921	16,729	17,500	11,069	12,566	16,011
Maritime	386	411	370	357	297	292	274	275	211	180	233
Manufacturing	8,399	7,945	7,602	8,051	7,450	7,043	6,863	7,046	4,367	4,612	5,848
Other	9,654	10,392	9,972	9,863	8,591	8,140	8,154	8,580	6,027	6,997	9,794
Average Case Hours/Inspections											
Safety	20.3	22.5	22.0	22.3	21.0	20.21	19.26	18.40	23.91	23.02	18.58
Health	34.6	40.1	45.2	39.7	33.4	33.58	32.00	29.34	44.86	38.28	25.57
Violations – Total	78,760	78,037	67,556	65,044	59,856	51,273	50,910	50,638	40,313	31,529	38,979
Willful	424	316	433	527	524	319	341	364	385	360	477
Repeat	3,031	3,119	2,954	3,088	3,146	2,771	2,593	2,471	2,155	1,790	2,065
Serious	57,155	58,234	49,416	47,934	42,984	36,802	36,645	36,447	28,757	23,065	28,070
Unclassified	1	-	1	1	1	-	1	1	0	1	2
Other	18,038	16,260	14,597	13,016	11,895	11,300	11,265	11,280	8,984	6,302	8,334
FTA	107	77	155	107	152	81	65	75	32	11	31
Penalties – Total (\$)	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	150,982,223	200,771,943
Willful	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	22,229,957	32,465,555
Repeat	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	23,765,289	30,333,990
Serious	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	102,864,726	122,229,386
Unclassified	1,200	-	0	4,200	-	-	5,432	1,037	0	2,000	7,770
Other	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	11,116,993	14,902,634
FTA	797,507	762,901	1,724,976	704,143	2,028,758	1,631,125	1,561,970	1,125,815	775,011	343,120	832,607
Average Penalty/ Violation (\$)	2,144	1,922	2,125	2,406	2,721	3,839	3,862	4,107	4,619	4,789	5,151
Willful	35,503	39,509	40,357	40,951	41,592	65,229	61,900	59,373	70,797	61,750	68,062
Repeat	7,220	6,272	6,909	7,786	8,670	11,349	11,501	14,109	15,340	13,277	14,690
Serious	2,157	1,895	1,972	2,148	2,402	3,553	3,580	3,717	3,923	4,460	4,354
Unclassified	1,200	-	0	4,200	-	-	5,432	1,037	-	2,000	3,885
Other	434	422	445	555	718	1,078	1,148	1,319	1,363	1,764	1,788
FTA	7,453	9,908	11,129	6,581	13,347	20,137	24,030	15,011	24,219	31,193	26,858
Percent Inspections with Citations Contested (%)	11.4%	6.0%	6.6%	7.4%	8.3%	8.5%	8.3%	8.0%	9.6%	8.7%	7.0%

Sources: OSHA IMIS Inspection Reports, FY 2012–FY 2013, and OIS Federal Inspection Reports, FY 2012–FY 2022.

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

Federal OSHA and State Plan OSHA Inspection/Enforcement Activity, FY 2022

	<u>FEDERAL OSHA</u>	<u>STATE PLAN OSHA</u>
Inspections	31,886	33,243
Safety	25,388	24,822
Health	6,498	8,421
Complaints	6,795	8,343
Programmed	14,114	12,798
Construction	16,011	12,640
Maritime	233	87
Manufacturing	5,848	5,420
Other	9,794	15,096
Average Case Hours/Inspection		
Safety	18.58	24.26
Health	25.57	31.12
Violations – Total	38,979	64,473
Willful	477	211
Repeat	2,065	2,081
Serious	28,070	31,577
Unclassified	2	20
Other	8,334	30,426
FTA	31	158
Penalties – Total (\$)	200,771,943	102,780,893
Willful	32,465,555	8,349,950
Repeat	30,333,990	11,309,756
Serious	122,229,386	70,141,391
Unclassified	7,770	187,698
Other	14,902,634	11,788,517
FTA	832,607	1,003,581
Average Penalty/Violation (\$)	5,151	1,594
Willful	68,062	39,573
Repeat	14,690	5,435
Serious	4,354	2,221
Unclassified	3,885	9,385
Other	1,788	387
FTA	26,858	6,352
Percent Inspections with Citations Contested	7.0%	19.1%

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

Federal OSHA and State Plan OSHA Unprogrammed Enforcement Activity, FY 2022

	<u>FEDERAL OSHA</u>	<u>STATE PLAN OSHA</u>
Complaints¹	30,655	33,892
Formal Complaints	6,626	8,481
Phone/Fax Investigation ²	3,603	3,267
Percent Phone/Fax Investigation	54%	39%
Inspection	2,843	4,978
Percent Inspection	43%	59%
Other/Unknown ³	180	236
Percent Other/Unknown	3%	3%
Informal Complaints	24,029	25,411
Phone/Fax Investigation ²	19,459	20,832
Percent Phone/Fax Investigation	81%	82%
Inspection	4,293	3,975
Percent Inspection	18%	16%
Other/Unknown ³	277	604
Percent Other/Unknown	1%	2%
Referrals⁴	4,005	5,651
Phone/Fax Investigation ²	1,072	3,765
Percent Phone/Fax Investigation	27%	67%
Inspection	2,834	1,729
Percent Inspection	71%	31%
Other/Unknown ³	99	157
Percent Other/Unknown	2%	3%
Severe Injury Reports⁵	10,476	3,507
Rapid Response Investigation ⁶	7,027	1,793
Percent Rapid Response Investigation	67%	51%
Inspection	3,314	1,686
Percent Inspection	32%	48%
Other/Unknown ³	135	28
Percent Other/Unknown	1%	1%
Fatalities and Catastrophes⁷	2,592	2,253
Inspection	1,291	1,222
Percent Inspection	50%	54%
Other/Unknown ³	1,301	1,031
Percent Other/Unknown	50%	46%

Source: Occupational Safety and Health Administration. OIS Inspection Reports. Federal OSHA data provided Jan. 13, 2023. State plan OSHA data provided March 8, 2023, and state plan fatality and catastrophe data provided March 29, 2023.

¹A formal complaint is a complaint made by a current employee or representative of employees that asserts imminent danger, a violation of the OSH Act or a violation of an OSHA standard, is written or submitted on OSHA's complaint form, and is signed by at least one current employee or employee representative. An informal complaint is any complaint that does not meet the criteria of a formal complaint and does not come from a referral source.

²OSHA telephones the employer, describes the alleged hazards and then follows up with a letter. The employer must respond within five days, identifying in writing any problems found and noting corrective actions taken or planned. If the response is adequate, OSHA generally will not conduct an inspection. The employee who filed the original complaint will receive a copy of the employer's response. If still not satisfied, the complainant may then request an on-site inspection.

³Unprogrammed activity was labeled as unknown or other when there was no indication of an inspection or response by the agency. This does not mean no response occurred, but it had not been recorded by the date that was provided or may have been nonjurisdictional, nonwork related, etc.

⁴Referrals include direct observation from an OSHA inspector or reports from other federal, state or local government agencies, discrimination or whistleblower complaints, or the media.

⁵As of Jan. 1, 2015, OSHA requires employers to report all severe work-related injuries, defined as an amputation, in-patient hospitalization or loss of an eye. This data excludes fatalities.

⁶A Rapid Response Investigation is conducted in response to an employer's severe injury report and generally does not involve an on-site inspection of the workplace. In lieu of an on-site inspection, an employer is expected to conduct its own investigation into the work-related incident and share its findings with OSHA.

⁷OSHA does not investigate every workplace fatality. OSHA requires reporting of deaths attributed to natural causes and workplace violence, and the area director determines whether it should be investigated. OSHA does not require reporting of fatalities due to motor vehicle incidents, unless it occurs in a construction work zone. Additionally, other agencies may perform a fatality investigation.

Federal OSHA Unprogrammed Enforcement Activity, FY 2021–2022

	FY 2021	FY 2022
Complaints¹	25,746	30,655
Formal Complaints	4,549	6,626
Phone/Fax Investigation ²	2,594	3,603
Percent Phone/Fax Investigation	57%	54%
Inspection	1,989	2,843
Percent Inspection	44%	43%
Other/Unknown ³	66	180
Percent Other/Unknown	1%	3%
Informal Complaints	21,197	24,029
Phone/Fax Investigation	17,635	19,459
Percent Phone/Fax Investigation	83%	81%
Inspection	3,344	4,293
Percent Inspection	16%	18%
Other/Unknown ³	218	277
Percent Other/Unknown	1%	1%
Referrals⁴	3,696	4,005
Phone/Fax Investigation	1,252	1,072
Percent Phone/Fax Investigation	34%	27%
Inspection	2,360	2,834
Percent Inspection	64%	71%
Other/Unknown ³	84	99
Percent Other/Unknown	2%	2%
Severe Injury Reports⁵	10,422	10,476
Rapid Response Investigation ⁶	7,159	7,027
Percent Rapid Response Investigation	69%	67%
Inspection	3,155	3,314
Percent Inspection	30%	32%
Other/Unknown ³	108	135
Percent Other/Unknown	1%	1%
Fatalities and Catastrophes⁷	2,831	2,592
Inspection	1,551	1,291
Percent Inspection	55%	50%
Other/Unknown ³	1,280	1,301
Percent Other/Unknown	45%	50%

Source: Occupational Safety and Health Administration. OIS Inspection Reports. FY 2021–FY2022.

¹A formal complaint is a complaint made by a current employee or representative of employees that asserts imminent danger, a violation of the OSH Act or a violation of an OSHA standard, is written or submitted on OSHA's complaint form, and is signed by at least one current employee or employee representative. An informal complaint is any complaint that does not meet the criteria of a formal complaint and does not come from a referral source.

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⁷ OSHA does not investigate every workplace fatality. OSHA requires reporting of deaths attributed to natural causes and workplace violence, and the area director determines whether it should be investigated. OSHA does not require reporting of fatalities due to motor vehicle incidents, unless it occurs in a construction work zone. Additionally, other agencies may perform a fatality investigation.

Inspections and Investigations Under OSHA's Enforcement Weighting System, FY 2016–2019¹

		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 Ergonomics²	Number of Inspections	69	44	19	31	-55%
EU Value: 5	Number of EUs	345	220	95	155	-55%
5a1 Heat²	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 Overexposure²	Number of Inspections	20	5	14	11	-45%
EU Value: 3	Number of EUs	60	15	42	33	-45%
5a1 Workplace Violence²	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.

¹This 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.

²These inspections resulted in either a 5(a)(1) 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 2020–2022^{1,2}				
		FY 2020	FY 2021	FY 2022
Total Inspections		21,674	24,355	31,886
Total Enforcement Units		43,217	48,271	59,686
With Inspections				
Significant Case EU Value: 7	Number of Inspections	1	48	65
	Number of EUs	7	336	455
Process Safety Management EU Value: 5	Number of Inspections	101	108	142
	Number of EUs	505	540	710
Fatality/Catastrophe EU Value: 5	Number of Inspections	1,508	1,411	1,140
	Number of EUs	7,540	7,055	5,700
Falls, Caught in, Struck by, Electrical Hazards³ EU Value: 3	Number of Inspections	6,966	8,082	10,073
	5(a)(1) Citation	334	169	189
	5(a)(1) HAL	116	59	54
	Emphasis Programs	6,516	7,854	9,830
	Number of EUs	20,898	24,246	30,219
National/Regional/Local Emphasis Program EU Value: 2	Number of Inspections	707	622	956
	Number of EUs	1,414	1,244	1,912
5(a)(1) Ergonomics³ EU Value: 2	Number of Inspections	13	14	14
	5(a)(1) Citation	0	0	1
	HAL	13	14	13
	Number of EUs	26	28	28
5(a)(1) Heat³ EU Value: 2	Number of Inspections	29	12	82
	5(a)(1) Citation	4	0	10
	HAL	25	12	72
	Number of EUs	58	24	164
5(a)(1) Non-PEL Overexposure³ EU Value: 2	Number of Inspections	2	1	1
	5(a)(1) Citation	0	0	0
	HAL	2	1	1
	Number of EUs	4	2	2
5(a)(1) Workplace Violence³ EU Value: 2	Number of Inspections	15	14	24
	5(a)(1) Citation	1	2	3
	HAL	14	12	21
	Number of EUs	30	28	48
Federal Agencies EU Value: 2	Number of Inspections	164	177	312
	Number of EUs	328	354	624
Personal Sampling EU Value: 2	Number of Inspections	698	548	747
	Number of EUs	1,396	1,096	1,494
All Other Inspections EU Value: 1	Number of Inspections	11,744	13,318	18,330
	Number of EUs	11,744	13,318	18,330

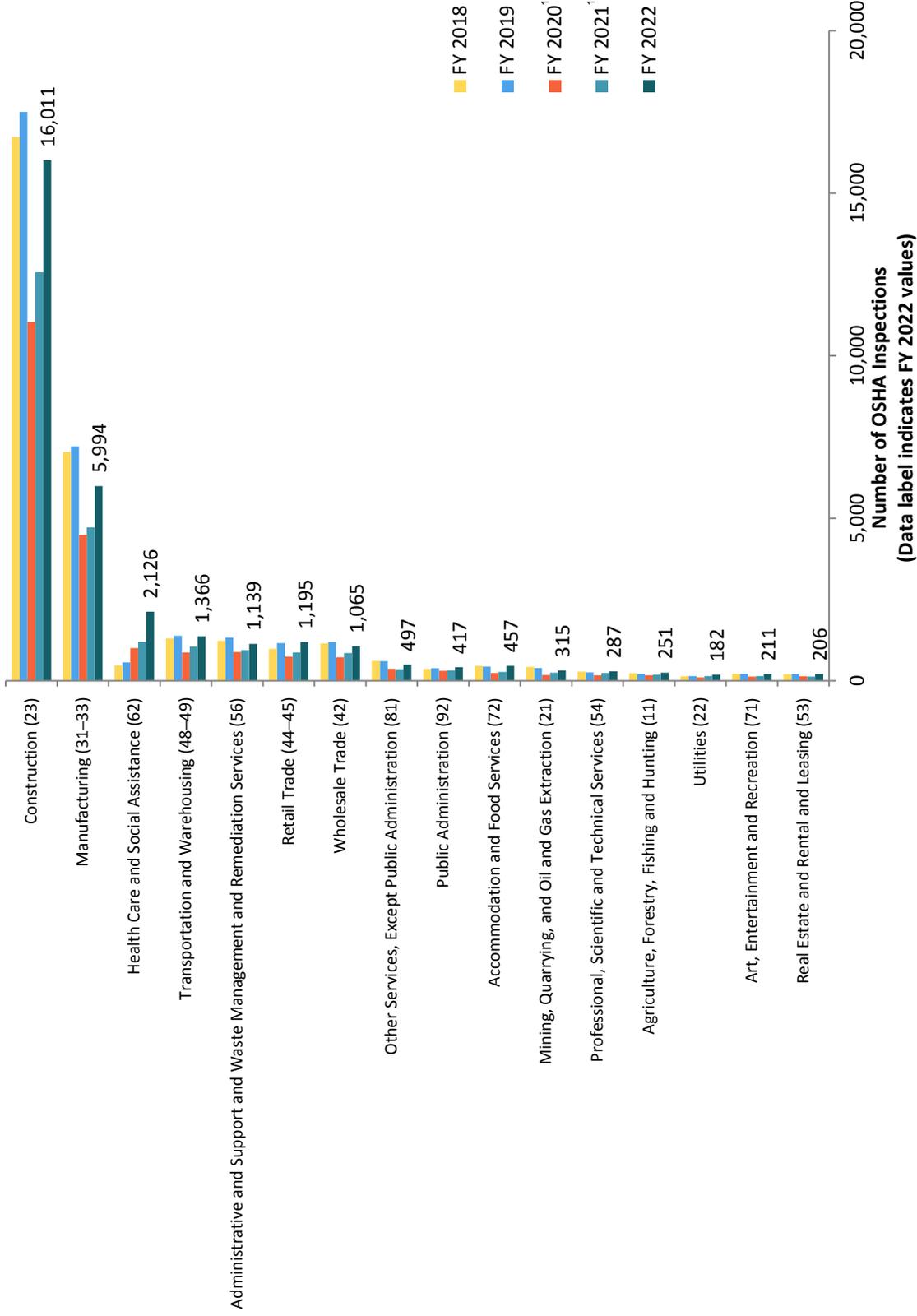
Source: Occupational Safety and Health Administration, OIS Federal Inspection Reports.

¹OSHA 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). The OWS places less emphasis on significant inspections and health inspections. [OSHA.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf](https://www.osha-slc.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf).

²When OSHA revised its weighting system, unprogrammed activity such as phone/fax complaints and rapid response investigations were reclassified into "essential enforcement support functions." OSHA has not reported data under this classification in the OWS.

³Hazard alert letters (HALs) do not result in a citation or penalty.

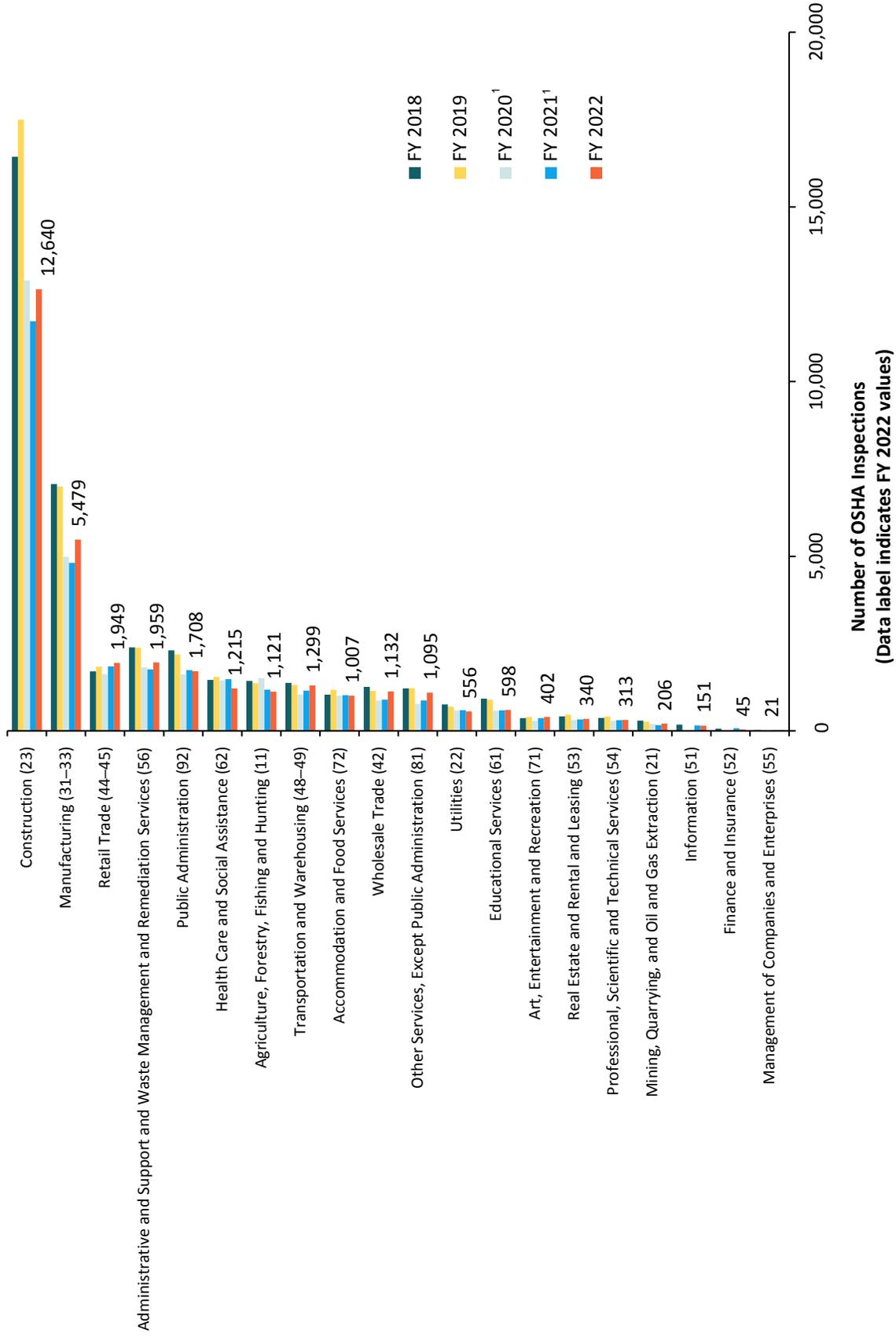
Number of Federal OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2018–2022



Source: OSHA OIS inspection reports, FY 2018–FY 2022. Most recent data received Jan. 13, 2023.

¹Due 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 2018–2022



Sources: OSHA OIS inspection reports, FY 2018–FY 2021. Most recent data received Jan. 12, 2023.

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

Federal OSHA Enforcement Activity Addressing Significant Hazards, FY 2021–2022

	Ergonomics		Heat Illness		Workplace Violence	
	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Inspections	20	37	48	114	33	64
Violations – Total¹	0	2	17	16	3	6
Willful	—	—	1	—	—	—
Repeat	—	—	—	—	—	1
Serious	—	2	16	16	2	5
Unclassified	—	—	—	—	—	—
Other ²	—	—	—	—	1	—
FTA	—	—	—	—	—	—
Penalties – Total (\$)	0	\$16,150	\$203,827	\$142,280	\$27,480	\$63,763
Willful	—	—	\$81,919	—	—	—
Repeat	—	—	—	—	—	\$4,000
Serious	—	\$16,150	\$121,908	\$142,280	\$24,554	\$59,762
Unclassified	—	—	—	—	—	—
Other	—	—	—	—	\$2,926	—
FTA	—	—	—	—	—	—
Average Penalty/Violation (\$)	0	\$8,075	\$11,990	\$8,892.50	\$9,160	\$10,627.17
Willful	—	—	\$81,919	—	—	—
Repeat	—	—	—	—	—	\$4,000
Serious	—	\$8,075	\$7,619	\$8,892.50	\$12,277	\$11,952
Unclassified	—	—	—	—	—	—
Other	—	—	—	—	\$2,926	—
FTA	—	—	—	—	—	—
HALs³	20	35	31	98	30	58

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

¹These hazards do not have comprehensive 6(b) standards and all citations are from 5(a)(1) violations or recordkeeping violations.

²In FY 2021, there was one recordkeeping violation for failure to report a fatality caused by workplace violence resulting in an other-than-serious violation.

³Hazard alert letters (HALs) do not result in a citation or penalty.

Federal OSHA Inspection/Enforcement Activity in Federal Agencies, FY 2020–2022¹

	<u>FY 2020²</u>	<u>FY 2021²</u>	<u>FY 2022</u>
Inspections	502	604	835
Safety	293	325	452
Health	209	279	383
Complaints	128	135	162
Programmed	223	289	406
Public administration	309	281	377
Health care and social assistance	71	99	158
Transportation and warehousing	27	50	40
Other	123	177	260
Average Case Hours/Inspection			
Safety	29.70	28.65	19.82
Health	43.39	36.08	27.37
Violations – Total	847	636	1,039
Willful	4	1	6
Repeat	69	68	68
Serious	577	399	657
Unclassified	0	1	0
Other	197	167	306
FTA	0	0	2
Inspections by Agency			
DHS	52	51	74
CBP	32	24	38
TSA	18	10	8
Other DHS	2	17	28
DOT	24	22	19
FAA	17	19	13
Other DOT	7	3	6
DOC	12	19	10
NOAA	12	17	6
Other DOC	--	2	4
DOD	269	160	248
DOE	10	1	3
DOI	132	68	112
DOJ	37	18	45
HHS	10	12	16
SSA	13	4	14
Treasury	--	6	6
USDA	92	60	67
USPS	2	35	24
VA	107	115	161
Other	21	26	36
Percent Inspections with Citations Contested	1.5%	0.4%	0.7%

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

¹OSHA does not issue monetary penalties to federal agencies.

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

Average Total Penalty Per OSHA Fatality Inspection, FY 2015–2022

Fiscal Year	Number of Fatality Inspections Conducted	Total Current Penalties (\$)	Average Total Penalty Per Inspection (\$)
<u>FY 2015</u>			
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
<u>FY 2016</u>			
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
<u>FY 2017</u>			
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
<u>FY 2018</u>			
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
<u>FY 2019</u>			
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
<u>FY 2020</u>			
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
<u>FY 2021</u>			
Federal States	1,309	19,641,048	15,005
State Plan States	1,249	10,097,596	8,085
Nationwide	2,558	29,738,644	11,626
<u>FY 2022</u>			
Federal States	1,044	21,377,266	20,476
State Plan States	876	9,388,945	10,718
Nationwide	1,920	30,766,211	16,024

Sources: OSHA IMIS Fatality Inspection Reports, FY 2015, and OSHA OIS Fatality Inspection Reports, FY 2015–2022.

Significant OSHA Enforcement Cases Based on Total Penalty Issued, FY 2022¹					
Company Name	State	Inspection Number(s)	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
ALJ Home Improvement Inc. ²	NY	1577114	8/5/22	\$1,343,363	\$1,343,363
Dollar General Corporation dba Dollar General Store #8026, #12586 and #08808 ^{2,3}	GA	1578203 1586442 1585315	8/11/22	\$1,292,783	\$1,292,783
EMR Eastern LLC dba My Auto Store ^{2,3}	NJ	1552263	3/4/22	\$1,245,773	\$1,245,773
Family Dollar Stores Inc./Family Dollar Stores of Ohio LLC/ Family Dollary Operations LLC/Dollar Tree Inc./ Dollar Tree Management LLC/Dollar Tree Stores Inc. ²	OH	1577434 1575351	7/28/22	\$1,233,364	\$1,233,364
DME Construction Associates Inc. ²	NY	1548707	2/16/22	\$1,201,031	\$1,201,031
JDC Demolition Company Inc. ²	NY	1587586	9/23/22	\$1,191,292	\$1,191,292
Charm Builders Ltd. ²	WV	1586528	9/29/22	\$1,090,231	\$1,090,231
Total Safety U.S. Inc. ⁴	CA	1563632	5/5/22	\$988,000	\$988,000
Arrow Plumbing LLC and Rick Smith, individually ²	MO	1557850	4/5/22	\$796,817	\$796,817
The Yenkin-Majestic Paint Corporation dba OPC Polymers ³	OH	1524024	10/6/21	\$709,960	\$709,960
Dolgencorp LLC dba Dollar General Stores #6556, #8083 and #13064 ³	AL	1550619 1550627 1550484	2/23/22	\$683,680	\$512,760
Laurence Maloney dba Atlantic Coast Utilities LLC/Advanced Untilities Inc. and its successors, including, but not limited to, Sterling Excavation LLC and Nuala Nichoncubhar dba Sterling Excavation LLC ³	MA	1547486	2/9/22	\$624,777	\$624,777
Allways Roofing Inc. ⁴	WA	1576733	7/25/22	\$586,281	\$586,281
Fiesta Mart LLC dba Fiesta Mart #40 ^{2,3}	TX	1579395	8/15/22	\$580,108	\$580,108
Regal Industrial Corporation	NJ	1590242	9/26/22	\$573,681	\$573,681

Source: Occupational Safety and Health Administration.

¹Significant cases include total proposed penalties at or greater than \$200,000 when initiated on or before April 13, 2022, or at or greater than \$250,000 when initiated on or after April 14, 2022. This raise was a result of OSHA's new penalty structure issued on Aug. 1, 2016, when the threshold for significant enforcement cases was a total proposed penalty of more than \$100,000. In FY 2022, OSHA brought 94 federal and 18 state significant enforcement cases; there were no significant cases brought against federal agencies, although those carry no penalties.

²This significant case involved an egregious violation.

³dba stands for "doing business as."

⁴This 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	10/29/09	\$81,340,000	\$50,610,000
	308314640			\$14,567,000
BP Products North America	308314640	9/21/05	\$21,361,500	\$205,000
	308314988			(Formal settlements)
IMC Fertilizer/Angus Chemical	107607863	10/31/91	\$11,550,000	\$10,000,000
	107607871			
Imperial Sugar	310988712	7/25/08	\$8,777,500	\$6,050,000
	311522858			(Formal settlement)
O&G Industries Inc.	109179937	8/3/10	\$8,347,000	\$1,000,000
	314295460			(Formal settlement)
Samsung Guam Inc.	107329740	9/21/95	\$8,260,000	\$1,829,000
	106196801			(Formal settlement)
CITGO Petroleum	110416880	8/29/91	\$8,155,000	\$5,800,000
	109061648			
Dayton Tire		4/18/94	\$7,490,000	
USX (aka U.S. Steel Corp.)	100504950	10/26/89 11/2/89	\$7,275,300	\$3,268,845
	018252858			(Formal settlement)
	102873288			
Keystone Construction Maintenance	109179952	8/3/10	\$6,623,000	\$250,000*
	314295445			(Formal settlement)
Phillips 66/Fish Engineering	106612443	4/19/90	\$6,395,200	\$410,000
	107365751			(Formal settlement)
Hercules Inc.	108662420	9/8/93	\$6,328,000	\$100,000
	100490705			(ALJ decision)
Arcadian	102281292	1/27/93	\$5,085,000	
	102281128			
E. Smalis Painting	108753690	6/31/94	\$5,008,500	\$1,092,750
				(OSHRC decision)
John Morrell	101456325	10/28/88	\$4,330,000	\$990,000
				(Formal settlement)
Bath Iron Works	101450336	11/4/87	\$4,175,940	\$650,000
	101450294			(Formal settlement)
Fraser Paper	102749868	9/17/91	\$3,982,500	\$1,286,233
	102750395			(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
Decoster Egg Farms (aka Maine Contract Farming LLC)	122375512	7/12/96	\$3,555,500	\$1,887,500 (Formal settlement)
Arco Chemical Co.	110318540	1/3/99	\$3,481,300	\$3,481,300
Sunfield Inc.	1117773 1128049	6/29/16	\$3,426,900	\$2,497,200 (Formal settlement)
The Budd Company	18252510	12/12/89	\$3,345,600	\$1,528,000 (Formal settlement)
McCroxy Stores	113919278	11/7/91	\$3,188,000	\$500,000 (ALJ decision)
IBP	100059591	5/11/98	\$3,133,100	\$532,030 (OSHRC decision)
BP North America Inc. and BP Husky Refining LLC	311611081	3/8/10	\$3,042,000	\$3,042,000
Shell Oil Chemical Co.	103342093	11/22/94	\$3,017,000	\$3,017,000
Union Carbide	110398310	9/12/91	\$2,803,500	\$1,496,500 (Formal settlement)
Ajin USA Alliance Total Solutions LLC Joynus Staffing Group	1156866 1165706 1165707	12/12/16	\$2,565,621	Violations under contest
Dover Greens LLC (dba as Olivet Management LLC)	945519	3/31/14	\$2,359,000	\$700,000 (Formal settlement)
Republic Steel	942971 942968	3/31/14	\$2,086,000	\$240,614
Gebbers Farms Operations LP	148209	12/18/20	\$2,038,200	\$10,000 (Formal settlement)

Source: Occupational Safety and Health Administration.

¹Penalty amount paid information comes from March 26, 2012, posting by Celeste Monforton on the Pump Handle blog at Scienceblogs.com/theumphandle/2012/03/26/federal-osh-penalties-101-a-l/ and from 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.

7.9 Million State and Local Employees Lacked OSHA Coverage in 2021



¹Effective Aug. 18, 2022, federal OSHA granted the state OSHA plan initial approval to be responsible for protecting state and local government workers.

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

Prepared by the AFL-CIO

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 24 other statutes, ranging from the Federal Rail Safety Act to the Sarbanes–Oxley finance law.⁸⁰ Many of these statutes deal with safety and health matters, but others do not.

The total number of cases, under all statutes, received by OSHA’s whistleblower program for FY 2021 decreased from FY 2020; the number of cases completed by the agency was similar to FY 2020. In FY 2022, OSHA received a total of 2,755 cases and completed 2,895 cases under all federal statutes. This compares with FY 2021, when the agency received 2,556 cases and completed 3,099 cases and FY 2020, when the agency received 3,448 cases—a large increase in the first year of the COVID-19 pandemic—and completed 3,122 cases. The cases completed include cases from other fiscal years; not all cases received are completed in the same fiscal year. In FY 2022, 77% of the federal cases received (2,135 out of 2,755) were federal 11(c) complaints under the OSH Act. Workers also filed a large number of whistleblower cases under the Surface Transportation Assistance Act (202), the Federal Railroad Safety Act (108), the Sarbanes–Oxley Act (78), the FDA Food Safety Modernization Act (60) and the Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (59).⁸¹

The backlog in whistleblower cases has grown over the years and continues to be a serious problem. Adequate funding for OSHA’s whistleblower program remains a serious concern.⁸² 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 for wearing their own PPE when their employer did not provide it. 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 only received a 9% funding increase since FY 2021 to carry out this additional responsibility and 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 separate Directorate of Whistleblower Protection Programs at OSHA (previously, the program had been part of OSHA’s enforcement directorate), and 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

⁸⁰ See [Whistleblowers.gov/sites/wb/files/2021-06/Whistleblower_Statutes_Summary_Chart_FINAL_6-7-21.pdf](https://www.whistleblowers.gov/sites/wb/files/2021-06/Whistleblower_Statutes_Summary_Chart_FINAL_6-7-21.pdf).

⁸¹ Occupational Safety and Health Administration. Whistleblower Investigation Data, Report Period: Oct. 1, 2020, to Sept. 30, 2021.

⁸² Berkowitz, D., and S. Thompson. “OSHA Must Protect COVID Whistleblowers Who File Retaliation Complaints.” National Employment Law Project. Oct. 8, 2020. Available at [NELP.org/publication/osha-failed-protect-whistleblowers-filed-covid-retaliation-complaints/](https://nelp.org/publication/osha-failed-protect-whistleblowers-filed-covid-retaliation-complaints/).

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. 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, and held annual, generic stakeholder listening sessions instead.

The Biden administration has emphasized a prioritization of vulnerable workers, equity issues and worker empowerment. It has continued the annual public whistleblower stakeholder meeting and announced hazard-specific public whistleblower stakeholder meetings on COVID-19 and heat, but it remains to be seen whether the formal advisory committee will be reinstated. On Feb. 17, 2023, OSHA started a pilot program to attempt to streamline the complaint intake triage process under all statutes.⁸³

The considerable amount of time it takes 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 their own. During this time, workers are in limbo, with no recourse or redress for discriminatory actions. Other whistleblower statutes provide these rights.

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 the 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 to 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

⁸³ U.S. Department of Labor. Whistleblower Complaint Intake Pilot. Directive 23–01 (CPL 02). Available at [OSHA.gov/sites/default/files/enforcement/directives/CPL_23-01-CPL_02.pdf](https://www.osha-slc.gov/sites/default/files/enforcement/directives/CPL_23-01-CPL_02.pdf).

remedy while final action on their cases are pending. These deficiencies in the whistleblower program can only be remedied through legislative improvements in the OSH Act.

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 Railroad 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, OSHA issued a policy memorandum in March 2012 to provide guidance to the field.⁸⁴ 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 October 2018, OSHA issued an enforcement memo that limited the scope of anti-retaliation protections when employers report injuries, as they apply to workplace safety incentive programs and post-incident drug testing. In doing so, the burden was placed on workers to demonstrate actual retaliation in individual cases, rather than creating a presumption that certain types of programs were impermissible.⁸⁵ This policy interpretation greatly limits the utility of the anti-retaliation provisions in prohibiting policies and practices that discourage the reporting of injuries.

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

⁸⁴ 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/laws-regs/standardinterpretations/2012-03-12-0](https://www.osha-slc.gov/laws-regs/standardinterpretations/2012-03-12-0).

⁸⁵ 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](https://www.osha-slc.gov/laws-regs/standardinterpretations/2018-10-11).

Disposition of Federal OSHA 11(c) Whistleblower Complaints, FY 2010–2022

Fiscal Year	Cases Received	Cases Completed ¹	Complaint Determinations						Total Determinations
			Total Merit	Merit	Settled	Settled Other	Dismissed	Withdrawn	
2010	1,402	1,144	334	24	244	66	672	177	1,183
2011	1,668	1,234	411	23	314	74	694	177	1,282
2012	1,745	1,653	400	18	294	88	977	340	1,717
2013	1,708	1,827	611	41	369	201	921	415	1,947
2014	1,751	1,794	483	13	309	161	957	426	1,866
2015	2,031	1,952	560	18	362	180	962	459	1,975
2016	2,030	2,035	581	29	342	210	1,043	472	2,096
2017	1,932	1,876	538	15	303	220	877	502	1,917
2018	1,870	1,740	510	20	269	221	870	377	1,757
2019	2,084	2,001	559	14	272	273	1,067	392	2,018
2020	2,539	2,082	644	20	344	280	1,082	411	2,137
2021	1,891	2,225	619	21	286	312	1,240	404	2,263
2022	2,135	2,091	527	17	282	228	1,160	404	2,091

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

¹Cases completed include cases received and backlog cases.

Disposition of OSHA State Plan 11(c) Whistleblower Complaints, FY 2010–2022

Fiscal Year	Cases Received	Cases Completed ¹	Complaint Determinations						Total Determinations
			Total Merit	Merit Finding	Settled	Settled Other	Dismissed	Withdrawn	
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	1,346
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
2021	1,496	2,200	349	59	95	195	818	317	1,484
2022	1,540	1,395	357	50	88	219	799	264	1,420

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

¹Cases completed include cases received and backlog cases.

JOB SAFETY BUDGET AND RESOURCES

Appropriations

In February 2023, Congress passed omnibus legislation that appropriated OSHA a budget of \$632 million for FY 2023, a 3.3% increase from the previous year, but lower than the rate of inflation. This included slight increases for all agency sections, except for state compliance assistance. It also included a \$1 million increase for the worker training grant program that had been flat funded since FY 2020. Under OSHA’s current budget, the agency has enough to spend \$3.99 to protect each worker it is supposed to cover. In addition, through the American Relief Plan, Congress appropriated OSHA \$100 million for pandemic-related worker protection activities that must be used by the end of FY 2023. Of these funds, \$10 million must be used for training grants, and not less than \$5 million for COVID-19 enforcement.

The Biden administration has requested a 16.8% increase in OSHA funding for FY 2024, including a 49% increase for standards development and \$1 million more for the worker training grant program.

Congress appropriated \$388 million for MSHA in FY 2023 and the Biden administration requested a 13% budget increase for the mining agency in FY 2024. In FY 2020, the budget reorganized MSHA enforcement to combine the coal mine enforcement and metal and nonmetal enforcement into one program. In FY 2023, the agency was allocated \$265.8 million for total mine enforcement. 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, specifically.

The National Institute for Occupational Safety and Health (NIOSH), the occupational safety and health research agency created in tandem with OSHA under the OSH Act, was appropriated \$362.8 million for FY 2023, a 3% increase from the previous year.

OSHA Compliance Staffing

There are currently a total of 1,871 federal and state OSHA inspectors responsible for enforcing the safety and health law at more than 10.9 million workplaces, compared with 1,719 in 2021 and 1,798 in 2020.⁸⁶

The number of federal OSHA compliance inspectors declined significantly during the Trump administration, and in 2019 reached 746 inspectors—its lowest level since the early 1970s, when the agency opened. As of December 2022, federal OSHA had 900 inspectors (excluding supervisors), a significant increase from 755 in 2021. The increase is due to reinvestment of the agency in hiring new staff; however, it takes additional time and resources to train new inspectors to conduct inspections on their own. Rebuilding of staff is required due to a

⁸⁶ This reflects the number of federal inspectors plus the number of inspectors “on board” reflected in the FY 2022 state plan grant applications. It does not include compliance supervisors.

combination of factors, including a federal hiring freeze imposed during the first year of the Trump administration, attrition and retirements, especially during the COVID-19 pandemic, years of a stagnant budget, and the time required to hire new experienced inspectors.

State OSHA plans have 971 inspectors, a slight increase from the 964 inspectors in 2021, but lower than the 1,024 inspectors in 2020.

The current level of federal and state OSHA inspectors provides one inspector for every 77,334 workers, compared with the benchmark of one labor inspector for every 10,000 workers recommended by the International Labor Organization for industrialized countries.⁸⁷ In 12 states, the ratio of inspectors to employees is greater than one per 100,000 workers, with Arizona having the highest ratio at one inspector per 195,677 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 2023, there are 2,069 federal OSHA staff responsible for the safety and health of 158 million workers at more than 10.9 million workplaces.

At the peak of federal OSHA staffing in 1980, there were 2,951 total staff and 1,469 federal OSHA inspectors (including supervisors). The ratio of OSHA inspectors per 1 million workers was 14.8. But now, there are only 1,050 federal OSHA inspectors (including supervisors), or 6.6 inspectors per 1 million workers. This is the first year OSHA has had more than 1,000 inspectors (including supervisors) since 2012.

OSHA Voluntary Programs

Voluntary programs have always been part of OSHA's compliance assistance model, but the emphasis placed on voluntary initiatives has varied under different administrations. The Biden administration has prioritized strong workplace safety enforcement, introducing national emphasis programs and enforcement guidances with voluntary programs supplementing enforcement efforts. This is a shift from the Trump administration, which placed a greater emphasis on voluntary programs while maintaining OSHA's enforcement program. However, the agency has consistently spent more than 10 times the amount of money on employer compliance assistance than it has on worker training.

The major voluntary programs conducted by OSHA are the Voluntary Protection Program (VPP), 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. On Feb. 16, 2023, OSHA announced its intention to modernize VPP requirements, as much has been learned about safety and health management since the program was last updated

⁸⁷ 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.

in 1989.⁸⁸ The agency has asked for public comment on a series of questions related to VPP.⁸⁹ Alliances can be made at the national, regional or state level, with more than 1,000 alliances having been created. Currently, OSHA has 38 national and many more regional/area alliances with areas of emphasis including agricultural operations, Asian American/Pacific Islander workers, construction, ergonomics, general industry, hazard communication, health care, Hispanic/Latino workers, immigrant workers and employers, maritime industry, oil and gas extraction, small business, temporary workers, transportation, trenching and excavation, and youth workers.⁹⁰ In the midst of the pandemic, where meatpacking employers were not instituting key measures to keep workers safe and OSHA was not enforcing in this industry, on June 28, 2020, federal OSHA created a two-year alliance with the North American Meat Institute, a meatpacking industry trade association.⁹¹ This alliance is still listed on the agency's website.

⁸⁸ See [OSHA.gov/vppmodernization](https://www.osha.gov/vppmodernization).

⁸⁹ Occupational Safety and Health Administration. "US Department of Labor Seeking Public Comments on Modernizing Program That Recognizes Employers Committed to Best Safety, Health Practices" (press release). Feb. 16, 2023. Available at [OSHA.gov/news/newsreleases/national/02162023](https://www.osha.gov/news/newsreleases/national/02162023).

⁹⁰ See [OSHA.gov/alliances](https://www.osha.gov/alliances).

⁹¹ See [OSHA.gov/alliances/nami/nami](https://www.osha.gov/alliances/nami/nami).

Job Safety and Health Appropriations FY 2013–2024

CATEGORY	FY 2013 ²	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020 ⁴	FY 2021 ⁵	FY 2022 ⁵	FY 2023 ⁵	FY 2024 requested ⁶
OSHA (in thousands of dollars)												
TOTAL	535,246	552,247	552,787	552,787	552,787	552,787	557,787	581,787	591,787	612,015	632,309	738,668
Safety and Health Standards	18,918	20,000	20,000	20,000	18,000	18,000	18,000	18,000	18,000	19,500	21,000	31,214
Federal Enforcement	207,928	207,785	208,000	208,000	208,000	208,000	209,000	221,711	228,711	236,000	243,000	286,429
Whistleblower Protection	15,043	17,000	17,500	17,500	17,500	17,500	17,500	18,564	19,064	21,500	22,500	29,158
State Enforcement	98,746	100,000	100,850	100,850	100,850	100,850	102,350	108,575	110,075	113,000	120,000	127,115
Technical Support	24,344	24,344	24,469	24,469	24,469	24,469	24,469	24,469	24,469	25,675	26,000	30,623
Federal Compliance Assistance	61,444	69,433	68,433	68,433	70,981	70,981	73,981	74,481	75,231	77,262	78,262	101,073
State Compliance Assistance	54,862	57,775	57,775	57,775	59,500	59,500	59,500	61,500	61,500	63,160	63,160	64,160
Training Grants	10,149	10,687	10,537	10,537	10,537	10,537	10,537	11,537	11,787	11,787	12,787	13,787
Safety and Health Statistics	32,922	34,250	34,250	34,250	32,900	32,900	32,900	32,900	32,900	34,500	35,500	43,896
Executive Administration	10,890	10,973	10,973	10,973	10,050	10,050	10,050	10,050	10,050	9,631	10,100	11,213
MSHA (in thousands of dollars)												
TOTAL	353,768	375,887	375,887	375,887	373,816	373,816	373,816	379,816	379,816	383,816	387,816	438,094
Coal Enforcement	158,713	167,859	167,859	167,859	160,000	160,000	160,000	258,913	260,500	264,500	265,774	301,528
Metal/Nonmetal Enforcement	86,121	91,697	91,697	91,697	94,500	94,500	94,500	5,382	4,500	4,500	5,000	5,583
Standards Development	4,547	5,416	5,416	5,416	4,500	4,500	4,500	7,445	7,445	6,627	7,191	9,093
Assessments	7,036	6,976	6,976	6,976	6,627	6,627	6,627	39,320	39,320	39,320	39,820	43,642
Education Policy and Development	31,898	36,320	36,320	36,320	35,041	35,041	35,041	34,079	35,041	35,041	36,041	39,755
Technical Support	32,050	33,791	33,791	33,791	15,838	15,838	15,838	16,355	16,355	15,838	16,000	—
Program Administration	15,974	15,838	15,838	15,838	17,990	17,990	17,990	19,083	19,083	17,990	17,990	38,493
Program Eval. and Info Resources	17,429	17,990	17,990	17,990								
NIOSH (in thousands of dollars)												
TOTAL¹	292,588	332,363³	334,863	339,121	335,200	335,200	336,300	342,800	345,300	351,800	362,800	362,800

Sources: Budget of the U.S. Government, FY 2013–2024, and U.S. Department of Labor Congressional Budget Justification, FY 2013–2023.

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

²The FY 2013 funding levels reflect the budget cuts mandated by the budget sequester.

³In FY 2014 and subsequent years, administrative costs previously allocated to the CDC budget were transferred to the NIOSH budget.

⁴Beginning in FY 2020, the MSHA Coal Enforcement and Metal/Nonmetal Enforcement programs were combined into one Mine Safety and Health Enforcement program.

⁵The funding levels do not include additionally appropriated COVID-19 funds to the Department of Labor for FY 2021 through FY 2023 through the American Relief Plan, passed on March 10, 2021. Additional funds included \$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.

⁶It was proposed in the FY 2024 presidential budget request to combine MSHA's program administration with program evaluation and information.

**Funding for OSHA Worker Safety Training Programs vs.
Employer Compliance Assistance Programs, FY 2006–2024
(\$ in thousands)**

Fiscal Year	Worker Safety and Health Training	Employer Compliance Assistance (Federal and State)
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
FY 2022 Request ²	\$13,787	\$149,675
FY 2022 Enacted ²	\$11,787	\$136,731
FY 2023 Request ²	\$13,787	\$155,108
FY 2023 Enacted ²	\$12,787	\$141,422
FY 2024 Request	\$13,787	\$165,233

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

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

²The funding levels do not include additionally appropriated COVID-19 funds to the Department of Labor for FY 2021 through FY 2023 through the American Relief Plan, passed on March 10, 2021. Additional funds included \$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.

Federal OSHA Budget and Personnel FY 1980–2023

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
2022	612,015,000	1,959
2023	632,309,000	2,069

Source: Occupational Safety and Health Administration.

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

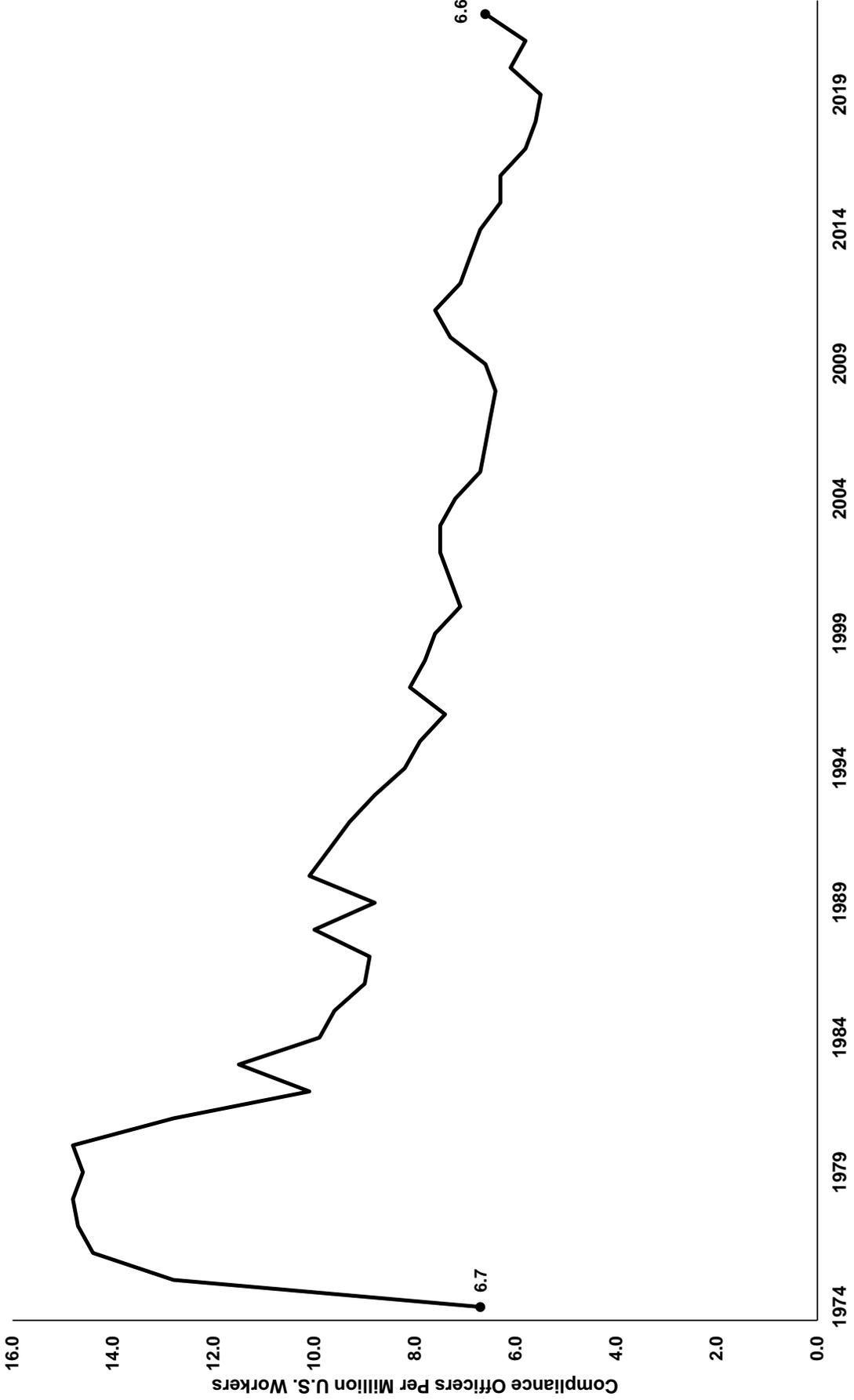
Federal OSHA Safety and Health Compliance Staffing, 1975–2022

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
2021	886	152,581	5.8
2022	1,050	158,291	6.6

¹Compliance 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 2022 from OSHA Directorate of Enforcement Programs. Compliance officer totals include safety and industrial hygiene (health) officers and supervisory safety and industrial hygiene officers.

²Employment 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, 1974–2022¹



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

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

Number of OSHA Inspectors by State Compared with ILO Benchmark Number of Labor Inspectors¹

State	Number of Employees ¹	Actual Number of OSHA Inspectors ^{2,3}		Number of Labor Inspectors Needed to Meet ILO Benchmark ⁴	Ratio of OSHA Inspectors/Number of Employees
		Federal	State		
Alabama	1,965,189	27	0	197	1/72,785
Alaska	305,145	2	8	31	1/30,515
Arizona	2,935,150	3	12	294	1/195,677
Arkansas	1,203,304	10	0	120	1/120,330
California	16,974,870	8	185	1,697	1/87,953
Colorado	2,699,891	30	0	270	1/89,996
Connecticut	1,591,093	14	5	159	1/83,742
Delaware	441,668	5	0	44	1/88,334
Florida	8,859,821	68	0	886	1/130,291
Georgia	4,475,118	48	0	448	1/93,232
Hawaii	588,086	4	10	59	1/42,006
Idaho	790,424	7	0	79	1/112,918
Illinois	5,694,355	72	11	569	1/68,607
Indiana	3,010,658	1	36	301	1/81,369
Iowa	1,505,989	0	24	151	1/62,750
Kansas	1,353,532	16	0	135	1/84,596
Kentucky	1,857,636	0	25	186	1/74,305
Louisiana	1,816,296	10	0	182	1/181,630
Maine	610,111	9	2	61	1/55,465
Maryland	2,581,194	6	38	258	1/58,664
Massachusetts	3,456,005	46	0	346	1/75,131

Number of OSHA Inspectors by State Compared with ILO Benchmark Number of Labor Inspectors¹

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	4,132,277	2	61	413	1/65,592
Minnesota	2,774,861	0	42	277	1/66,068
Mississippi	1,117,423	9	0	112	1/124,158
Missouri	2,741,069	26	0	274	1/105,426
Montana	478,523	7	0	48	1/68,360
Nebraska	965,748	11	0	97	1/87,795
Nevada	1,357,630	2	39	136	1/33,113
New Hampshire	649,187	11	0	65	1/59,017
New Jersey	3,926,845	44	12	393	1/70,122
New Mexico	796,691	0	11	80	1/72,426
New York	8,817,105	66	27	882	1/94,808
North Carolina	4,509,160	2	77	451	1/57,078
North Dakota	400,472	7	0	40	1/57,210
Ohio	5,246,891	61	0	525	1/86,015
Oklahoma	1,571,737	14	0	157	1/112,267
Oregon	1,881,040	5	67	188	1/26,126
Pennsylvania	5,650,325	68	0	565	1/83,093
Rhode Island	463,776	10	0	46	1/46,378
South Carolina	2,093,950	1	17	209	1/116,331
South Dakota	430,806	6	0	43	1/71,801
Tennessee	3,016,458	3	36	302	1/77,345

Number of OSHA Inspectors by State Compared with ILO Benchmark Number of Labor Inspectors¹

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		
Texas	12,526,069	103	0	1,253	1/121,612
Utah	1,583,748	0	15	158	1/105,583
Vermont	291,663	0	6	29	1/48,611
Virginia	3,838,861	3	44	384	1/81,678
Washington	3,352,607	3	121	335	1/27,037
West Virginia	657,806	6	0	66	1/109,634
Wisconsin	2,800,269	38	0	280	1/73,691
Wyoming	265,714	0	7	27	1/37,959
Totals⁵	144,691,437	1,871⁶		14,469	1/77,334

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

²Includes 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, CSO Count By State as of December 2022. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2022 State Plan Grant Applications as of July 1, 2022. 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.

³Under the OSHA 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.

⁴The 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.

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

⁶Total number of inspectors includes 900 federal OSHA inspectors and 971 state OSHA inspectors, including one inspector in the Virgin Islands and 37 in Puerto Rico.

**Number of U.S. Establishments and Employees Covered
Per OSHA Full-Time Equivalent (FTE) Staff, 1980–2021**

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	1,911	77,095	5,320
2020	139,103,773	10,487,687	1,884	73,834	5,567
2021	143,780,068	10,909,076	1,853	77,593	5,887

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

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

COVID-19 PANDEMIC AND WORKPLACE INFECTIOUS DISEASE EXPOSURES

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has wreaked havoc on workers. Three years into the pandemic, COVID-19 remains a significant occupational exposure for many workers in certain settings. Working-age adults have been hit the hardest, particularly those in settings with individuals known to be infected (e.g., health care), indoor environments, poorly ventilated spaces and crowded conditions.

Since March 2020, there have been more than 760 million cases and nearly 7 million deaths, including more than 104 million cases and more than 1.1 million deaths in the United States alone.^{92,93} These infections and deaths have been disproportionately borne by people of color and those in low-wage jobs that were deemed essential in the early days of the pandemic. Many of these workers also are impacted by co-morbidities.

The toll of COVID-19 deaths, hospitalizations and cases are a massive undercount of the true toll of workers affected by COVID-19 exposures. For health care workers, especially those in high-risk settings, the risk of COVID-19 infection and death at work is not subsiding. Throughout the pandemic, more than 1.5 million nursing home workers have been infected with COVID-19 and 3,009 nursing home workers have died. In recent months, December 2022–February 2023, 220 nursing home workers died from COVID-19, approximately 18 nursing home workers every week. When comparing nursing home worker COVID-19 fatalities with COVID-19 fatalities among working-age adults (18–64 years of age) in February 2023, nursing home workers accounted for 6.7% of all the COVID-19 fatalities within this age range (71 out of 1,062). These data do not include other health care worker fatalities, as there is no required reporting for other health care workers.

Major studies examining infections and deaths among nonhealth care workers were few early on in the pandemic.^{94,95, 96} One recent study estimated the risk of having a diagnosis of COVID-19 by workers' industry and occupation based on the 2020–2021 National Health Interview Survey. While those in health care and social assistance had elevated risks of COVID-19, workers in manufacturing, food preparation, sales and other industries and occupations were also at elevated risk and, importantly, COVID-19 prevalence increased with each additional worker in the household. The authors concluded that stronger workplace protections, paid sick leave and better

⁹² World Health Organization. WHO Coronavirus (COVID-19) Dashboard. Accessed on April 19, 2023. Available at COVID19.WHO.int/.

⁹³ Centers for Disease Control and Prevention. COVID Data Tracker. Accessed on April 19, 2023. Available at COVID.CDC.gov/covid-data-tracker/#datatracker-home.

⁹⁴ 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.

⁹⁵ Hawkins D., L. Davis and D. Kreibel. "COVID-19 Deaths by Occupation, Massachusetts, March 1–July 31, 2020." *American Journal of Industrial Medicine*. Feb. 1, 2021. Available at [10.1002/ajim.23227](https://doi.org/10.1002/ajim.23227).

⁹⁶ Washington State Department of Health and Washington State Department of Labor and Industries. "COVID-19 Confirmed Cases by Industry Sector." Nov. 24, 2021. Available at DOH.WA.gov/sites/default/files/2022-02/IndustrySectorReport.pdf?uid=625caa4b841e8.

health care access could mitigate working families' risks from COVID-19 and future pandemics.⁹⁷

Before the pandemic, Latino and Black workers faced an increased risk of dying on the job, which is described in other sections of this report. Latino, Black and immigrant workers have been and continue to be disproportionately impacted by the pandemic.^{98,99} Workers of color are disproportionately employed in occupations where large outbreaks have occurred, including meatpacking, food processing, agriculture and transit, and they are especially vulnerable when raising job safety concerns. Workplace outbreaks not only severely affect the workers on site, but increase the risk for their families and communities. At the peak of the recent Omicron surge, the COVID-19 death rate among working-age Black and Latino people was more than 1.5 times to 2.0 times the death rate among White people.¹⁰⁰

Throughout the pandemic, there has been a scattered patchwork of mitigation measures to prevent exposures and infections, but this approach has not been effective in protecting people at work, where employers are responsible for protecting workers from occupational exposures.

The failure of governments and the corporate infectious disease community to recognize that SARS-CoV-2 spreads not just through large droplets and small droplets, but primarily through tiny, aerosolized particles through the air, has played a significant role in the protections workers have not been provided throughout the pandemic. Improved ventilation and other measures continue to be a key focus to ensure all workers have clean air to breathe. Those at highest risk, particularly in health care settings, continue to need strong respiratory protection, such as N-95s, and other screening and isolation measures. Other modes of transmission require different control measures. Surface cleaning measures are useful to protect against contact transmission and some other personal protective equipment, like face shields, face coverings and gowns are useful to protect against larger “droplet” splashes.

⁹⁷ Gaffney, A., D. Himmelstein, D. McCormick, et al. “COVID-19 Risk by Workers’ Occupation and Industry in the United States, 2020–2021.” *American Journal of Public Health*. Published online ahead of print April 13, 2023:e1–e10. Available at [DOI.org/10.2105/AJPH.2023.307249](https://doi.org/10.2105/AJPH.2023.307249).

⁹⁸ 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.” *CDC Morbidity and Mortality Weekly Report*. April 16, 2021;70:560–565. Available at dx.doi.org/10.15585/mmwr.mm7015e2.

⁹⁹ Smith A.R., J. DeVies, E. Caruso, et al. “Emergency Department Visits for COVID-19 by Race and Ethnicity — 13 States, October–December 2020.” *CDC Morbidity and Mortality Weekly Report*. April 16, 2021;70:566–569. Available at dx.doi.org/10.15585/mmwr.mm7015e3.

¹⁰⁰ CDC COVID Data Tracker. “COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex.” Accessed April 9, 2022. Available at COVID.CDC.gov/covid-data-tracker/#demographicsovertime.

The evidence of aerosol transmission causing COVID-19 disease is now overwhelming, with consensus in the scientific and public health communities.^{101,102,103,104} It also has been recognized at the highest levels of our national government, with the White House’s Office of Science and Technology Policy concluding the “...most common way COVID-19 is transmitted from one person to another is through tiny airborne particles of the virus...”¹⁰⁵

Experience with several major infectious disease outbreaks in the last decade (COVID-19, H1N1 and Ebola) has 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, influenza and coronaviruses.^{106,107} Previous efforts by OSHA to strengthen specific 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.¹⁰⁸ 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 Biden administration reinstated the Notice of Proposed Rulemaking to the regulatory agenda, and it is currently listed to be published September 2023. The completion of this standard also would ensure employers are better prepared for pandemic, and could provide the essential, comprehensive framework needed for infectious disease workplace prevention plans.

¹⁰¹ Jimenez, J., L. Marr, K. Randall, et al. “What Were the Historical Reasons for the Resistance to Recognizing Airborne Transmission During the COVID-19 Pandemic?” *Indoor Air*. Aug. 11, 2021. Available at [ssrn.com/abstract=3904176](https://www.ssrn.com/abstract=3904176).

¹⁰² Tang, J.W., R. Tellier and Y. Li. “Hypothesis: All Respiratory Viruses (Including SARS-CoV-2) are Aerosol Transmitted.” *Indoor Air*. January 2022. Available at <https://pubmed.ncbi.nlm.nih.gov/35104003/>.

¹⁰³ Wang, C.C., K.A. Prather, J. Sznitman, et al. “Airborne Transmission of Respiratory Viruses.” *Science* Vol. 373, No. 6558. Aug. 27, 2021. Available at [Science.org/doi/10.1126/science.abd9149](https://doi.org/10.1126/science.abd9149).

¹⁰⁴ Peng, Z., A.L. Pineda Rojas, E. Kropff, et al. “Practical Indicators for Risk of Airborne Transmission in Shared Indoor Environments and Their Application to COVID-19 Outbreaks.” *Environmental Science & Technology*. Jan. 5, 2022. Available at <https://pubs.acs.org/doi/10.1021/acs.est.1c06531>.

¹⁰⁵ Nelson, Alondra. “Let’s Clear The Air On COVID.” Office of Science and Technology Policy blog, March 23, 2022. Available at [WhiteHouse.gov/ostp/news-updates/2022/03/23/lets-clear-the-air-on-covid/](https://www.whitehouse.gov/ostp/news-updates/2022/03/23/lets-clear-the-air-on-covid/).

¹⁰⁶ 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, utilize engineering controls and appropriate personal protective equipment, provide training for workers, and develop and implement isolation plans for identified or suspected cases.

¹⁰⁷ In April 2021, the New York state legislature passed the NY HERO Act, which requires private sector employers to have airborne infectious disease exposure prevention plans, but only when the New York commissioner of health declares an emergency.

¹⁰⁸ Occupational Safety and Health Administration. “Infectious Diseases Rulemaking” (website). Accessed April 22, 2023. Available at [OSHA.gov/infectious-diseases/rulemaking](https://www.osha.gov/infectious-diseases/rulemaking).

COVID-19 Workplace Data and Surveillance

Except for in Centers for Medicare & Medicaid Services (CMS)-covered nursing homes over the past years (for residents and staff), there has been no mandatory reporting of COVID-19 infections and deaths throughout most of the pandemic. In previous editions of this report, we have reviewed some counting of workers in certain industries, such as health care, meatpacking and transit, but many of those data systems were incomplete or have not been updated or continued and are not accurate.

In early August 2020, the 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. This emergency rule was made permanent by the state on Dec. 18, 2020, and effective on Jan. 26, 2021.^{109,110} Yet as of Nov. 11, 2022, New Mexico no longer requires employers to report all cases of COVID-19-positive employees to the New Mexico Environment Department. The reporting rule is still in place, but it is the intent of the Environment Department to petition the Environmental Improvement Board to rescind the COVID-19 Reporting Rule.¹¹¹

OSHA has required employers in health care to report hospitalizations and deaths—and since June 2021, under the COVID-19 emergency temporary standard (ETS) for health care, required employers to keep a COVID-19 log of infections at the workplace. However, employers had not been required to report infections, hospitalizations and deaths in real time. With this information, workplace outbreaks and high-risk industries and occupations could have been more timely and accurately identified and targeted for interventions. Despite the massive toll of COVID-19 on working people and the critical role of workplace exposures, the Bureau of Labor Statistics (BLS) did not create a plan for counting and reporting workplace COVID-19 fatalities.¹¹²

COVID-19 Federal Guidance and the Public Health Emergency

The U.S. government has relied heavily on issuing guidelines throughout the pandemic, primarily through the Centers for Disease Control and Prevention. Guidelines are voluntary and have no legal force.

Throughout the pandemic, the CDC has issued hundreds of various guideline documents based on topic and industry that change frequently with no public notification.¹¹³ Instead of providing clear, evidence-based recommendations, the guidelines have been plagued with political interference and business demands. Throughout the pandemic, CDC guidelines have been vague and do not create requirements to ensure employers are maintaining safe workplaces.¹¹⁴

On May 5, 2021, the CDC issued new guidance, rolling back recommended mitigation measures for vaccinated individuals, including no longer needing to distance or mask in indoor settings.

¹⁰⁹ See [ENV.NM.gov/wp-content/uploads/2021/03/11.5.1.16-Amendment.pdf](https://env.nm.gov/wp-content/uploads/2021/03/11.5.1.16-Amendment.pdf).

¹¹⁰ See [ENV.NM.gov/wp-content/uploads/2021/03/2021-03-22-OHSB-Emergency-rule-faqs-updated.pdf](https://env.nm.gov/wp-content/uploads/2021/03/2021-03-22-OHSB-Emergency-rule-faqs-updated.pdf).

¹¹¹ See [ENV.NM.gov/occupational_health_safety/covid-19/](https://env.nm.gov/occupational_health_safety/covid-19/).

¹¹² See [BLS.gov/covid19/effects-of-covid-19-on-workplace-injuries-and-illnesses-compensation-and-occupational-requirements.htm](https://www.bls.gov/covid19/effects-of-covid-19-on-workplace-injuries-and-illnesses-compensation-and-occupational-requirements.htm).

¹¹³ See [CDC.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc](https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc).

¹¹⁴ See [OSHA.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf); See also [OSHA.gov/Publications/OSHA4045.pdf](https://www.osha.gov/Publications/OSHA4045.pdf).

The agency received major pushback for its decision to release this guidance and it put millions of people at greater risk. This guidance set the stage for major weakening across federal, state and local jurisdictions and in individual workplaces. Employers, elected leaders and the public were led to believe (falsely) that vaccination alone was sufficient to protect people from COVID-19 infection and spread.

Both OSHA and MSHA have issued COVID-19 guidelines, which are now outdated: MSHA published its on March 10, 2021, and OSHA published its on Aug. 13, 2021.

On April 10, 2023, President Biden signed a bill into law ending the COVID-19 national emergency, which results in the end of the use of some waivers for federal health programs meant to help health care providers during the height of the pandemic. On Jan. 30, 2023, President Biden announced the planned end of the COVID-19 public health emergency for May 11, 2023, which could have much broader impacts to the public, including potential removal of data collection, and access to and cost coverage of testing, treatment and other resources.

The ending of the public health emergency and the outcomes of the CDC Healthcare Infection Control Practices Advisory Committee also will heavily impact OSHA's approach to controlling workplace infectious disease exposures.

Efforts to Win National and State Workplace COVID-19 Standards

There is currently no federal OSHA standard in place to protect workers from occupational COVID-19 exposures. 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, but a standard was not issued under the Trump administration.¹¹⁵

On his second day in office, Jan. 21, 2021, President Biden signed an executive order on protecting worker health and safety. It directed 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 directed MSHA to “consider whether any emergency temporary standards on COVID-19 applicable to coal and metal or nonmetal mines are necessary, and if such standards are determined to be necessary and consistent with applicable law, issue them as soon as practicable.”¹¹⁶ On March 10, 2021, the AFL-CIO Executive Council renewed its call for strong worker protections, including an emergency temporary standard (ETS).¹¹⁷

On April 26, 2021, two emergency standards—one for health care and one for other industries—were sent to the White House Office of Management and Budget for formal review.¹¹⁸ On June 21, 2021, OSHA issued an ETS, but only for health care settings. An ETS for other settings was

¹¹⁵ 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](https://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.

¹¹⁶ See [WhiteHouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/](https://whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/).

¹¹⁷ See [AFLCIO.org/about/leadership/statements/protecting-workers-covid-19](https://aflcio.org/about/leadership/statements/protecting-workers-covid-19).

¹¹⁸ See reginfo.gov/public/do/eoReviewSearch.

never issued.¹¹⁹ This was a big victory for health care workers, ensuring many workers in health care settings would be covered by enforceable protections against COVID-19. However, many state OSHA plans were slow to adopt as they are required to do under the OSH Act.

On Dec. 27, 2021, on the brink of the Omicron surge, OSHA announced the withdrawal of its ETS without any plan for a permanent COVID-19 standard to protect workers.¹²⁰ On March 2, 2022, OSHA issued a restrictive enforcement directive, announcing “investigations”—not necessarily inspections—only on health care facilities where there had been OSHA activity before (investigations or complaints) or where there are new complaints.¹²¹

On Jan. 5, 2022, National Nurses United (NNU), the AFL-CIO, American Federation of Teachers (AFT), AFSCME, the New York State Nurses Association (NYSNA) and Pennsylvania Association of Nurses and Allied Professionals (PASNAP) challenged OSHA in the U.S. Court of Appeals for the District of Columbia Circuit on two grounds: 1) that OSHA must issue a permanent COVID-19 rule to protect health care workers, and 2) that OSHA must keep the ETS in effect until a permanent rule is issued.¹²² The court heard oral arguments on April 4, 2022, and ruled on August 26, 2022, that it did not have the power to order OSHA to engage in COVID-19 rulemaking, and that OSHA could determine whether a COVID-19 rule is necessary.¹²³

Due to worker and health advocate pressure and actions, OSHA announced its intentions to issue a permanent COVID-19 standard in health care and held a public hearing on April 27, 2022.¹²⁴ On Dec. 7, 2022, the draft permanent standard was sent to the White House Office of Information and Regulatory Affairs for review—and it remains there.

In the absence of federal COVID-19 standards, some states stepped up to issue workplace infectious disease protections. California is the only state that still has enforceable state OSHA COVID-19 protections. On April 3, 2023, Oregon OSHA rescinded all of its workplace COVID-19 requirements in alignment with its state health authority guidance.¹²⁵ Some states also have other related standards to rely on, such as California’s aerosol transmissible disease standard and injury and illness prevention program standard, and Washington’s accident prevention program standard and safety committees and safety meetings standards.

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,

¹¹⁹ See [FederalRegister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard](https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard).

¹²⁰ See [OSHA.gov/coronavirus/ETS](https://www.osha.gov/coronavirus/ETS).

¹²¹ See [OSHA.gov/laws-regs/standardinterpretations/2022-03-02](https://www.osha.gov/laws-regs/standardinterpretations/2022-03-02).

¹²² See [NationalNursesUnited.org/sites/default/files/nnu/documents/Unions_Petition_for_Writ_of_Mandamus_22-1002_010522_Date_Stamped_ECF.pdf](https://www.nationalnursesunited.org/sites/default/files/nnu/documents/Unions_Petition_for_Writ_of_Mandamus_22-1002_010522_Date_Stamped_ECF.pdf).

¹²³ In re National Nurses United, U.S. Court of Appeals for the D.C. Circuit, No. 22-1002. Available at [CADC.uscourts.gov/internet/opinions.nsf/1CAB939F9AB84E94852588AA0051E2D2/\\$file/22-1002-1960989.pdf](https://www.cadc.uscourts.gov/internet/opinions.nsf/1CAB939F9AB84E94852588AA0051E2D2/$file/22-1002-1960989.pdf).

¹²⁴ See [FederalRegister.gov/documents/2022/03/23/2022-06080/occupational-exposure-to-covid-19-in-healthcare-settings](https://www.federalregister.gov/documents/2022/03/23/2022-06080/occupational-exposure-to-covid-19-in-healthcare-settings).

¹²⁵ Updates from Oregon OSHA. April 3, 2023. See [OSHA.oregon.gov/OSHArules/adopted/2023/ao1-2023-letter-temp-cov19-suspension.pdf](https://www.osha.oregon.gov/OSHArules/adopted/2023/ao1-2023-letter-temp-cov19-suspension.pdf).

the agency investigated few complaints and issued fewer citations. As discussed above, in the first 100 days in office, the Biden administration issued an enforcement directive for COVID-19 and later issued emergency temporary protections for COVID-19 in health care. 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, but have since been archived due to changes in CDC guidance.^{126,127}

Throughout the pandemic (Jan. 1, 2020, to Feb. 28, 2023), federal OSHA received 2,709 formal complaints and 16,906 informal complaints. Formal complaints meet specific criteria, including that it is a signed complaint made by a current employee or representative that asserts imminent danger or a violation of the OSH Act or an OSHA standard, and is written or uses OSHA's complaint form. Of these, the agency opened inspections for 23% of the formal complaints and 12% of informal complaints. The majority of complaints have been handled through an informal investigation process the agency calls phone/fax investigations—OSHA telephones the employer, describes the alleged hazards and then follows up with a letter. The employer must respond within five days, identifying in writing any problems found and noting corrective actions taken or planned. If the response is adequate, OSHA generally will not conduct an inspection. It also has opened 317 cases from referrals, 330 cases from employer-reported referrals (also known as severe injury reports), 983 programmed inspections and 1,274 fatality/catastrophe investigations, where a worker has died from COVID-19. Of the complaints, more than 4,200 were from health care workers and more than 2,300 were from retail workers.

As of Feb. 28, 2023, federal OSHA had issued 3,359 COVID-19-related citations, resulting in a total current penalty of \$9,952,084 and a \$2,963 average penalty per violation. Federal OSHA also issued 316 hazard alert letters (HALs), which do not result in a violation. The majority of serious violations were violations of the occupational exposure to COVID-19 ETS for health care (1910.502) or the respiratory protection standard (1910.134). The majority of other-than-serious violations were related to recordkeeping. OSHA issued six willful violations, including its highest penalty case in general industry—to a tax preparation office where the employer refused to allow employees to wear masks or perform other safeguards to exposures to COVID-19—and its highest penalty cases in health care—to the Lakewood Resource and Referral Center Inc./Center for Education Medicine and Dentistry for willfully violating the respiratory protection standard twice and North Providence Urgent Care for not providing a workplace safe from COVID-19.^{128,129,130} All employers have contested their violations, and only North Providence Urgent Care has settled for a reduced penalty.

During this three-year time frame, federal OSHA has issued only 32 general duty clause citations. Seven of the violations occurred in the health care industry and the other 25 violations were issued in general industry, including meatpacking, manufacturing, retail, grocery,

¹²⁶ See [OSHA.gov/memos/2021-03-12/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19](https://www.osha-slc.gov/memos/2021-03-12/updated-interim-enforcement-response-plan-coronavirus-disease-2019-covid-19).

¹²⁷ See [OSHA.gov/enforcement/directives/dir-2021-01cpl-03](https://www.osha-slc.gov/enforcement/directives/dir-2021-01cpl-03).

¹²⁸ U.S. Department of Labor, Occupational Safety and Health Administration, Region 1. "US Department of Labor cites Massachusetts tax preparation business for refusing to provide, practice coronavirus safeguards for employees." News release, April 13, 2020. Available at [OSHA.gov/news/newsreleases/region1/04132021](https://www.osha-slc.gov/news/newsreleases/region1/04132021).

¹²⁹ See [OSHA.gov/ords/imis/establishment.inspection_detail?id=1510653.015](https://www.osha-slc.gov/ords/imis/establishment.inspection_detail?id=1510653.015).

¹³⁰ See [OSHA.gov/ords/imis/establishment.inspection_detail?id=1511619.015](https://www.osha-slc.gov/ords/imis/establishment.inspection_detail?id=1511619.015).

transportation, warehousing, real estate, financial services and the Postal Service. These industries have not had a federal OSHA COVID-19 specific standard at any point in the pandemic. The total current penalties for the 5(a)(1) violations is \$482,986. Of the citations, eight of the inspections are still open, and the violations or penalties could be modified or removed.

Employers contested 12 of these violations. Six contested general duty clause citations have been settled and OSHA has deleted the violations. Smithfield Packaged Meats Corp. was investigated in 2020 after four COVID-19 fatalities and more than 1,000 infections occurred among the workers. Federal OSHA issued 5(a)(1) and recordkeeping citations. After a settlement agreement in November 2021, the general duty clause citation was deleted with agreement from the company that it would implement a COVID-19 preparedness and response plan in cooperation with a team of third-party experts.¹³¹ The recordkeeping violation was upheld.

A few state plan OSHAs have continued to issue COVID-19 citations in 2023, including in Alaska, California, Connecticut, Ohio, Michigan, North Carolina, New Mexico, Nevada and Washington. Other than California and Washington, which have other standards to rely on as previously discussed, the states are primarily issuing citations to employers violating personal protective equipment (PPE) and respiratory protection standards.

Enforcement of the Federal COVID-19 Health Care ETS

Federal OSHA issued an emergency temporary standard to protect those in the health care industry on June 21, 2021. It enforced the standard until it announced a plan to formally withdraw the standard on Dec. 27, 2021. During this time, federal OSHA issued 309 citations against health care employers. The majority were for violating the personal protective equipment provisions of the standard (86 citations), followed by the COVID-19 plan provisions (55 citations), and health screening and medical management provisions (18 citations).

After the announcement that the standard no longer was in effect, the agency continued opening COVID-19 investigations in the health care industry. Federal OSHA has opened 1,566 inspections in the health care and social service industry since the ETS was rescinded, although only nine of these have occurred in the first two months of 2023. Of those, 474 resulted in a citation or HAL, and 1,059 were closed without a citation or HAL. These inspections resulted in 413 serious violations of the PPE, respiratory protection standard, and three violations of the health care ETS provisions for respiratory protection, training and recordkeeping; 52 repeat violations of recordkeeping and respiratory protection standards; 376 other than serious violations of the PPE, respiratory protection and recordkeeping standards and the ETS recordkeeping provisions; and 33 HALs for the 5(a)(1) provision, PPE, respiratory protection and recordkeeping standards. There have been no citations or HALs issued in 2023.

¹³¹ U.S. Department of Labor, Occupational Safety and Health Administration, Region 8. "Largest US pork processor agrees to develop, implement infectious disease preparedness plan, health training for workers." News release, Nov. 15, 2021. Available at [OSHA.gov/news/newsreleases/region8/11152021](https://www.osha.gov/news/newsreleases/region8/11152021).

Some states also had provided their enforcement information publicly, including California.¹³² This is important, as public releases can act as a deterrent for employers, improve compliance and is a strategic way to utilize OSHA's limited resources.¹³³

Other Pandemic Protections

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. This health emergency standard in Washington passed the legislature and was signed into law on May 11, 2021.¹³⁴

In April 2021, New York passed the NYS Health and Essential Rights (NY HERO) Act, which requires the state to offer model prevention plans for airborne infectious diseases that private sector employers must implement.¹³⁵ Employers who do not comply may face civil penalties and civil action by employees. A great success of the NY HERO Act is the requirement for employers to have health and safety committees that are co-chaired and co-staffed with nonsupervisory workers. Those workers have to be chosen by the workforce and their representatives, not by the employer. The committees have to meet within certain time periods and employers have to respond to committee concerns in writing. However, the enforcement mechanism within the state still remains unclear, since the state OSHA plan in New York only covers public sector workplaces, but the state must enforce this in the private sector.

Recent Workplace Fungal Exposure Outbreak

There have been recent reports of a major industrial-setting fungal outbreak causing worker respiratory disease at the Billerud Paper Mill in Escanaba, Michigan, that has escalated since February 2023. As of April 14, 2023, there were 21 confirmed and 76 probable cases of blastomycosis, 12 hospitalizations and one worker death.¹³⁶ People can get blastomycosis from breathing in fungal spores from the air. Blastomycosis is a disease associated with a fungus that grows in moist soil and decomposing matter, such as wood and leaves.

The plant has closed for three weeks for a deep cleaning. However, the source of the outbreak still has not been identified. The National Institute for Occupational Safety and Health is conducting a Health Hazard Evaluation, which is ongoing.¹³⁷ Some of its interim recommendations include:

¹³² See dir.ca.gov/dosh/COVID19citations.html.

¹³³ Johnson, M.S. "Regulation by Shaming: Deterrence Effects of Publicizing Violations of Workplace Safety and Health Laws." *American Economic Review* 110 (6): 1866–1904. June 2020. Available at [10.1257/aer.20180501](https://doi.org/10.1257/aer.20180501).

¹³⁴ See lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bill%20Reports/Senate/5115-SE%20SBR%20FBR%2021.pdf?q=20210415090654.

¹³⁵ See [DOL.NY.gov/ny-hero-act](https://doh.ny.gov/ny-hero-act).

¹³⁶ See img1.wsimg.com/blobby/go/cd7dbdc8-ec6f-4e35-9fd9-ec1eaece8b47/Blastomycosis%20Press%20Release%204-14-23.pdf.

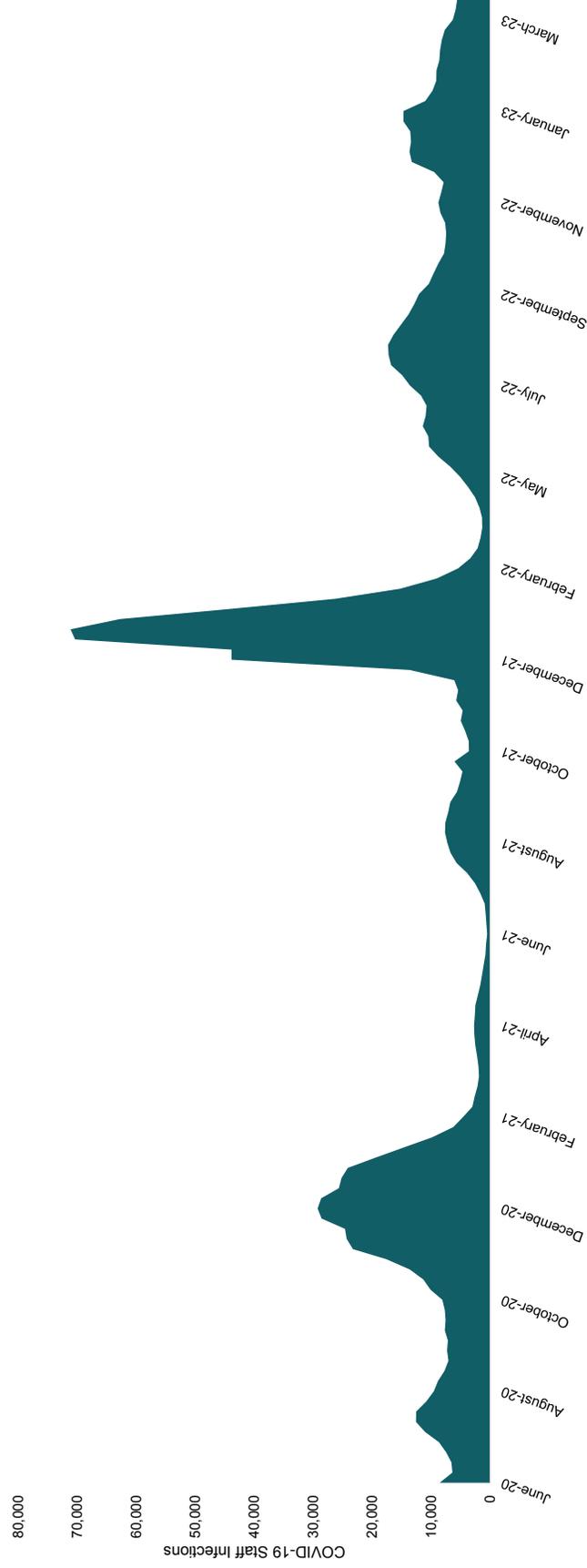
¹³⁷ See uppermichiganssource.com/2023/04/18/niosh-visit-escanaba-mill-second-time-collect-environmental-samples/.

- Continue to make NIOSH approved N95® disposable filtering-facepiece respirators available to all employees for voluntary use to minimize exposure to Blastomyces, especially for employees who might have a weakened immune system or other high-risk underlying medical conditions.
- Inspect heating, ventilation and air conditioning systems, and follow the manufacturers' recommended maintenance schedules.
- Contract with a licensed ventilation engineer or building scientist to inspect ductwork for water incursion or microbial growth.
- Limit activities that involve disrupting soil, such as excavation.
- Continue to encourage employees who develop symptoms to seek care from their health care provider.

This facility is represented by the United Steelworkers, which has called for other paper mills to conduct proactive investigations to institute robust safeguards before cases appear.¹³⁸

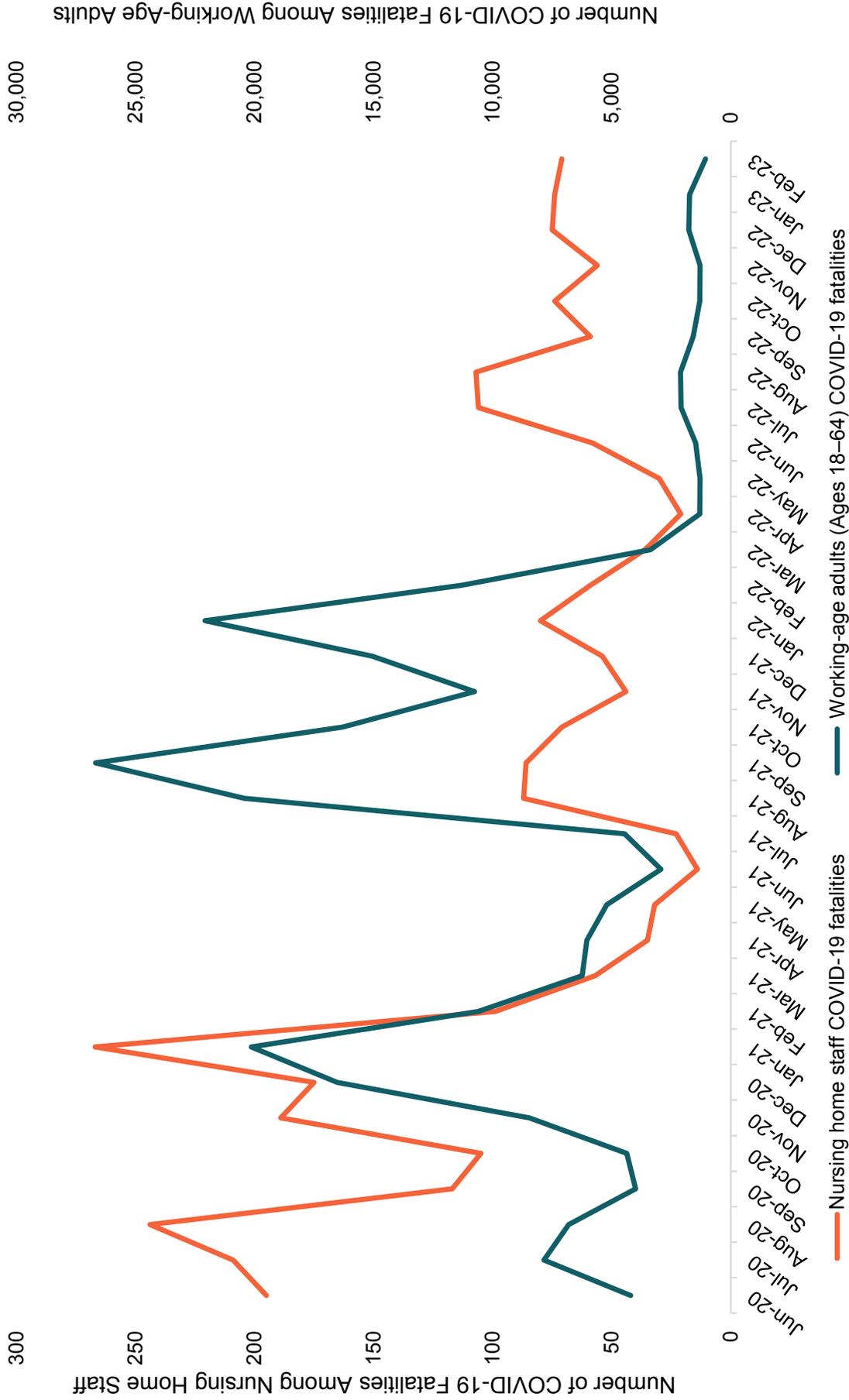
¹³⁸ See [USW.org/news/media-center/releases/2023/usw-calls-on-paper-industry-to-institute-safeguards-against-deadly-fungal-infection](https://www.usw.org/news/media-center/releases/2023/usw-calls-on-paper-industry-to-institute-safeguards-against-deadly-fungal-infection).

Nursing Home Staff Confirmed COVID-19 Cases, June 2020–March 2023



Source: Centers 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–March 20, 2023. (Accessed April 11, 2023.)

COVID-19 Fatalities Among Nursing Home Staff and the Working-Age Population (Ages 18–64), June 2020–February 2023



Sources: Centers for Disease Control and Prevention (CDC). Nursing Home Covid-19 Data Dashboard. COVID-19 Deaths Among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States. Data as of April 10, 2023. Accessed April 11, 2023. CDC Weekly Updates by Select Demographic and Geographic Characteristics. Sex and age. Data as of April 10, 2023. Accessed April 11, 2023.

Federal OSHA Inspection/Enforcement Activity, COVID-19

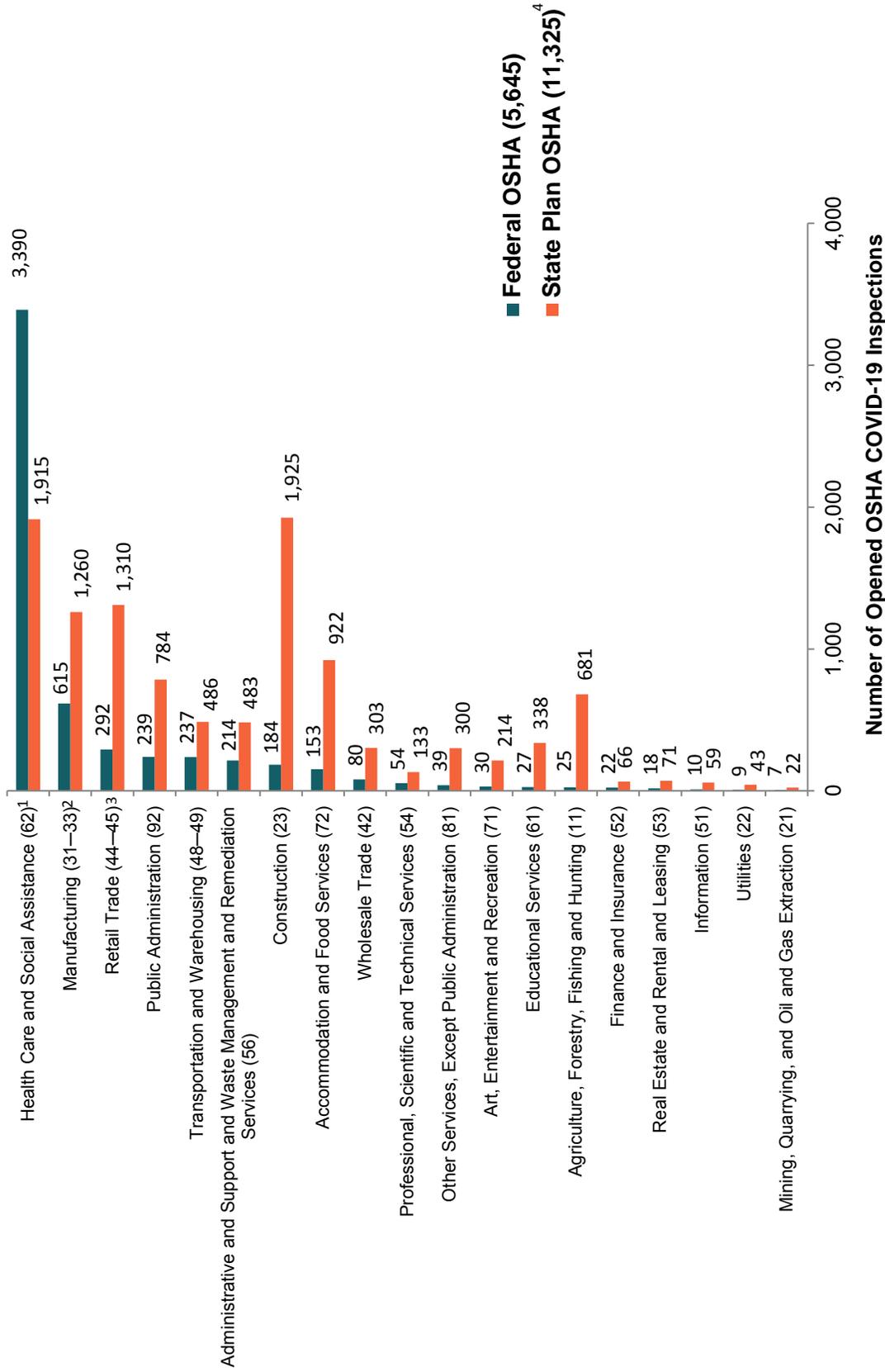
Complaints¹	19,615	Violations - Total^{1,3}	3,359
Formal COVID-19 Complaints	2,709	Willful	6
Phone/Fax Investigation	1,490	Repeat	70
Percent Phone/Fax Investigation	55%	Serious	2,041
Inspection	634	Other	1,236
Percent Inspection	23%	FTA	6
Unknown	585		
Percent Unknown	22%	Penalties - Total (\$) ^{1,3}	\$9,952,084
Informal COVID-19 Complaints	16,906	Willful	\$489,596
Phone/Fax Investigation	10,811	Repeat	\$850,756
Percent Phone/Fax Investigation	64%	Serious	\$6,474,852
Inspection	1,248	Other	\$2,102,880
Percent Inspection	7%	FTA	\$34,000
Unknown	4847		
Percent Unknown	29%	Average Penalty/Violation (\$)	\$2,963
COVID-19 Inspections Opened¹	5,645	Willful	\$81,599
Citations	2,353	Repeat	\$12,154
Hazard Alert Letters	673	Serious	\$3,172
Complaints	1,245	Other	\$1,701
Fatality/Catastrophe	1,274	FTA	\$5,667
Referrals	317		
Referral-Employer Reported	330		
Programmed	983		
Unprogrammed	208		
Follow-up	436		
Monitoring	852		
Complaints by Industry²			
Health Care	4,220		
Retail Trade	2,394		
Grocery Stores	325		
Construction	568		
General Warehousing and Storage	377		
Restaurants and Other Eating Places	1,451		
Automotive Repair	183		

¹Occupational Safety and Health Administration, OIS Federal Inspection Reports, Jan. 1, 2020, to Feb. 28, 2023.

²COVID Response Summary, Enforcement data Feb. 1, 2020–Feb. 28, 2023. Updated March 24, 2023. (Accessed April 4, 2023)
OSHA.gov/enforcement/covid-19-data. Complaints by industry data were not provided for state plan OSHA states.

³Violations and current penalties include citations issued during COVID-19 inspections of 1903.19, 1903.2, 1904 (recordkeeping), 1910.1020, 1910.132, 1910.133, 1910.134, 1910.502, 1910.503 and 5(a)(1). Violations and penalties were not included in the totals if clearly not related to COVID-19 from the violation description.

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



Source: Occupational Safety and Health Agency OIS Inspection Reports, Jan. 1, 2020, to Feb. 28, 2023.

¹For federal OSHA, hospitals (NAICS: 622) accounted for 1,162 of these inspections, and nursing and residential care facilities (NAICS: 623) accounted for 1,674 inspections. For state plan OSHAs, hospitals accounted for 686 of these inspections, and nursing and residential care facilities accounted for 624 inspections.

²For federal OSHA, animal slaughtering and processing (NAICS: 3116) accounted for 169 of these inspections. For state plan OSHAs, animal slaughtering and processing accounted for 86 of these inspections.

³For federal OSHA, supermarkets and other grocery (NAICS: 445110) accounted for 154 of these inspections. For state plan OSHAs, supermarkets and other grocery accounted for 326 of these inspections.

⁴There were five inspections that occurred in OSHA state plan states in management of companies and enterprises (55) and five inspections that occurred with an unknown NAICS code.

5(a)(1) Citations Related to COVID-19, Federal OSHA

Company Name	State	Inspection Number	Open Conference Date	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
Health Care						
Presence Chicago Hospitals Network dba Amita Health Saint Joseph Hospital Chicago	IL	1472284	4/13/20	10/2/20	\$13,494	\$13,494
Ryan Health Center Inc./Morgan Health Center	RI	1500637	11/4/20	3/18/21	\$13,653	\$9,557
Oaks Integrated Care	NJ	1517991	3/5/21	5/14/21	\$13,653	\$9,250
North Providence Urgent Care Inc., North Providence Primary Care Associates Inc., Center of New England Urgent Care Inc. and Center of New England Primary Care Inc. ^{1,2}	RI	1511619	1/26/21	5/24/21	\$136,532	\$69,000
Presence Central and Suburban Hospitals Network/AMITA Health Mercy Medical Center Aurora	IL	1514199	2/10/21	7/26/21	\$9,753	\$9,753
AMA Health Holdings LLC ¹	NJ	1520938	3/23/21	8/20/21	\$9,577	\$5,000
LifeShare Blood Centers	LA	1535489	6/10/21	11/3/21	\$13,653	\$6,690
General Industry						
Smithfield Packaged Meats Corp. ³	SD	1472736	4/20/20	12/16/21	\$13,494	N/A
JBS Green Bay Inc. ^{1,2}	WI	1472927	4/22/20	10/9/20	\$13,494	\$13,494
JBS Foods Inc./Swift Beef Co. ^{1,2,3}	CO	1475131	5/11/20	9/11/20	\$13,494	N/A
Elkhorn Valley Packing ³	KS	1491192	9/3/20	2/11/21	\$12,288	N/A
The Broken iPhone LLC ^{1,2}	AL	1494982	9/10/20	3/8/21	\$2,926	\$2,926
Peterson Manufacturing/Maxi-Harness Systems	MO	1493792	9/22/20	2/16/21	\$13,653	\$10,922
Midwest Warehouse and Distribution System Inc.	IL	1501560	11/9/20	4/22/21	\$12,288	\$10,788
U.S. Postal Service ³	MA	1505294	12/8/20	4/14/21	\$13,653	N/A
Silgan Dispensing Systems Thomaston Corp. ³	CT	1505735	12/9/20	5/4/21	\$13,653	N/A
Avantor Fluid Handling LLC	NJ	1506282	12/10/20	5/14/21	\$13,653	\$12,278
The Greenberg Group Inc.	NY	1518709	3/8/21	8/3/21	\$4,096	\$2,500
Ariana Murrell-Rosario dba Liberty Tax Service ^{1,2}	MA	1520204	3/17/21	4/8/21	\$136,532	\$136,532
Blackburn's Physicians Pharmacy Inc.	PA	1520881	3/22/21	7/30/21	\$9,557	\$9,557
Eramet Marietta Inc.	OH	1521107	3/23/21	8/9/21	\$12,288	\$7,373
UPS Freight Services Inc.	NH	1523167	4/1/21	8/31/21	\$13,653	\$8,192
Data Electronic Devices Inc. ^{1,2}	NH	1523435	4/5/21	9/22/21	\$12,288	\$5,000
Darling Ingredients Inc.	NE	1527372	4/27/21	8/27/21	\$9,119	\$7,000
Buckman's Inc.	PA	1528699	5/3/21	10/19/21	\$13,653	\$9,557

5(a)(1) Citations Related to COVID-19, Federal OSHA

Company Name	State	Inspection Number	Open Conference Date	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
General Industry						
Amston Supply Inc./Amston Trailer Sales ³	WI	1531843	5/18/21	10/12/21	\$9,557	N/A
BAPU 108 LLC/Cogan Station Market ¹	PA	1532485	5/24/21	11/22/21	\$5,461	\$4,718
Johnnie McDade Grocery	GA	1533330	5/27/21	11/22/21	\$5,461	\$4,096
H&M Consulting LLC	WI	1534103	6/3/21	8/25/21	\$4,096	\$4,250
Sanoh America	OH	1547175	8/12/21	1/14/22	\$13,653	\$9,557
American Performance Polymers LLC	NH	1560294	10/18/21	3/15/22	\$13,052	\$7,000
Allied Universal ^{1,2}	OH	1579872	2/23/22	7/26/22	\$14,502	\$14,502

Source: Occupational Safety and Health Administration. OIS Federal Inspection Reports. Jan. 1, 2020, to Feb. 28, 2023; OSHA Inspections with COVID-19 Related Violations, [OSHA.gov/enforcement/covid-19-data/inspections-covid-related-citations](https://www.osha.gov/enforcement/covid-19-data/inspections-covid-related-citations). (Accessed April 10, 2023.)

¹This inspection has not been indicated as closed and the violations and penalties still may be modified.

²This citation has been contested by the employer and may be modified during settlement.

³This citation was deleted after contest.

Federal OSHA Citations Issued Under the COVID-19 Health Care Emergency Temporary Standard (1910.502)

Standard Section	Provision	Number of Citations
1910.502		309
1910.502(c)	COVID-19 plan	55
(c)(1)	Develop and implement plan	14
(c)(2)	Plan must be in writing	6
(c)(3)	Designate a workplace COVID-19 safety coordinator	11
(c)(4)	Conduct a hazard assessment	12
(c)(5)	Involvement of employees and their representatives	7
(c)(6)	Monitor ongoing effectiveness	2
(c)(7)	Address identified hazards	3
1910.502(d)	Patient screening and management	8
1910.502(e)	Standard and transmission-based precautions	1
1910.502(f)	Personal protective equipment	86
f(1)	Facemasks	10
f(2)	Respirators and other PPE for exposure to people with suspected or confirmed COVID-19	76
f(3)	Respirators and other PPE during aerosol-generating procedures	0
f(5)	Respirators and other PPE based on standard and transmission-based precautions	0
1910.502(g)	Aerosol-generating procedures on a person with suspected or confirmed COVID-19	0
1910.502(h)	Physical distancing	11
1910.502(i)	Physical barriers	14
1910.502(j)	Cleaning and disinfection	1
1910.502(k)	Ventilation	6
1910.502(l)	Health screening and medical management	18
(l)(3)	Employer notification to employees of COVID-19 exposure in the workplace	8
(l)(4)	Medical removal from workplace	4
(l)(5)	Medical removal protection benefits	6
1910.502(m)	Vaccination	0
1910.502(n)	Training	13
1910.502(o)	Anti-retaliation	1
1910.502(p)	Requirements implemented at no cost to employees	1
1910.502(q)	Recordkeeping	82
1910.502(r)	Reporting of COVID-19 fatalities and hospitalizations to OSHA	12

HEAT INJURY AND ILLNESS PREVENTION

Occupational heat exposure has been a significant issue for decades. Working in hot and humid conditions, outdoors and indoors, puts workers at risk of heat stress, heat exhaustion, cramps, heat rash and heat stroke, which can result in death. Each year, dozens of workers die and thousands more become ill from heat exposure. The risk from occupational heat exposures is increasing as the global temperature is rising, and without enforceable standards to protect workers.

Between 1992 and 2020, heat stress killed 963 workers and caused nearly 33,000 serious lost-time injuries and illnesses, according to BLS. Astoundingly, fatalities from heat overexposures were not reported by BLS for 2021; 56 deaths were reported for 2020, a 30% increase from the previous year. More than half of occupational heat fatalities occur during a worker's first few days of working in hot conditions.¹³⁹ Workplace injuries and illnesses from heat exposures often are not reported, so the true toll is unknown. Hot working conditions contribute to other injuries due to slippery sweat, fogging personal protective equipment, dizziness, and hot tools and equipment.

In FY 2022, federal OSHA conducted 114 heat illness inspections, more than 2.3 times the number of heat illness inspections conducted in FY 2021 before the National Emphasis Program. OSHA issued 16 serious violations that resulted in an average penalty of \$8,893 per violation. Federal OSHA also issued 98 hazard alert letters (HALs) on heat illness in FY 2022; HALs do not result in an employer penalty.

Several states have issued enforceable standards to protect indoor and outdoor workers from heat illness in the absence of federal OSHA—including California, Colorado, Minnesota, Oregon and Washington—but the majority of workers across the country remain unprotected.¹⁴⁰ However, many state standards only cover outdoor or indoor workers and are not as comprehensive as what is needed to address the significant risk that exists for workers.

On Sept. 20, 2021, President Biden announced a national initiative to address heat exposures across vulnerable populations, including workers, to build resilience in local communities and to address disproportionate heat impacts.¹⁴¹ To address occupational exposures under this initiative, the administration committed to OSHA: 1) issuing an advanced notice of proposed rulemaking within a month, 2) issuing a National Emphasis Program, and 3) establishing a new heat work group under the agency's formal advisory committee, the National Advisory Committee on Occupational Safety and Health (NACOSH).

On Oct. 27, 2021, OSHA issued an advance notice of proposed rulemaking on "Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings" for a public comment period that

¹³⁹ Occupational Safety and Health Administration. "Heat – Overview: Working in Outdoor and Indoor Heat Environments." Available at [OSHA.gov/heat-exposure](https://www.osha.gov/heat-exposure).

¹⁴⁰ Occupational Safety and Health Administration. "Heat – Standards." Available at [OSHA.gov/heat-exposure/standards](https://www.osha.gov/heat-exposure/standards).

¹⁴¹ See [WhiteHouse.gov/briefing-room/statements-releases/2021/09/20/fact-sheet-biden-administration-mobilizes-to-protect-workers-and-communities-from-extreme-heat/](https://www.whitehouse.gov/briefing-room/statements-releases/2021/09/20/fact-sheet-biden-administration-mobilizes-to-protect-workers-and-communities-from-extreme-heat/).

closed in January 2022. OSHA is working on the development of the proposed rule and small business review is expected in 2023. The NACOSH heat work group consists of representatives from industry, labor and technical experts, and first convened on Feb. 25, 2022, focused on two charges for the group: 1) to examine and recommend improvements to OSHA's national heat campaign, and 2) to identify elements of a potential standard on protecting outdoor and indoor workers from occupational heat exposure.^{142,143} The consensus group is slated to present its findings at its April 27, 2023, public meeting and those should be taken up by NACOSH by the summer of 2023.¹⁴⁴

On April 12, 2022, OSHA released its National Emphasis Program (NEP) for outdoor and indoor heat-related hazards that is in place for at least three years.¹⁴⁵ State plan OSHAs are strongly encouraged, but not required, to adopt NEPs. As of October 17, 2022, only 15 state plan states had adopted the program, but some states may have already instituted their own heat enforcement schemes before the national program was issued.¹⁴⁶

¹⁴² See [OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group](https://www.osha.gov/heat-exposure/heat-injury-and-illness-prevention-work-group).

¹⁴³ See [OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group/membership](https://www.osha.gov/heat-exposure/heat-injury-and-illness-prevention-work-group/membership).

¹⁴⁴ See [OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group](https://www.osha.gov/heat-exposure/heat-injury-and-illness-prevention-work-group).

¹⁴⁵ See [OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf](https://www.osha.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf).

¹⁴⁶ See [OSHA.gov/stateplans/adoption/directives/2022-04-08](https://www.osha.gov/stateplans/adoption/directives/2022-04-08).

WORKPLACE VIOLENCE

Workplace violence continues to be a significant and worsening problem in the United States. It is the fourth-leading cause of death on the job. In 2021, nearly one in every seven work-related deaths was attributed to workplace violence, for a total of 761—more than from contact with objects and equipment or fires and explosions. This is an increase from 705 in 2020, when fewer people were at work due to the COVID-19 pandemic. But it is fewer than 841 in 2019, 828 in 2018 and 807 in 2017. In the last 15 years of data available, the workplace violence injury rate in private hospitals and home health services has increased more than 100%.

While the overall number of fatal workplace violence injuries decreased, workplace violence has increased in the COVID-19 pandemic. 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 in 2020, but has since archived the guidance.¹⁴⁷

Homicides and Suicides

Homicides account for the majority of workplace violence deaths: 481 in 2021, an increase from the past several years (392 in 2020, 454 in 2019 and 453 in 2018). As previously discussed in “Data Reporting, Transparency and Equity,” there were fewer detailed data published on homicides for 2021, yet it has been a leading cause of workplace fatalities for women in past years.

White workers experienced 47% of workplace homicides and Hispanic or Latino workers experienced 15% of workplace homicides in 2020. Homicides among Black workers were not reported for 2021, but in the past have been disproportionately high relative to overall employment.

In 2021, 236 workers committed suicide at work, a decrease from 259 suicides at work in 2020. The largest number of suicides at work occurred in 2019 (307 suicides). There were 291 suicides at work in 1992, the year BLS began reporting these data, but it has fluctuated since; suicides do not include unintentional overdoses. Major increases in workplace suicides occurred 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 of their work environment most likely have contributed to this growing problem. One study published by the National Institute of Occupational Safety and Health examined U.S. workplace suicides from 2003 to 2010.¹⁴⁸ 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.

¹⁴⁷ Archived guidance is no longer available. Previously found at Centers for Disease Control and Prevention. “Limiting Workplace Violence Related to COVID-19.” Sept. 1, 2020.

¹⁴⁸ Tiesman, H.M., S. Konda, D. Hartley, et al. “Suicide in U.S. Workplaces, 2003–2010: A Comparison With Non-Workplace Suicides.” *American Journal of Preventive Medicine* 48, Issue 6, 674–682. March 16, 2015. Available at [AJPOnline.org/article/S0749-3797\(14\)00722-3/abstract](https://ajpmonline.org/article/S0749-3797(14)00722-3/abstract).

Many unions now have peer-to-peer model support programs that aim to improve mental health outcomes and prevent suicide. A recent study in Australia finds evidence of a decline in suicide rates among Australian construction workers over the last two decades (2001–2019).¹⁴⁹

Nonfatal, Serious Injuries

The majority of nonfatal workplace injuries from violence occur in health care, social assistance and educational services. These attacks are serious, underreported and often leave workers physically and emotionally scarred for life. Through BLS, workplace violence injury data is sourced as nonfatal injuries that lead to days away from work; however, as described in the section “Data Reporting, Transparency and Equity” of this report, these injuries were not reported by BLS for 2021 due to recent changes in its data reporting policies. The 2022 edition of “Death on the Job: The Toll of Neglect” showed that more than 27,000 workplace violence incidents led to injuries involving days away from work in private industry in 2020. Women workers experienced seven of every 10 of these serious injuries.

Even as the reported overall U.S. injury and illness rate has steadily declined since 1992—by 70% overall—the injury rate for workplace violence decreased until 2011 when the rate increased 41% in one year (2.7 to 3.8). The injury rate for workplace violence has remained at 3.8 or higher, with 2020 data showing a workplace violence injury rate of 4.0 per 10,000 workers (2021 data are unavailable). 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 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. The number of homicides among workers in health care and social assistance has not been reported by BLS since 2019. In 2019, there were 32 homicides among workers in health care and social assistance, compared with 24 in 2018 and 31 in 2017.

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 for a third time since 1998 its comprehensive “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers,”¹⁵⁰ a comprehensive

¹⁴⁹ Maheen H., Y. Taouk, A.D. LaMontagne, et al. “Suicide Trends Among Australian Construction Workers During Years 2001–2019.” *Scientific Reports*, Nov. 23, 2022. Available at [NATURE.com/articles/s41598-022-24575-x.pdf](https://www.nature.com/articles/s41598-022-24575-x.pdf).

¹⁵⁰ U.S. Department of Labor, Occupational Safety and Health Administration. “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.” April 2015. Available at [OSHA.gov/Publications/osa3148.pdf](https://www.osha.gov/Publications/osa3148.pdf).

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.”^{151,152}

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.¹⁵³ 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.¹⁵⁴

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 developmental disability facilities (NAICS 623210), focused on workplace violence hazards.¹⁵⁵ This program has been renewed annually and now is effective through September 2024.

In FY 2022, OSHA conducted 64 workplace violence inspections. OSHA issued five serious violations that resulted in a current median penalty of \$13,653, and one repeat violation that resulted in a current penalty of \$4,000, reduced from \$16,408.

In FY 2021, OSHA conducted 33 workplace violence inspections. OSHA issued three serious violations that resulted in a current median penalty of \$12,277. During the COVID-19 pandemic, on-site inspections and enforcement slowed significantly.

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

¹⁵¹ U.S. Department of Labor, Occupational Safety and Health Administration. “Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments.” OSHA 3153-12R, 2009. Available at [OSHA.gov/Publications/osha3153.pdf](https://www.osha-slc.gov/Publications/osha3153.pdf).

¹⁵² U.S. Department of Labor, National Institute for Occupational Safety and Health. “Taxi Drivers: How to Prevent Robbery and Violence.” November 2019. Available at [OSHA.gov/sites/default/files/publications/OSHA3976.pdf](https://www.osha-slc.gov/sites/default/files/publications/OSHA3976.pdf).

¹⁵³ U.S. Department of Labor, Occupational Safety and Health Administration. “Enforcement Procedures for Investigating or Inspecting Workplace Violence.” CPL 02-01-052, Sept. 8, 2011. Available at [OSHA.gov/sites/default/files/enforcement/directives/CPL_02-01-052.pdf](https://www.osha-slc.gov/sites/default/files/enforcement/directives/CPL_02-01-052.pdf).

¹⁵⁴ U.S. Department of Labor, Occupational Safety and Health Administration. “Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence.” CPL 02-01-058, Jan. 10, 2017. Available at [OSHA.gov/sites/default/files/enforcement/directives/CPL_02-01-058.pdf](https://www.osha-slc.gov/sites/default/files/enforcement/directives/CPL_02-01-058.pdf).

¹⁵⁵ U.S. Department of Labor, Occupational Safety and Health Administration. “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](https://www.osha-slc.gov/sites/default/files/enforcement/directives/CPL_20-05_04-01.pdf).

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 serious 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 30 investigations in FY 2021, 40 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 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.¹⁵⁶ 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.

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

¹⁵⁶ 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](https://www.gao.gov/products/GAO-16-11).

of unions petitioned OSHA to develop a federal workplace violence standard for health care and social assistance workers.¹⁵⁷ Another union petition was filed seeking a standard in the health care sector.¹⁵⁸ 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.

After years of stalled efforts, federal OSHA’s workplace violence draft rulemaking framework is undergoing the process for small business review required for significant OSHA rules through the Small Business Advocacy Review (SBAR) panels, due to the Small Business Regulatory Enforcement Fairness Act, signed into law in 1996.¹⁵⁹ This is a 60-day process that gives small entity representatives an opportunity to review and provide input on the impact of the rule on them. A final report is slated to be issued by May 1, 2023.

On April 18, 2023, Rep. Joe Courtney (Conn.) and Sen. Tammy Baldwin (Wis.) introduced legislation in the House (H.R. 2663) and Senate (S. 1176), respectively—The Workplace Violence Prevention for Health Care and Social Service Workers Act—to help protect these workers.¹⁶⁰ Similar legislation had been passed with bipartisan support by the House of Representatives in April 2021 and November 2019. 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 participate in the development and implementation of 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.”

State Regulations and Legislation

A number of states have taken action to adopt laws, standards and policies on workplace violence, which vary widely. Several states (California, Connecticut, Illinois, Minnesota, Nevada, New Jersey and New York) have passed laws or regulations outlining basic requirements for workplace violence prevention in health care. All detail a requirement of developing and implementing a comprehensive workplace violence prevention plan.

¹⁵⁷ “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.

¹⁵⁸ See [NationalNursesUnited.org/press/national-nurses-united-petitions-federal-osha-workplace-violence-prevention-standard](https://nationalnursesunited.org/press/national-nurses-united-petitions-federal-osha-workplace-violence-prevention-standard).

¹⁵⁹ U.S. Department of Labor, Occupational Safety and Health Administration. Workplace Violence SBREFA (website). Available at [OSHA.gov/workplace-violence/sbrefa](https://www.osha.gov/workplace-violence/sbrefa).

¹⁶⁰ See [baldwin.senate.gov/newsroom/press-releases/baldwin-courtney-introduce-bipartisan-legislation-to-safeguard-health-care-professionals-from-workplace-violence](https://www.baldwin.senate.gov/newsroom/press-releases/baldwin-courtney-introduce-bipartisan-legislation-to-safeguard-health-care-professionals-from-workplace-violence).

For example, 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, 2017.¹⁶¹ This comprehensive standard, issued in response to a legislative mandate, protects health care workers in the public and private sectors from workplace violence. In response to a 2014 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.¹⁶² 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 federal OSHA standard to address this growing national problem.

¹⁶¹ California Department of Industrial Relations, Occupational Safety & Health Board. “Workplace Violence Prevention in Health Care,” General Industry Safety Orders, New Section: 3342. Effective April 1, 2017. Available at dir.ca.gov/oshsb/Workplace-Violence-Prevention-in-Health-Care.html.

¹⁶² New York State Department of Labor, Worker Protection Bureau, Division of Safety and Health. “Public Employer Workplace Violence Prevention Programs,” 12 NYCRR PART 800.6. Effective June 7, 2006. Available at labor.ny.gov/workerprotection/safetyhealth/PDFs/PESH/WPV/Workplace%20Violence%20Prevention%20Regulations.pdf.

Profile of Workplace Homicides, 2021¹

Characteristic	Subcharacteristics	Deaths
Total Homicides ²		481
Gender	Men	—
	Women	—
Employee Status	Wage and salary workers	400
	Self employed	—
Race	White	225
	Hispanic or Latino	73
	Black	—
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	—
	Knives	—
Leading Worker Activity	Protective service activities	116
	Tending a retail establishment	—
	Vehicular and transportation operations	—
Leading Location	Street or highway	68
	Industrial places and premises	59
	Public building	—
	Residence institution	—
Leading Occupations	Motor vehicle operators	72
	Law enforcement workers	—
	Retail sales workers	—
Leading Industries	Retail trade	—
	Accommodations and food services	—
	Transportation and warehousing	—
	Public administration	—

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

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

²This does not include 236 workplace suicides.

MUSCULOSKELETAL DISORDERS

Musculoskeletal disorders (MSDs) continue to account for the largest portion of work-related injuries and illnesses, accounting for 21% to 35% of all work-related injuries and illnesses in private industry over the last decade. Industries with the highest incidence rates throughout the years 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. Other industries with significant MSD problems also have major retaliation problems, like food processing, which keeps certain industries from appearing in these data that are voluntarily reported by employers. Also, 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.

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 2019, FY 2020 and FY 2021, OSHA did not issue 5(a)(1) citations; it issued 31 HALs in FY 2019, 13 HALs in FY 2020 and 20 HALs in FY 2021.

The Biden administration has refocused on ergonomic hazards. In FY 2022, two serious 5(a)(1) violations and 35 HALs were issued by federal OSHA. Addressing ergonomic injuries in the warehousing industry, OSHA has conducted several investigations in Amazon warehouse facilities throughout the nation. These investigations have resulted in one serious citation and six HALs across seven warehouses.^{163,164,165} OSHA continues to find Amazon workers at high risk for lower back injuries and other musculoskeletal disorders. These investigations follow multiple willful serious citations issued by Washington State Department of Labor and Industries that

¹⁶³ Occupational Safety and Health Administration. “Federal Safety Inspections at Three Amazon Warehouse Facilities Find Company Exposed Workers to Ergonomic, Struck-by Hazards” (press release). Jan. 18, 2023. 23-63-NAT. Available at [OSHA.gov/news/newsreleases/national/01182023](https://www.osha.gov/news/newsreleases/national/01182023).

¹⁶⁴ Occupational Safety and Health Administration. “U.S. Department of Labor finds Amazon Exposed Workers to Unsafe Conditions, Ergonomic Hazards at Three More Warehouses in Colorado, Idaho, New York” (press release). Feb. 1, 2023. 23-163-NAT. Available at [OSHA.gov/news/newsreleases/national/02012023](https://www.osha.gov/news/newsreleases/national/02012023).

¹⁶⁵ Occupational Safety and Health Administration. “U.S. Department of Labor Cites Amazon for Again Exposing Workers to Ergonomic Hazards, This Time at Colorado Springs Delivery Station” (press release). Feb. 23, 2023. 23-359-NAT. Available at [OSHA.gov/news/newsreleases/national/02232023-0](https://www.osha.gov/news/newsreleases/national/02232023-0).

resulted in a \$60,000 penalty that was upheld by the U.S. District Court for the Western District of Washington.^{166,167}

A new investigative piece on Amazon worker injuries examined the severe injury rates and extreme work pace seen at Amazon workplace and highlights the work done by OSHA and the U.S. Department of Justice under the Biden administration to address the issues. Based on the Strategic Organizing Center analysis of OSHA’s Injury Tracking Application data in 2022, Amazon’s injury rate was 70% higher than the rate at non-Amazon warehouses, and its serious injury rate—6.6 per 100 workers—was more than double the rate at non-Amazon warehouses (3.2 per 100). Workers at Amazon facilities sustained nearly 39,000 injuries in 2022. And while Amazon employed 36% of all U.S. warehouse workers in 2022, the company was responsible for more than half (53%) of all serious injuries in the industry.¹⁶⁸

¹⁶⁶ Washington State Department of Labor and Industries. “Amazon Cited for Unsafe Work Practices at Kent Fulfillment Center” (press release). No. 22-08. March 20, 2022. Available at [LNI.WA.gov/news-events/article/22-08](https://lni.wa.gov/news-events/article/22-08).

¹⁶⁷ *Amazon.com Services LLC v. Sacks et al.*, Docket No. 2:22-cv-01404 (W.D. Wash. Oct. 03, 2022). Court Docket.

¹⁶⁸ Strategic Organizing Center. *In Denial: Amazon’s Continuing Failure to Fix Its Injury Crisis*. April 2023. Available at [THESOC.org/what-we-do/in-denial-amazons-continuing-failure-to-fix-its-injury-crisis/](https://thesoc.org/what-we-do/in-denial-amazons-continuing-failure-to-fix-its-injury-crisis/).

CHEMICAL EXPOSURE LIMITS AND STANDARDS

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.^{169,170} 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.¹⁷¹ Today there are between 7,700 and 84,000 chemicals in commerce, most of them unregulated.^{172,173}

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 so that workers are not made ill because of their jobs.

Workers face particularly high risks from chemical exposures. They manufacture 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; dispose of chemicals and sort through chemical-containing waste; are often unknowingly exposed to legacy uses of chemicals; and are provided little to no information about chemicals they work with or near.

OSHA has issued comprehensive standards on some major chemical hazards, including benzene, asbestos, lead and silica that have significantly reduced exposures and disease. But relatively few chemical standards have been issued over time; most were issued during OSHA's first decade, and most chemical hazards remain unregulated or outdated as toxicity evidence grows.

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, 7.9 million public sector workers, including many firefighters and teachers, 10 million self-employed workers, 175,000 workers in the mining industry and many agricultural workers on small farms are not afforded safety and health protections under the OSH Act. Even

¹⁶⁹ 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. Available at pdfs.semanticscholar.org/2a06/17c69e9855ab380e41488b63301f99110bd1.pdf.

¹⁷⁰ 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. Nov. 12, 2013. Available at [10.1080/15459624.2013.863131](https://doi.org/10.1080/15459624.2013.863131).

¹⁷¹ Leigh, J.P. "Economic Burden of Occupational Injury and Illness in the United States." *The Milbank Quarterly* 89, No. 4. December 2011. Available at [10.1111/j.1468-0009.2011.00648.x](https://doi.org/10.1111/j.1468-0009.2011.00648.x).

¹⁷² Roundtable on Environmental Health Sciences, Research, and Medicine, Board on Population Health and Public Health Practice, Institute of Medicine. "Identifying and Reducing Environmental Health Risks of Chemicals in Our Society: Workshop Summary." Washington, D.C.: The National Academies Press. Oct. 2, 2014. Available at nap.edu/catalog/18710/identifying-and-reducing-environmental-health-risks-of-chemicals-in-our-society.

¹⁷³ See blogs.edf.org/health/2015/07/13/we-dont-know-how-many-chemicals-are-in-use-today-we-should-know/.

where OSHA has coverage, OSHA is allocated so few resources compared with its mission that in 2022, it would have taken federal OSHA inspectors 190 years to visit every workplace in the country once. Unions have some ability to bring in OSHA to help investigate a chemical issue at work, but access to OSHA for unorganized workers, especially as it relates to chemical exposures, is much more difficult—and OSHA has not had a lot of success bringing forward enforcement cases on any unregulated chemical exposure in a union or nonunion setting.

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 permissible exposure limits (PELs) federal OSHA was required to vacate. For instance, Minnesota OSHA continues to enforce the 1989 PELs.¹⁷⁴ In 2016, California resumed activity on chemicals through its Health Effects Advisory Committee, prioritizing chemicals for which to establish PELs, but meetings have stalled since 2020 and the agency's plan on this work remains unclear.¹⁷⁵

A bipartisan law updating the Toxic Substances Control Act (TSCA), passed in 2016, creating a key opportunity through the Environmental Protection Agency (EPA) to improve the federal process for assessing chemical toxicity and strengthening worker protections from exposures at different stages of a chemical's lifecycle. 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 reset EPA on course to fulfilling its legal obligations under the new law on using science and evidence in TSCA implementation and to address many worker exposures. More action is needed to ensure people are protected from chemical exposures at work, as mandated by Congress.

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 risk management or bans over time, 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

¹⁷⁴ See dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-differences-between-minnesota-and-federal.

¹⁷⁵ See dir.ca.gov/dosh/DoshReg/5155Meetings.html.

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, the amended law requires EPA to prioritize and assess unregulated or inadequately regulated chemicals on a strict timeline in order to protect people and prevent disease.

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

Early Implementation of the Revised TSCA

Existing Chemicals

Soon after the law was passed, EPA was required to begin scoping, risk evaluation and risk management of 10 priority chemicals for expedited review 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
- 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)

In addition, on an ongoing basis as the priority chemicals move through the evaluation and regulation process, EPA must continue rounds of review of 20 additional 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.

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 for the agency to assess for the first 10 chemicals.

To date under LSCA, EPA has made progress on existing chemicals in a way OSHA would not be able to:

- Finalized risk evaluation rules and will move toward risk management for the following chemicals: Asbestos, part 1: chrysotile asbestos, 1-bromopropane, 1,4-dioxane, carbon tetrachloride, pigment violet-29 (revised risk determination), HBCD (revised risk determination), methylene chloride: commercial uses (revised risk determination), NMP, perchloroethylene, trichloroethylene.¹⁷⁶
- Issued a final rule to ban consumer uses of methylene chloride and proposed to create a training and certification program for commercial uses of methylene chloride.^{177,178} Issued a revised proposed ban on all consumer, most industrial and commercial uses of methylene chloride (April 20, 2023).¹⁷⁹
- Proposed to ban chrysotile asbestos, including a phase out for the chor-alkali industry.¹⁸⁰
- Finalized the scoping document to begin addressing legacy and disposal exposures to asbestos.¹⁸¹
- Announced its intent to propose new rules for five persistent, bioaccumulative and toxic (PBT) chemicals.¹⁸²
- Involved in many efforts to reduce exposure to per- and polyfluoroalkyl substances (PFAS), including requiring notice and EPA review before it can be used, and to ban the import of certain PFAS chemicals without EPA review and approval.¹⁸³
- Issued scoping documents on its first set of 20 high-priority chemicals and is beginning risk evaluations.¹⁸⁴
- Identified a set of 20 low-priority chemicals for evaluation.¹⁸⁵

Under the Federal Insecticide, Fungicide, and Rodenticide Act, EPA also recently proposed to reduce risk of ethylene oxide for workers, including protections that will reduce risk when workers are involved in sterilization with ethylene oxide.¹⁸⁶

New Chemicals

The amended law gave EPA more authority to put in place more protections on new chemicals coming onto the market. 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.

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.

¹⁷⁶ See [EPA.gov/assessing-and-managing-chemicals-under-tsca/risk-management-existing-chemicals-under-tsca](https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/risk-management-existing-chemicals-under-tsca).

¹⁷⁷ See [EPA.gov/assessing-and-managing-chemicals-under-tsca/final-rule-regulation-methylene-chloride-paint-and](https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/final-rule-regulation-methylene-chloride-paint-and), 84 FR 11466.

¹⁷⁹ See [EPA.gov/newsreleases/epa-proposes-ban-all-consumer-most-industrial-and-commercial-uses-methylene-chloride](https://www.epa.gov/newsreleases/epa-proposes-ban-all-consumer-most-industrial-and-commercial-uses-methylene-chloride)

¹⁸⁰ 87 FR 21706.

¹⁸¹ See [EPA.gov/assessing-and-managing-chemicals-under-tsca/risk-evaluation-asbestos-part-2-supplemental-evaluation](https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/risk-evaluation-asbestos-part-2-supplemental-evaluation).

¹⁸² See [EPA.gov/assessing-and-managing-chemicals-under-tsca/persistent-bioaccumulative-and-toxic-pbt-chemicals](https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/persistent-bioaccumulative-and-toxic-pbt-chemicals).

¹⁸³ See [EPA.gov/pfas/key-epa-actions-address-pfas](https://www.epa.gov/pfas/key-epa-actions-address-pfas).

¹⁸⁴ See [EPA.gov/assessing-and-managing-chemicals-under-tsca/final-scope-documents-high-priority-chemicals](https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/final-scope-documents-high-priority-chemicals).

¹⁸⁵ See [EPA.gov/assessing-and-managing-chemicals-under-tsca/low-priority-substances-under-tsca](https://www.epa.gov/assessing-and-managing-chemicals-under-tsca/low-priority-substances-under-tsca).

¹⁸⁶ See [EPA.gov/hazardous-air-pollutants-ethylene-oxide/actions-protect-workers-and-communities-ethylene-oxide-eto](https://www.epa.gov/hazardous-air-pollutants-ethylene-oxide/actions-protect-workers-and-communities-ethylene-oxide-eto).

On March 29, 2021, 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.¹⁸⁷ 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.

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 a risk of more than 25,000 times its acceptable risk level for workers, based solely on the warning statements about PPE in the Safety Data Sheets.¹⁸⁸ An effort by a coalition of chemical companies, called the TSCA 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.

¹⁸⁷ See [EPA.gov/chemicals-under-tsca/important-updates-epas-tsca-new-chemicals-program](https://www.epa.gov/chemicals-under-tsca/important-updates-epas-tsca-new-chemicals-program).

¹⁸⁸ 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/](https://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/). Aug. 27, 2020.

Permissible Exposure Limits of OSHA Compared with Other Standards and Recommendations¹

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 (inhalable) 0.02 (respirable)	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.

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

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

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

⁵Chemicals 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
2011–2021, 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 manufacturing	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
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

**5(a)(1) Citations for Airborne Chemical Exposures
2011–2021, Federal OSHA and State Plan Cases**

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
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	Isoflurane (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/m ³ 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	Isoflurane (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
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

5(a)(1) Citations for Airborne Chemical Exposures 2011–2021, Federal OSHA and State Plan Cases

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

Source: Occupational Safety and Health Administration.

¹HDIH is hexamethylene diisocyanate homopolymer.

²DMEA is dimethylethylamine.

³TGIC is 1,3,5- triglycidyl isocyanurate, aka 1,3,5-triglycidyl-s-triazinetrione.

⁴2,6-TDI is toluene diisocyanate.

⁵TNT is 2,4,6-trinitrotoluene.

⁶Reference Occupational Exposure Limit from Dutch Expert Committee on Occupational Safety. Further information in this NIOSH Health Hazard Evaluation: [CDC.gov/niosh/hhe/reports/pdfs/2010-0144-3164.pdf?id=10.26616/NIOSHETA201001443164](https://www.cdc.gov/niosh/hhe/reports/pdfs/2010-0144-3164.pdf?id=10.26616/NIOSHETA201001443164).

MINE SAFETY AND HEALTH

Data from MSHA for 2022 show 29 overall fatalities in mining. There were 19 metal and nonmetal miner deaths, a decrease from 27 fatalities in 2021, and 10 coal miner deaths, no change from the previous year. The last year of the Obama administration was the safest on record for the mining industry, with record low fatalities and injuries reported.

In April 2010, the worst coal mine disaster in the United States in 40 years killed 29 miners at Upper Big Branch (UBB) in West Virginia. 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.¹⁸⁹

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 in April 2014, which cut permissible exposure to coal dust to reduce the risk of black lung disease. The Miners' Voice initiative encouraged 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 working conditions in the nation's mines. President Trump appointed a mining executive as MSHA assistant secretary. David Zatezalo, formerly CEO of Rhino Resource Partners, was confirmed by the Senate in November 2017 on a party-line vote. Rhino Resources has a long history with MSHA, and previously had received two pattern of violation notices from the agency for failure to correct repeat and ongoing violations. During the four years of the administration, MSHA largely maintained its enforcement programs, while expanding voluntary programs for mine employers.

The Biden administration has taken action to move toward maintaining and improving strong safety and health protections for miners. Christopher Williamson has served as assistant secretary of labor for mine safety and health since confirmation on April 11, 2022. He previously served as a special assistant at MSHA in the Obama administration before serving as an attorney-adviser at the Federal Mine Safety and Health Review Commission.

¹⁸⁹ 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-sdwy/pr/blankenship-sentenced-year-federal-prison](https://www.justice.gov/usao-sdwy/pr/blankenship-sentenced-year-federal-prison).

The Biden administration began several initiatives to improve mining safety. In February 2022, the Biden administration recognized the number of preventable mining injuries and announced a campaign to reinforce the importance of training.¹⁹⁰ The Miner Health Matters campaign was announced on September 29, 2022 as an effort to raise awareness of regulations that give coal miners with pneumoconiosis, or black lung, the right to work at a section of a mine with lower levels of dust without having their pay reduced, discrimination or termination.¹⁹¹ A Miner Safety and Health app was launched in both English and Spanish to be used as a tool to review best mine safety and health practices, find resources on miners' rights and responsibilities, and report hazardous work condition complaints.¹⁹²

In 2022, there were 36,840 coal mine citations issued, with 51,491 citations issued in metal and nonmetal mining. This was an increase in citations compared with the year before, but is still below the number of citations issued before the pandemic. COVID-19 may have reduced enforcement activities in 2020 and 2021, although many MSHA enforcement programs and policies were maintained, as many enforcement requirements are outlined in MSHA's statute. In 2019, MSHA issued 43,593 coal mine citations and 55,751 metal and nonmetal mine citations.

Impact inspections, instituted as a 10-year initiative after UBB, began slowing in 2018 and paused in April 2020 until the initiative was reinstated in January 2023. Impact inspections are conducted at mines with a poor compliance history with MSHA standards, high numbers of injuries, illnesses or fatalities, or other indicators of unsafe mines. In January 2023, there were eight impact inspections that resulted in 114 total citations, five orders and 36 significant and substantial (S&S) citations. In February 2023, there were 17 impact inspections that resulted in 245 total citations, 11 orders and 77 S&S citations. Orders are issued to mine operators to 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 S&S violations, and where imminent danger exists. S&S citations are 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.

The pattern of violations (POV) list has been a way to identify mining operators who have recurring significant and substantial violations. Since the POV initiative began in 2010 with 51 mines, the number of mines on the list has declined significantly. In December 2021, the first mine since 2014 was placed on the POV list, Weeks Island Mine and Mill. The renewed use of one of the agency's toughest enforcement actions shows a commitment to mining enforcement initiatives that hold mining owners accountable.

¹⁹⁰ Mine Safety and Health Administration. "Take Time, Save Lives." February 2022. Available at [MSHA.gov/take-time-save-lives](https://www.msha.gov/take-time-save-lives).

¹⁹¹ Mining Safety and Health Administration. "Miner Health Matters." Available at [MSHA.gov/miner-health-matters#:~:text=Through%20the%20Miner%20Health%20Matters,silica%20and%20other%20dangerous%20toxins](https://www.msha.gov/miner-health-matters#:~:text=Through%20the%20Miner%20Health%20Matters,silica%20and%20other%20dangerous%20toxins).

¹⁹² Mine Safety and Health Administration. "US Department of Labor Launches Miner Safety and Health App for Spanish-Speaking Miners to Expand Access to Useful Information" (press release). 23-86-NAT. Jan. 19, 2023. Available at [MSHA.gov/news-media/press-releases/2023/01/19/us-department-labor-launches-miner-safety-and-health-app](https://www.msha.gov/news-media/press-releases/2023/01/19/us-department-labor-launches-miner-safety-and-health-app).

In 2022, MSHA filed 19 discrimination complaints on behalf of miners and sought eight reinstatement cases. This was a decrease in both complaints and reinstatements compared with 2021.

The Biden administration has also renewed work on important regulations that were halted or rolled back at the urging of the mining industry under the Trump administration. A new proposed rule on respirable crystalline silica has been under EO 12866 review at the Office of Management and Budget since Jan. 13, 2023.¹⁹³ The proposed rule had been in development for years before it was placed on the long-term regulatory agenda by the Trump administration.

In 2018, the National Institute for Occupational Safety and Health (NIOSH) reported the largest cluster of black lung disease (coal worker pneumoconiosis, or CWP) 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 2017.¹⁹⁴ 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%.¹⁹⁵ The current conjecture is that exposure to silica from mining coal seams containing high concentrations of quartz is a major factor in causing this increase in disabling lung disease, and that new technologies and equipment pulverize the rock more intensely, worsening exposures, which is evidenced by younger workers being diagnosed.

Two recent NIOSH studies reinforce these mining silica exposures and the need for protections. In one, using MSHA's health inspection data, the researchers found that hazardous silica exposures in metal and nonmetal mining overall have been prevalent and persistent over decades, well greater than the MSHA PEL for respirable dust and the NIOSH REL. Additionally, these exposures appear to be increasing in recent years in certain settings.¹⁹⁶ NIOSH also published the largest study ever on coal miner fatalities from lung disease, with a major finding that younger miners have higher mortality rates than their predecessors.¹⁹⁷

The MSHA standard on respirable dust still permits silica exposures up to 100 $\mu\text{g}/\text{m}^3$. The standard was set to be lowered following the issuance of the new OSHA silica rule in 2016, which reduced permissible exposures to 50 $\mu\text{g}/\text{m}^3$ 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

¹⁹³ See [RegInfo.gov/public/do/eoDetails?rid=293066](https://www.reginfo.gov/public/do/eoDetails?rid=293066).

¹⁹⁴ 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. Feb. 6, 2018. Available at [JAMANetwork.com/journals/jama/fullarticle/2671456](https://jamanetwork.com/journals/jama/fullarticle/2671456).

¹⁹⁵ 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: 1220–1222. Sept. 1, 2018. Available at [10.2105/AJPH.2018.304517](https://doi.org/10.2105/AJPH.2018.304517).

¹⁹⁶ Misra S., A.L. Sussell, S.E. Wilson, et al. "Occupational Exposure to Respirable Crystalline Silica Among US Metal and Nonmetal Miners, 2000–2019." *American Journal of Industrial Medicine* 66, No. 3: 199–212. Jan. 27, 2023. Available at [dx.doi.org/10.1002/ajim.23451](https://doi.org/10.1002/ajim.23451).

¹⁹⁷ Almberg K.S., C.N. Halldin, L.S. Friedman et al. "Increased Odds of Mortality from Non-Malignant Respiratory Disease and Lung Cancer are Highest Among US Coal Miners Born After 1939." *Occupational and Environmental Medicine* 2023;80:121–128. Available at [OEM.bmj.com/content/80/3/121.full?ijkey=vjDwUlSHO2dGCc7&keytype=ref](https://oem.bmj.com/content/80/3/121.full?ijkey=vjDwUlSHO2dGCc7&keytype=ref).

or direct final rule, and refused to take further action even in the face of the alarming increase in CWP among miners.

While the rule is in development, in June 2022 MSHA announced a silica enforcement initiative to better protect miners from health hazards related to repeated overexposures of silica. The initiative includes inspections, sampling, compliance assistance and direct conversations with miners about their rights to report health hazards.¹⁹⁸

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 safety programs for surface mobile equipment issued by MSHA in September 2021, the agency reported that from 2003 to 2018, there were 109 preventable fatalities and 1,543 injuries caused by hazards related to working near or operating mobile and powered haulage equipment at mines.¹⁹⁹ The proposed rule would require a written safety program for mobile and powered haulage equipment at surface mines and surfaces of underground mines.

¹⁹⁸ Mine Safety and Health Administration. “US Department of Labor Takes Action to Reduce Miners’ Exposure to Silica Dust as Work Continues on an Improved Health Standard” (press release). 22-1145-NAT. June 8, 2022. Available at [MSHA.gov/news-media/press-releases/2022/06/08/us-department-labor-takes-action-reduce-miners-exposure-silica](https://www.msha.gov/news-media/press-releases/2022/06/08/us-department-labor-takes-action-reduce-miners-exposure-silica).

¹⁹⁹ 86 FR 50496.

Profiles of Mine Safety and Health 2014–2022¹

Coal Mines

	2014	2015	2016	2017	2018	2019	2020 ⁴	2021 ⁴	2022
Number of coal mines	1,630	1,456	1,287	1,215	1,190	1,137	1,016	972	986
Number of miners	116,264	102,865	81,845	82,887	82,812	81,466	63,761	61,428	66,383
Fatalities	16	12	8	15	12	12	5	10	10
Fatal injury rate²	0.0149	0.0131	0.0115	0.0200	0.0156	0.0159	0.0091	0.0184	0.0164
All injury rate²	3.15	2.93	2.91	3.19	2.88	2.94	2.73	2.86	2.8
States with coal mining	26	26	26	25	26	26	23	24	24
Coal production (millions of tons)	1,000	897	728	775	756	706	535	578	595
Citations and orders issued³	62,452	49,322	40,499	46,760	46,727	43,593	28,725	29,722	36,840

Metal and Nonmetal Mines

	2014	2015	2016	2017	2018	2019	2020 ⁴	2021 ⁴	2022
Number of metal/nonmetal mines	11,993	11,867	11,823	11,900	11,889	11,861	11,736	11,633	11,556
Number of miners	250,808	247,527	237,408	238,687	249,512	250,598	223,810	240,286	247,503
Fatalities	30	17	17	13	16	15	24	27	19
Fatal injury rate²	0.0147	0.0084	0.0088	0.0066	0.0077	0.0072	0.0124	0.0136	0.0091
All injury rate²	2.11	2.03	1.94	1.79	1.74	1.72	1.59	1.64	1.58
States with M/NM mining	50	50	50	50	50	50	50	50	50
Citations and orders issued³	58,599	58,374	56,525	57,843	50,765	55,751	49,171	48,271	51,491

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

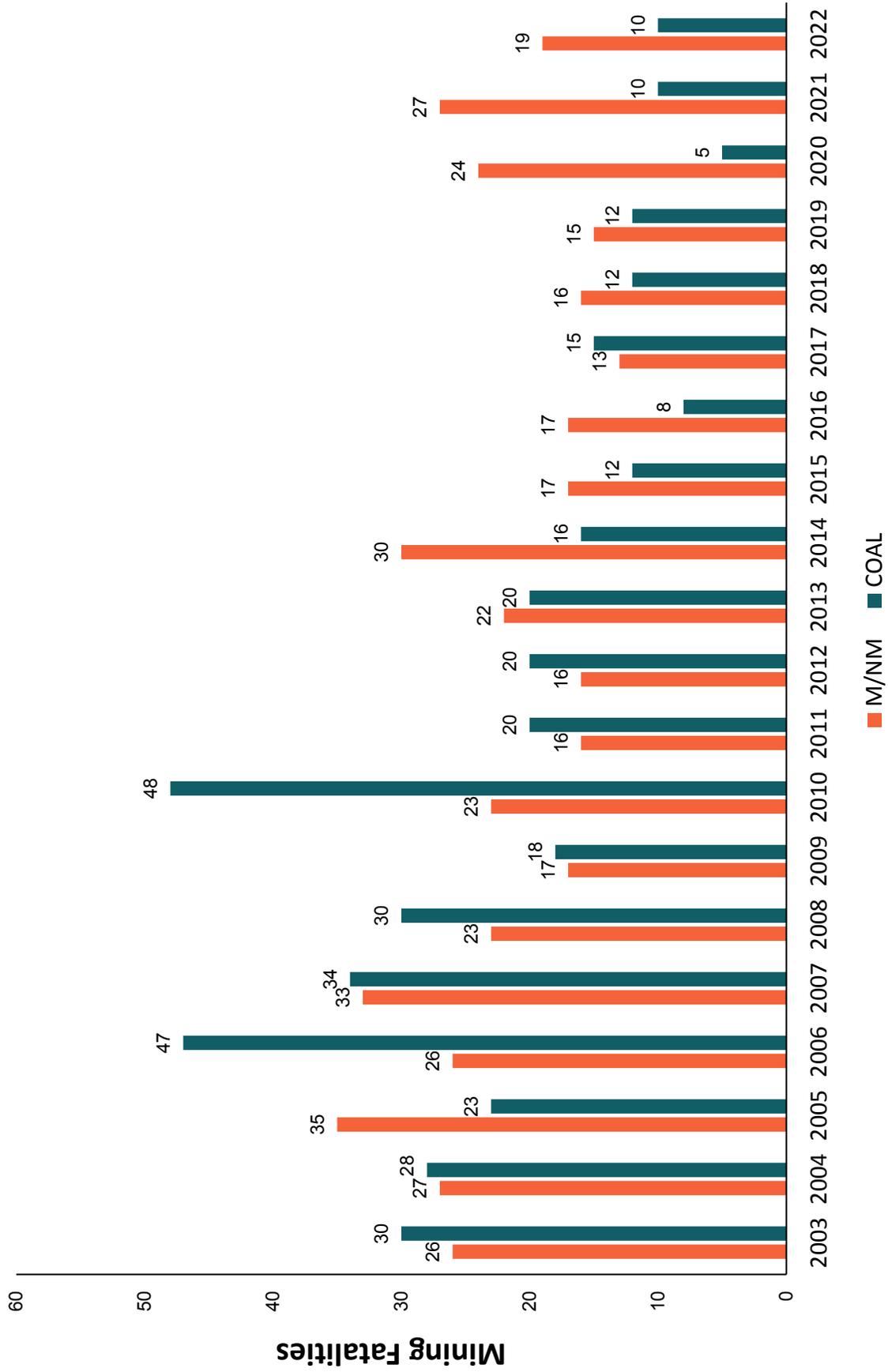
¹Includes operator and contractor employees.

²All reported injuries per 200,000 employee hours.

³Citations and orders are those not vacated.

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

Coal and Metal/Nonmetal Mining Fatality Comparisons, 2003–2022



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

Coal Mining Fatalities by State, 2003–2022

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
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					1
Iowa																				
Kansas																				
Kentucky	10	6	8	16	2	8	6	7	8	4	2	2	2	2	2	1	5	2	1	2
Louisiana							1													
Maine																				
Maryland				1	2															
Massachusetts																				
Michigan																				
Minnesota																				
Mississippi																				

Coal Mining Fatalities by State, 2003–2022

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Missouri																					
Montana				1				1				1			1						
Nebraska																					
Nevada																					
New Hampshire																					
New Jersey																					
New Mexico					1																1
New York																					
North Carolina																					
North Dakota																					
Ohio			1						2	1	1									1	
Oklahoma			1		1																
Oregon																					
Pennsylvania	1	1	4	1	1	5	1			2	2		3	1	1	3	2	1	1	1	2
Puerto Rico																					
Rhode Island																					
South Carolina																					
South Dakota																					
Tennessee		1					1			1											
Texas					1	1															
Utah		2		1	10						1	1								1	
Vermont																					
Virginia	3	3		1		2	1		1	1		2	1								
Washington																1					

Coal Mining Fatalities by State, 2003–2022

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
West Virginia	9	12	4	23	9	9	3	35	6	7	6	5	2	3	8	4	4	2	5	4
Wisconsin																				
Wyoming	2		1			1			1		2	2			1				1	
Total	30	28	23	47	34	30	18	48	20	20	20	16	12	8	15	12	12	5	10	10

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

Metal and Nonmetal Mining Fatalities by State, 2003–2022

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alabama	2		1					1		1					1	1				
Alaska				2	3				2										1	
Arizona			2	1	2	2	1	2		1	1	1		1	1			2	1	1
Arkansas	1				2		1							1						3
California	2			2	3	2	1	2	1	1	2		1		1			2		
Colorado	1		2								2							1		
Connecticut																				
Delaware																				
Florida			2	1				1	1	2		1	1	1						2
Georgia	1	1				1	1	1			2		1	1	1		1	2	2	1
Hawaii																				
Idaho								1	2			1			1					1
Illinois	1											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, 2003–2022

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Mississippi			2											2			1			
Missouri		2	1		2	2	2				2	2	2					1	2	1
Montana			1		1				1	2		1				1			1	
Nebraska			1		1					1			1						1	
Nevada	2	4	3		2	3	1	2	1	1	2	2	3	1	2	2		1	1	3
New Hampshire	1				1								1							
New Jersey	1		1															1		
New Mexico	1	1	2			1	1				1				1	2	1		1	
New York		1				1		1	1	3		2				1			1	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			1
Oregon	1	2	1	1	1										1					
Pennsylvania		2	1	2	2	2	1		1		1	2	1			1			1	1
Puerto Rico				1	1		1													
Rhode Island																				1
South Carolina	2	1	1									2					1	1		1
South Dakota																				
Tennessee	1	1	1	2	1		1	1			1			1			2		3	1
Texas	2	3	2	1	2	3	2	2			1	5	1	2	1	3	3	2	5	2
Utah				1		1		1	1			2		1		1			1	
Vermont																	2			

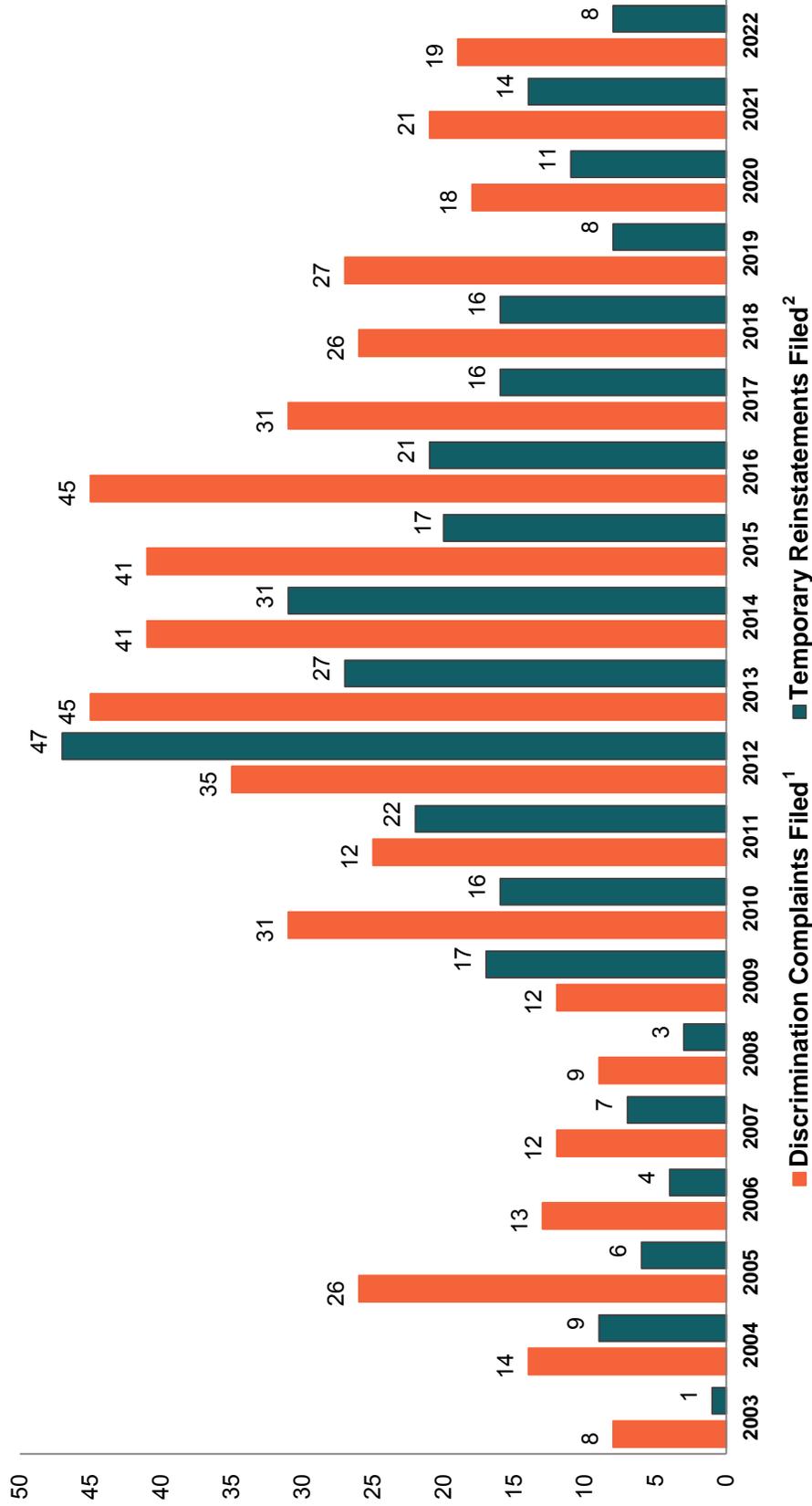
Metal and Nonmetal Mining Fatalities by State, 2003–2022

State	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Virginia			1	1	1							2	1	1		1					1
Washington	1		1	1	1			1	1					1				1			
West Virginia																					
Wisconsin			1			1														1	1
Wyoming		1	1		1												1				
Total	26	27	35	26	33	23	17	23	16	16	22	30	17	17	13	16	15	24	27 ¹		19

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

¹One fatality has not been classified to a state.

MSHA Discrimination Complaints and Temporary Reinstatements Filed by the Department of Labor on Behalf of Miners, 2003–2022



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

¹Under 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.

²If 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

Profile of Workplace Safety and Health in the United States

State	Fatalities 2021 ¹			Injuries/Illnesses 2021 ²		Penalties FY 2022 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	111	5.5	43	32,600	2.4	4,501	19	27	0	152	Federal
Alaska	20	6.2	45	6,200	3.3	3,421	36	2	8	53	State
Arizona	67	2.1	3	57,100	2.8	1,181	48	3	12	428	State
Arkansas	74	5.8	44	21,100	2.4	5,539	2	10	0	416	Federal
California	462	2.8	7	349,100	3.2	8,423	1	8	185	247	State
Colorado	96	3.4	24	N/A	N/A	4,067	23	30	0	201	Federal
Connecticut	23	1.4	2	32,700	3.0	4,240	21	14	5	174	Federal ⁵
Delaware	13	2.8	7	6,900	2.2	5,432	4	5	0	137	Federal
Florida	315	3.4	24	N/A	N/A	4,775	11	68	0	389	Federal
Georgia	187	4.0	31	N/A	N/A	4,680	15	48	0	236	Federal
Hawaii	15	2.2	5	11,000	3.3	3,084	38	4	10	83	State
Idaho	30	3.3	18	N/A	N/A	3,661	32	7	0	222	Federal
Illinois	176	3.1	15	102,000	2.6	4,634	16	72	11	153	Federal ⁵
Indiana	157	5.2	39	65,400	3.1	1,418	45	1	36	201	State
Iowa	49	3.3	18	34,900	3.3	5,156	6	0	24	162	State
Kansas	63	4.6	35	24,700	2.7	3,910	26	16	0	143	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2021 ¹			Injuries/Illnesses 2021 ²		Penalties FY 2022 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	97	5.2	39	38,600	3.1	3,841	29	0	25	124	State
Louisiana	141	7.7	47	23,700	1.9	4,713	13	10	0	230	Federal
Maine	19	2.9	11	18,500	4.7	4,328	20	9	2	196	Federal ⁵
Maryland	80	2.8	7	45,800	2.7	865	49	6	38	132	State
Massachusetts	97	2.9	11	57,900	2.4	4,049	24	46	0	184	Federal
Michigan	140	3.3	18	86,700	3.0	1,227	47	2	61	75	State
Minnesota	80	2.8	7	63,800	3.3	1,407	46	0	42	135	State
Mississippi	41	3.5	29	N/A	N/A	4,937	9	9	0	197	Federal
Missouri	147	5.4	42	50,600	2.6	4,735	12	26	0	235	Federal
Montana	40	8.0	48	10,400	3.4	2,001	40	7	0	211	Federal
Nebraska	39	4.1	32	19,600	3.0	3,553	34	11	0	157	Federal
Nevada	43	3.3	18	29,800	3.3	4,221	22	2	39	100	State
New Hampshire	21	3.2	16	N/A	N/A	3,628	33	11	0	156	Federal
New Jersey	110	2.7	6	70,500	2.6	5,155	7	44	12	134	Federal ⁵
New Mexico	53	6.2	45	13,500	2.8	3,997	25	0	11	315	State
New York	247	2.9	11	125,500	2.2	4,547	18	66	27	210	Federal ⁵

Profile of Workplace Safety and Health in the United States

State	Fatalities 2021 ¹			Injuries/Illnesses 2021 ²		Penalties FY 2022 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	179	3.9	30	67,700	2.2	1,956	41	2	77	152	State
North Dakota	34	9.0	49	N/A	N/A	5,438	3	7	0	150	Federal
Ohio	171	3.4	24	78,000	2.2	4,835	10	61	0	132	Federal
Oklahoma	86	5.1	38	30,200	2.8	3,836	30	14	0	186	Federal
Oregon	66	3.3	18	47,800	3.8	631	50	5	67	85	State
Pennsylvania	162	2.9	11	117,100	2.9	4,972	8	68	0	162	Federal
Rhode Island	5	1.0	1	N/A	N/A	4,616	17	10	0	154	Federal
South Carolina	107	5.0	37	30,300	2.2	2,008	39	1	17	442	State
South Dakota	20	4.7	36	N/A	N/A	3,877	27	6	0	167	Federal
Tennessee	132	4.4	34	53,400	2.5	1,900	42	3	36	121	State
Texas	533	4.2	33	178,900	2.1	3,742	31	103	0	185	Federal
Utah	52	3.4	24	27,800	2.6	1,462	44	0	15	137	State
Vermont	10	3.3	18	7,200	3.8	3,496	35	0	6	182	State
Virginia	125	3.2	16	54,400	2.1	3,112	37	3	44	149	State
Washington	73	2.1	3	77,600	3.5	1,870	43	3	121	58	State
West Virginia	36	5.2	39	12,600	2.9	5,327	5	6	0	166	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2021 ¹		Injuries/Illnesses 2021 ²		Penalties FY 2022 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	105	3.4	24	61,200	3.2	4,709	14	38	0	128	Federal
Wyoming	27	10.4	50	4,700	2.9	3,872	28	0	7	157	State
Total or National Average:	5,190	3.6		2.6 Million	2.7	3,225⁹		1,871¹⁰		167¹¹	

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

²Bureau 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.

³U.S. Department of Labor, OSHA, OIS Inspection Reports, FY 2021. 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.

⁴Includes 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 2021. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2022 State Plan Grant Applications as of July 1, 2021. 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.

⁵Under 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.

⁶Years to inspect is based on the number of establishments in 2020 and the number of OSHA inspections in FY 2021. 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. During the COVID-19 pandemic, OSHA has conducted fewer field operations and less enforcement.

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

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

⁹National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average \$4,354 per citation; state plan OSHA states average \$2,221 per citation.

¹⁰Total number of inspectors includes 900 federal OSHA inspectors and 971 state OSHA inspectors, including two inspectors in the Virgin Islands and 31 in Puerto Rico.

¹¹Frequency of all covered establishments for all states combined. Average inspection frequency of covered establishments for federal OSHA states is once every 190 years; inspection frequency of covered establishments for state OSHA plan states is once every 144 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 includes the District of Columbia, Puerto Rico and the Virgin Islands.

Workplace Safety and Health Statistics by State, 2016–2021

	Fatality Rates ¹					Injury/Illness Rates ²					Average Penalties(\$) ³						
	2016	2017	2018	2019	2020	2021	2016	2017	2018	2019	2020	2021	FY18	FY19	FY20	FY21	FY22
	Alabama	5.2	4.3	4.5	4.2	4.2	5.5	2.7	2.5	2.7	2.5	2.6	2.4	3,598	3,577	4,117	4,614
Alaska	10.6	10.2	9.9	14.1	10.7	6.2	3.6	3.8	3.6	3.5	3.5	3.3	1,676	3,591	5,113	3,501	3,421
Arizona	2.6	3.0	2.5	2.7	3.1	2.1	2.9	2.9	3.0	3.0	3.0	2.8	1,140	916	1,379	1,029	1,181
Arkansas	5.3	6.1	6.3	5.0	5.4	5.8	2.4	2.5	2.2	2.1	2.8	2.4	3,872	4,120	5,409	6,568	5,539
California	2.2	2.2	2.3	2.5	2.9	2.8	3.3	3.2	3.3	3.2	3.2	3.2	7,699	7,785	7,372	9,569	8,423
Colorado	3.0	2.8	2.6	2.9	2.9	3.4	N/A	N/A	N/A	N/A	N/A	N/A	2,775	2,882	3,422	4,057	4,067
Connecticut	1.6	1.9	2.8	1.4	1.8	1.4	3.3	3.2	3.2	3.1	3.0	3.0	3,108	3,211	3,107	3,678	4,240
Delaware	2.6	2.4	1.6	4.1	1.7	2.8	2.6	2.3	2.4	2.3	2.2	2.2	3,996	6,541	5,910	5,254	5,432
Florida	3.6	3.3	3.5	3.2	3.2	3.4	N/A	N/A	N/A	N/A	N/A	N/A	3,653	4,032	4,198	4,728	4,775
Georgia	3.9	4.1	3.8	4.3	4.3	4.0	2.7	2.6	2.5	2.5	N/A	N/A	3,571	3,862	4,094	5,070	4,680
Hawaii	2.4	2.2	3.4	4.1	2.9	2.2	3.5	3.8	3.3	3.2	3.0	3.3	3,069	3,964	3,498	2,974	3,084
Idaho	4.1	4.8	5.8	4.1	4.1	3.3	N/A	N/A	N/A	N/A	N/A	N/A	3,423	3,624	4,521	3,467	3,661
Illinois	2.9	2.8	3.1	2.7	2.6	3.1	2.7	2.6	2.7	2.5	2.7	2.6	3,615	3,554	3,910	3,897	4,634
Indiana	4.5	4.5	5.6	4.7	5.4	5.2	3.4	3.3	3.2	3.2	3.1	3.1	1,278	1,170	1,519	1,282	1,418
Iowa	4.8	4.7	4.9	4.7	4.0	3.3	3.7	3.5	3.3	3.2	3.3	3.3	2,646	3,785	3,892	4,237	5,156
Kansas	5.2	5.2	4.5	6.0	4.2	4.6	3.3	3.0	3.1	3.0	2.9	2.7	3,600	3,976	3,371	3,442	3,910
Kentucky	5.0	3.8	4.2	4.2	5.4	5.2	3.2	3.1	3.2	3.0	3.2	3.1	3,542	3,922	3,790	3,888	3,841
Louisiana	5.0	6.3	5.1	6.2	5.9	7.7	1.9	1.9	1.8	1.7	1.8	1.9	3,811	3,355	4,049	3,854	4,713
Maine	2.4	2.7	2.5	3.0	3.1	2.9	4.7	4.8	4.7	4.8	4.3	4.7	3,440	3,786	4,041	5,243	4,328
Maryland	3.2	3.0	3.4	2.6	2.2	2.8	2.8	2.6	2.8	2.6	2.5	2.7	681	692	754	862	865
Massachusetts	3.3	3.2	2.7	2.4	2.3	2.9	2.6	2.7	2.6	2.6	2.4	2.4	3,597	3,792	3,724	4,226	4,049
Michigan	3.5	3.4	3.4	3.6	3.1	3.3	3.3	3.1	3.0	2.8	3.1	3.0	1,179	1,336	1,292	1,217	1,227

Workplace Safety and Health Statistics by State, 2016–2021

Minnesota	3.4	3.5	2.7	2.6	2.4	2.8	3.3	3.2	3.1	3.4	3.3	987	950	1,114	1,330	1,407
Mississippi	6.3	6.2	6.7	5.2	4.2	3.5	N/A	N/A	N/A	N/A	N/A	3,246	4,624	4,206	4,594	4,937
Missouri	4.3	4.4	5.1	3.7	4.0	5.4	2.8	2.6	2.7	2.8	2.6	3,630	3,883	4,040	4,501	4,735
Montana	7.9	6.9	5.5	7.8	6.0	8.0	4.2	4.3	3.8	3.4	3.4	2,082	3,363	1,733	2,729	2,001
Nebraska	6.3	3.6	4.7	5.4	5.2	4.1	3.4	3.0	3.0	2.9	3.0	3,650	3,982	3,787	3,663	3,553
Nevada	4.2	2.4	2.8	2.8	3.0	3.3	3.7	3.7	3.5	3.2	3.3	1,980	2,115	3,696	4,670	4,221
New Hampshire	3.2	1.6	2.9	1.5	2.2	3.2	N/A	N/A	N/A	N/A	N/A	3,849	3,804	3,877	3,527	3,628
New Jersey	2.4	1.6	2.0	1.8	2.2	2.7	2.6	2.6	2.5	2.9	2.6	3,818	4,002	4,491	4,776	5,155
New Mexico	4.9	4.7	4.7	6.2	4.6	6.2	3.2	2.7	2.5	2.6	2.8	1,924	1,886	2,417	5,180	3,997
New York	3.1	3.5	3.1	3.1	2.9	2.9	2.3	2.2	2.2	2.2	2.2	3,723	3,557	4,231	4,569	4,547
North Carolina	3.7	3.9	3.8	4.0	4.4	3.9	2.5	2.3	2.3	2.1	2.2	1,772	1,703	1,854	1,892	1,956
North Dakota	7.0	10.1	9.6	9.7	7.4	9.0	N/A	N/A	N/A	N/A	N/A	3,683	4,258	4,971	6,089	5,438
Ohio	3.1	3.3	3.0	3.1	2.4	3.4	2.7	2.6	2.4	2.4	2.2	4,129	4,354	4,193	4,574	4,835
Oklahoma	5.6	5.5	5.2	4.2	4.6	5.1	N/A	N/A	N/A	2.7	2.8	3,070	3,905	3,537	4,836	3,836
Oregon	3.9	3.2	3.1	3.5	3.4	3.3	4.0	3.8	3.9	3.4	3.8	587	579	599	615	631
Pennsylvania	2.8	3.0	3.0	2.6	2.7	2.9	3.3	3.1	3.2	3.0	2.9	3,634	3,969	3,977	4,387	4,972
Rhode Island	1.8	1.6	1.8	1.8	1.1	1.0	N/A	N/A	N/A	N/A	N/A	3,008	3,494	3,236	4,246	4,616
South Carolina	4.4	4.2	4.6	4.8	4.8	5.0	2.5	2.5	2.4	2.1	2.2	1,217	1,131	1,510	1,586	2,008
South Dakota	7.5	7.3	6.9	4.7	7.8	4.7	N/A	N/A	N/A	N/A	N/A	2,958	2,586	3,524	2,908	3,877
Tennessee	4.3	4.4	4.1	4.0	5.1	4.4	2.9	2.9	2.8	2.7	2.5	1,472	1,628	1,672	2,083	1,900
Texas	4.4	4.3	3.8	4.7	3.9	4.2	2.2	2.2	2.1	2.0	2.1	3,423	3,600	3,724	3,387	3,742
Utah	3.2	2.9	3.4	3.5	3.4	3.4	2.9	3.0	2.9	2.6	2.6	1,315	1,250	1,337	1,496	1,462
Vermont	3.2	7.0	3.5	3.2	2.8	3.3	4.6	4.6	4.7	3.6	3.8	2,627	2,737	3,192	3,553	3,496
Virginia	4.0	2.9	3.5	4.3	3.0	3.2	2.5	2.4	2.3	2.1	2.1	2,357	2,395	2,573	3,258	3,112

Workplace Safety and Health Statistics by State, 2016–2021

Washington	2.4	2.5	2.4	2.3	2.5	2.1	4.3	4.0	4.0	3.8	3.5	3.5	1,940	1,725	1,592	1,723	1,870
West Virginia	6.6	7.4	7.9	6.4	6.6	5.2	3.2	2.9	3.0	2.8	2.9	2.9	3,640	4,004	4,257	5,109	5,327
Wisconsin	3.6	3.5	3.8	3.8	4.1	3.4	3.7	3.6	3.6	3.3	3.1	3.2	3,910	3,758	3,805	4,358	4,709
Wyoming	12.3	7.7	11.5	12.0	13.0	10.4	3.4	3.5	3.2	3.1	3.0	2.9	3,340	3,429	3,987	3,562	3,872
National Average⁴	3.6	3.5	3.5	3.5	3.4	3.6	2.9	2.8	2.8	2.8	2.7	2.7	\$2,729	\$2,819	\$2,973	\$3,315	\$3,225

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

²Bureau 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.

³U.S. Department of Labor, OSHA OIS inspection reports for FY 2017 through FY 2022. Penalties 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.

⁴National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average \$4,354 per citation; state plan OSHA states average \$2,221 per citation.

State-by-State OSHA Fatality Investigations, FY 2022

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	28	598,257	21,366	10,878	7,106	Federal
Alaska	3	20,302	6,767	20,302	20,302	State
Arizona	15	39,302	2,620	4,350	4,350	State
Arkansas	22	596,930	27,133	21,962	15,644	Federal
California	250	2,968,262	11,873	10,800	10,400	State
Colorado	40	1,012,622	25,316	—	—	Federal
Connecticut	9	418,067	46,452	2,486	2,486	Federal ²
Delaware	6	73,139	12,190	16,406	16,406	Federal
Florida	105	1,787,757	17,026	14,502	12,254	Federal
Georgia	49	644,734	13,158	11,162	7,458	Federal
Hawaii	6	220,871	36,812	20,512	20,512	State
Idaho	13	107,055	8,235	8,806	5,801	Federal
Illinois	80	1,107,303	13,841	10,151	6,661	Federal ²
Indiana	31	175,950	5,676	5,000	3,550	State
Iowa	26	132,353	5,091	5,950	5,926	State
Kansas	20	429,342	21,467	—	—	Federal
Kentucky	50	765,395	15,308	18,700	16,653	State
Louisiana	36	453,967	12,610	9,427	6,961	Federal
Maine	10	34,667	3,467	5,258	2,291	Federal ²
Maryland	18	65,089	3,616	10,360	10,360	State
Massachusetts	23	1,478,097	64,265	4,351	2,000	Federal
Michigan	54	243,300	4,506	12,000	7,000	State

State-by-State OSHA Fatality Investigations, FY 2022

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	50	1,228,060	24,561	50,000	40,000	State
Mississippi	17	408,382	24,022	14,502	13,860	Federal
Missouri	26	1,026,619	39,485	15,124	13,052	Federal
Montana	5	11,530	2,306	—	—	Federal
Nebraska	17	1,027,585	60,446	11,167	8,000	Federal
Nevada	21	241,188	11,485	7,850	7,533	State
New Hampshire	8	69,751	8,719	12,615	11,594	Federal
New Jersey	53	570,259	10,760	—	—	Federal ²
New Mexico	26	451,918	17,381	16,868	16,868	State
New York	97	2,736,954	28,216	10,360	7,250	Federal ²
North Carolina	71	826,250	11,637	11,950	9,638	State
North Dakota	16	98,141	6,134	—	—	Federal
Ohio	61	1,444,422	23,679	14,502	10,157	Federal
Oklahoma	19	761,630	40,086	5,801	5,800	Federal
Oregon	36	131,030	3,640	2,800	2,800	State
Pennsylvania	67	1,110,997	16,582	14,502	10,000	Federal
Rhode Island	4	51,723	12,931	10,877	9,861	Federal
South Carolina	40	129,768	3,244	4,150	3,750	State
South Dakota	2	26,328	13,164	13,570	13,164	Federal
Tennessee	42	278,275	6,626	8,125	8,125	State
Texas	185	2,743,742	14,831	10,151	9,702	Federal
Utah	18	27,000	1,500	2,000	2,000	State

State-by-State OSHA Fatality Investigations, FY 2022

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	2	12,651	6,326	8,566	6,326	State
Virginia	44	789,338	17,940	16,639	13,487	State
Washington	37	586,803	15,860	8,000	6,000	State
West Virginia	10	115,422	11,542	8,805	6,750	Federal
Wisconsin	30	376,534	12,551	6,900	6,071	Federal
Wyoming	5	26,934	5,387	8,978	8,978	State
National Median State Plan States				7,150	7,000	
National Median Federal States				14,502	12,063	
Total or National Average³	1,920	30,766,211	16,024			

Source: OSHA OIS Fatality Inspection Reports, issued March 8, 2023, and March 13, 2023.

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

²Under 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.

³National fatality investigations for all federal OSHA and state OSHA plan states combined. Federal OSHA average is \$20,476 per fatality investigation; state plan OSHA average is \$10,718 per fatality investigation. Total investigations, total penalties and national average penalty per investigation includes four investigations in the District of Columbia, eight in Puerto Rico, one in Guam and the Virgin Islands, three in American Samoa and zero in the Northern Mariana Islands.

Comparison of Workplace Fatality and Injury Rates by State, 2021

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	5.5	2.4	Indiana	5.2	3.1	Nebraska	4.1	3.0	South Carolina	5.0	2.2
Alaska	6.2	3.3	Iowa	3.3	3.3	Nevada	3.3	3.3	South Dakota ⁴	4.7	N/A
Arizona	2.1	2.8	Kansas	4.6	2.7	New Hampshire ⁴	3.2	N/A	Tennessee	4.4	2.5
Arkansas	5.8	2.4	Kentucky	5.2	3.1	New Jersey	2.7	2.6	Texas	4.2	2.1
California	2.8	3.2	Louisiana	7.7	1.9	New Mexico	6.2	2.8	Utah	3.4	2.6
Colorado ⁴	3.4	N/A	Maine	2.9	4.7	New York	2.9	2.2	Vermont	3.3	3.8
Connecticut	1.4	3.0	Maryland	2.8	2.7	North Carolina	3.9	2.2	Virginia	3.2	2.1
Delaware	2.8	2.2	Massachusetts	2.9	2.4	North Dakota ⁴	9.0	N/A	Washington	2.1	3.5
Florida ⁴	3.4	N/A	Michigan	3.3	3.0	Ohio	3.4	2.2	West Virginia	5.2	2.9
Georgia ⁴	4.0	N/A	Minnesota	2.8	3.3	Oklahoma	5.1	2.8	Wisconsin	3.4	3.2
Hawaii	2.2	3.3	Mississippi ⁴	3.5	N/A	Oregon	3.3	3.8	Wyoming	10.4	2.9
Idaho ⁴	3.3	N/A	Missouri	5.4	2.6	Pennsylvania	2.9	2.9	National Average	3.6	2.7
Illinois	3.1	2.6	Montana	8.0	3.4	Rhode Island ⁴	1.0	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.

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

²Bureau 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.

³A 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.

⁴Not 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.

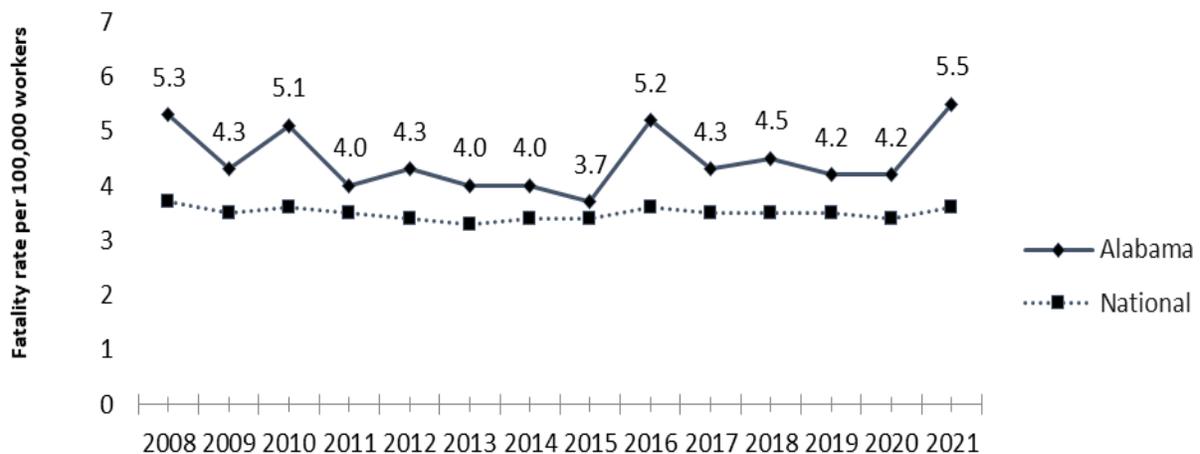
STATE PROFILES

ALABAMA

Worker Safety and Health



Number of employees: ¹	1,965,189
Number of establishments: ¹	139,675
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	306,675
Number of workplace fatalities, 2020: ³	111
Rate per 100,000 workers: ⁴	5.5
National rate:	3.6
Ranking of state fatality rate, 2020: ⁵	43
Total cases of workplace injuries and illnesses, private industry, 2020: ⁶	32,600
Rate per 100 workers:	2.4
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2020: ⁷	20,100
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2021: ⁸	27
Years it would take for OSHA to inspect each workplace once:	152
Number of workplace safety and health inspections conducted, FY 2021: ⁹	886
Construction:	365
Nonconstruction:	521
Avg. penalty assessed for serious violations of the OSH Act, FY 2021: ⁹	\$4,501
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2021: ¹⁰	\$21,366
National average:	\$16,024

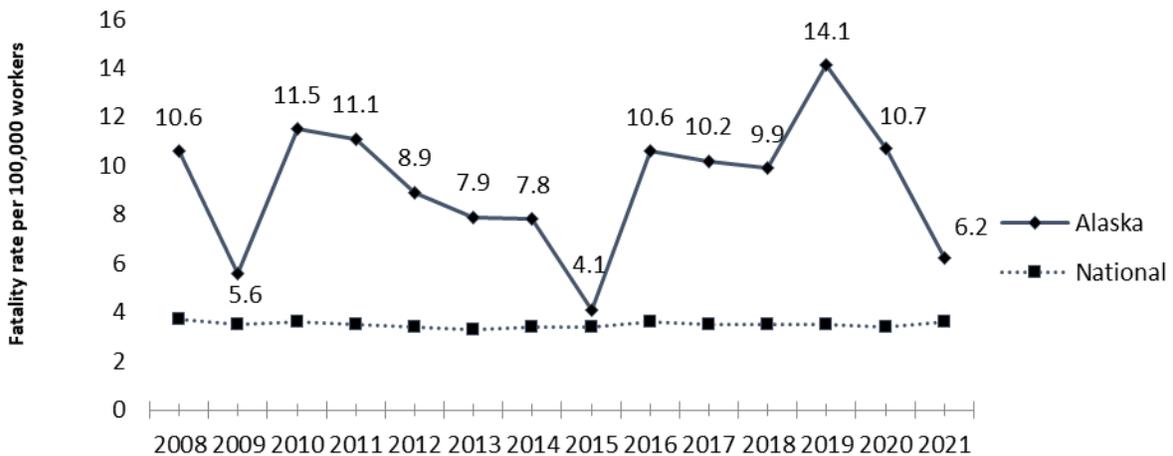


ALASKA

Worker Safety and Health



Number of employees: ¹	305,145
Number of establishments: ¹	23,491
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	20
Rate per 100,000 workers: ⁴	6.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	45
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	6,200
Rate per 100 workers:	3.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	3,800
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	10
Years it would take for OSHA to inspect each workplace once:	53
Number of workplace safety and health inspections conducted, FY 2022: ⁹	440
Construction:	125
Nonconstruction:	315
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,421
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$6,767
National average:	\$16,024

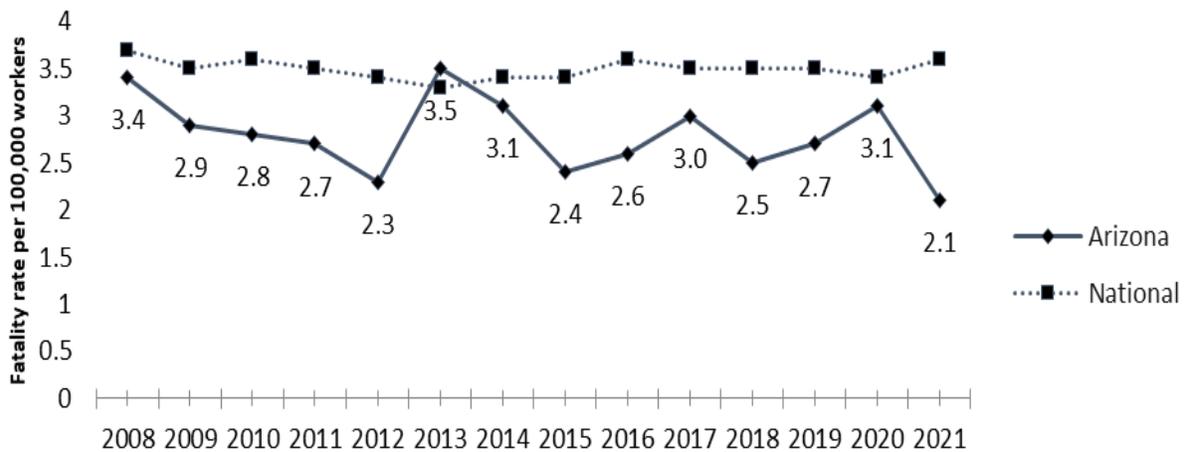


ARIZONA

Worker Safety and Health



Number of employees: ¹	2,935,150
Number of establishments: ¹	184,198
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	67
Rate per 100,000 workers: ⁴	2.1
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	3
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	57,100
Rate per 100 workers:	2.8
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	34,700
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	15
Years it would take for OSHA to inspect each workplace once:	428
Number of workplace safety and health inspections conducted, FY 2022: ⁹	430
Construction:	177
Nonconstruction:	253
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,181
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$2,620
National average:	\$16,024

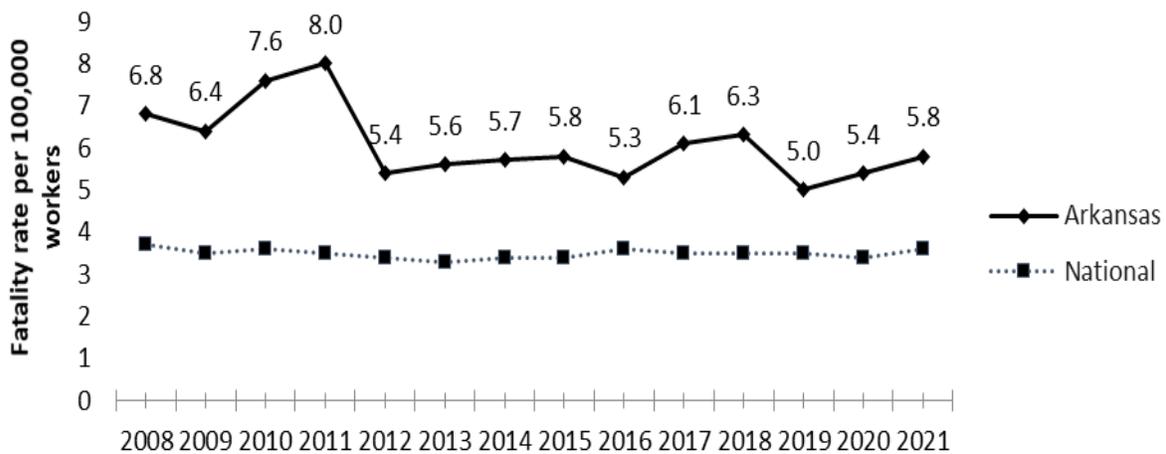


ARKANSAS

Worker Safety and Health



Number of employees: ¹	1,203,304
Number of establishments: ¹	95,817
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	170,359
Number of workplace fatalities, 2021: ³	74
Rate per 100,000 workers: ⁴	5.8
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	44
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	21,100
Rate per 100 workers:	2.4
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	13,200
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	10
Years it would take for OSHA to inspect each workplace once:	416
Number of workplace safety and health inspections conducted, FY 2022: ⁹	223
Construction:	91
Nonconstruction:	132
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$5,539
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$27,133
National average:	\$16,024

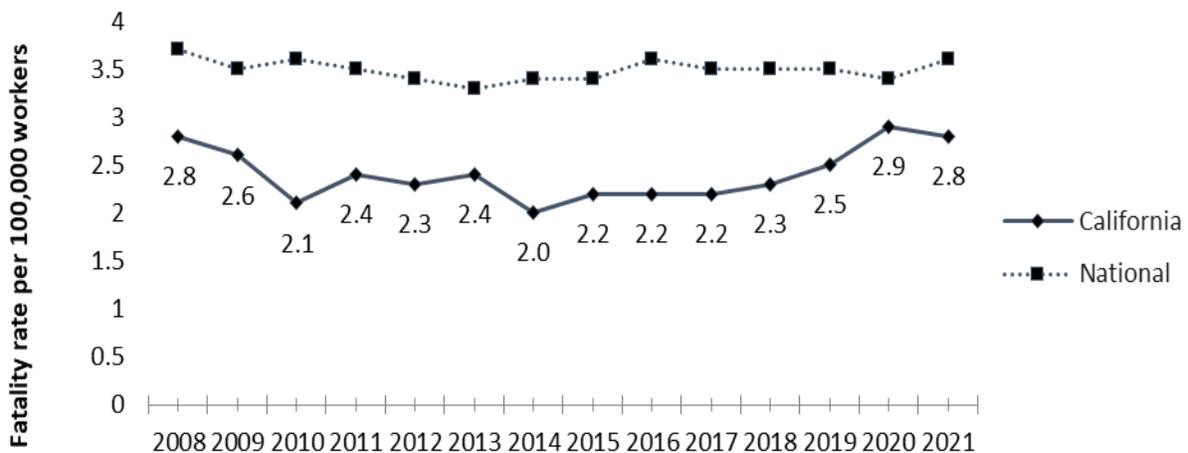


CALIFORNIA

Worker Safety and Health

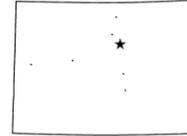


Number of employees: ¹	16,974,870
Number of establishments: ¹	1,656,986
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	462
Rate per 100,000 workers: ⁴	2.8
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	7
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	349,100
Rate per 100 workers:	3.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	239,500
Rate per 100 workers:	2.2
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	193
Years it would take for OSHA to inspect each workplace once:	247
Number of workplace safety and health inspections conducted, FY 2022: ⁹	6,694
Construction:	2,020
Nonconstruction:	4,674
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$8,423
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$11,873
National average:	\$16,024

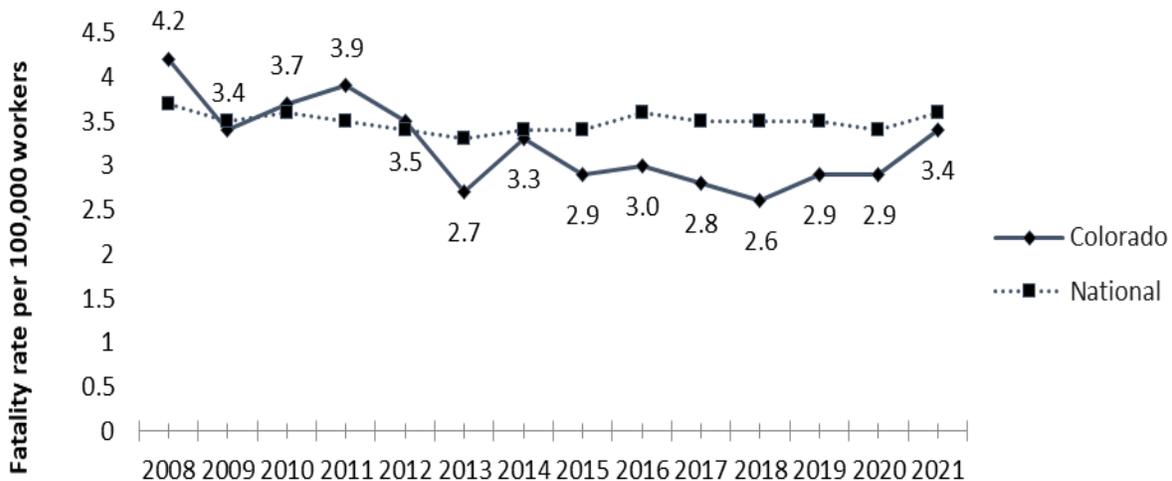


COLORADO

Worker Safety and Health



Number of employees: ¹	2,699,891
Number of establishments: ¹	229,466
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	366,773
Number of workplace fatalities, 2021: ³	96
Rate per 100,000 workers: ⁴	3.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	24
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	30
Years it would take for OSHA to inspect each workplace once:	201
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,129
Construction:	596
Nonconstruction:	533
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,067
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$25,316
National average:	\$16,024

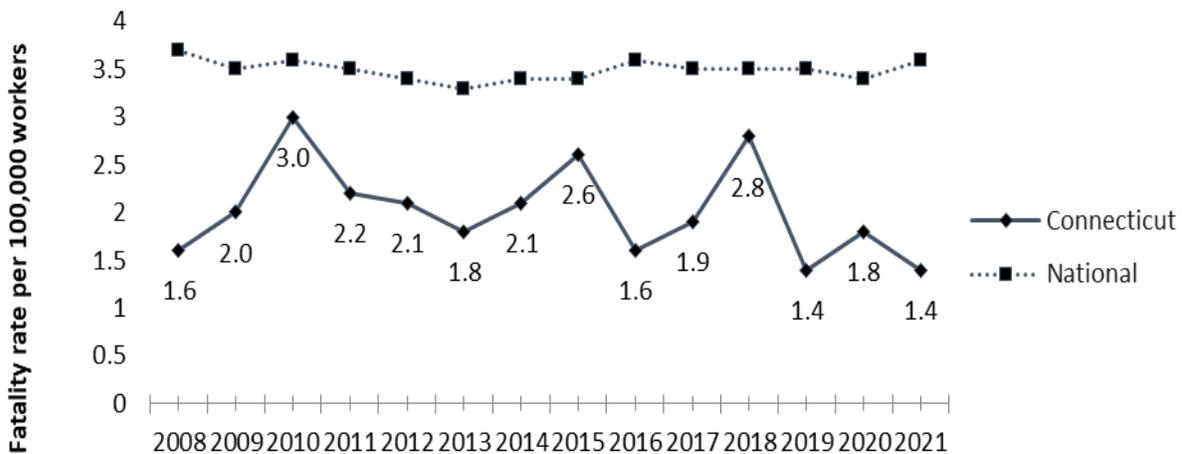


CONNECTICUT

Worker Safety and Health



Number of employees: ¹	1,591,093
Number of establishments: ¹	131,105
State or federal OSHA program: ²	Federal
Number of workplace fatalities, 2021: ³	23
Rate per 100,000 workers: ⁴	1.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	2
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	32,700
Rate per 100 workers:	3.0
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	21,700
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	19
Years it would take for OSHA to inspect each workplace once:	174
Number of workplace safety and health inspections conducted, FY 2022: ⁹	751
Construction:	272
Nonconstruction:	479
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,240
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$46,452
National average:	\$16,024

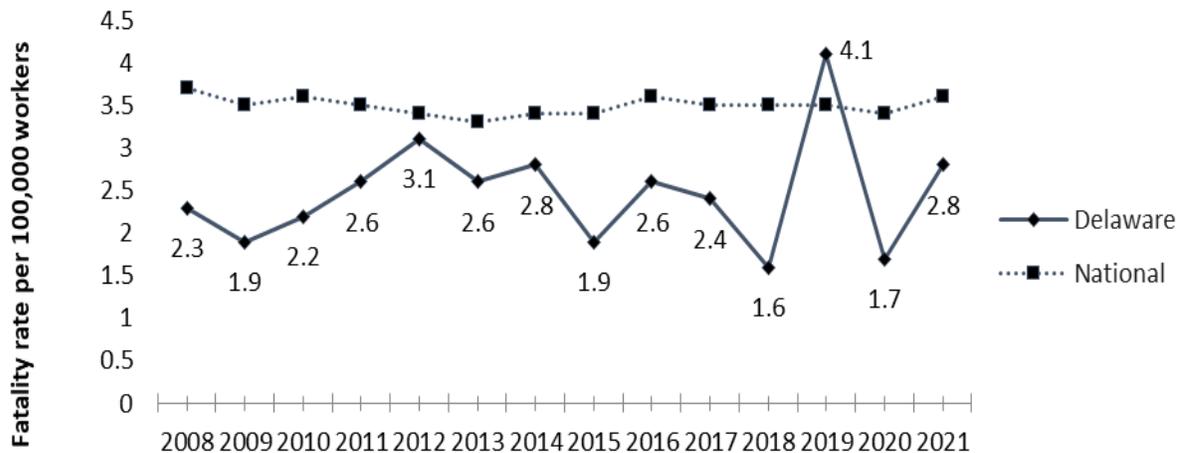


DELAWARE

Worker Safety and Health



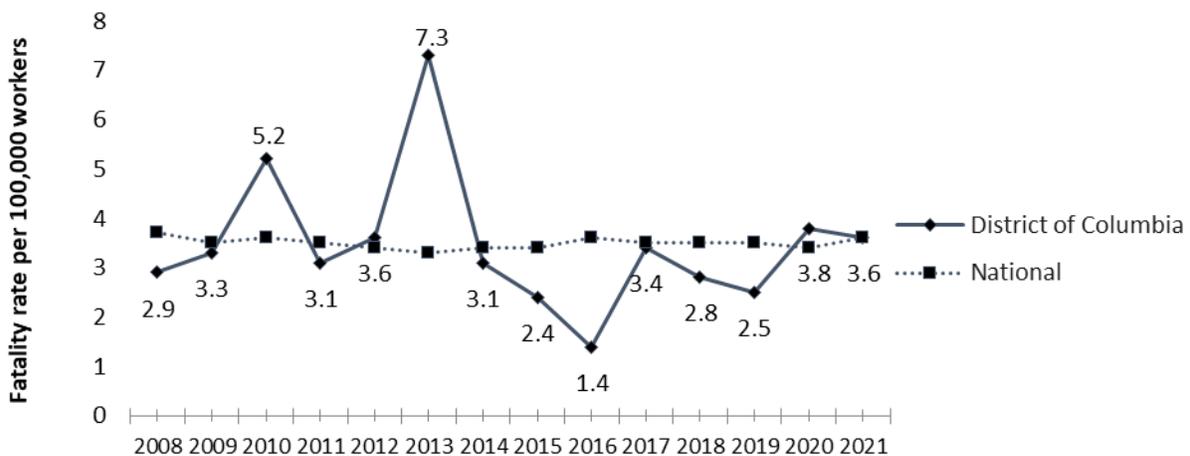
Number of employees: ¹	441,668
Number of establishments: ¹	36,697
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	60,494
Number of workplace fatalities, 2021: ³	13
Rate per 100,000 workers: ⁴	2.8
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	7
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	6,900
Rate per 100 workers:	2.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	4,300
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	5
Years it would take for OSHA to inspect each workplace once:	137
Number of workplace safety and health inspections conducted, FY 2022: ⁹	264
Construction:	184
Nonconstruction:	80
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$5,432
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$12,190
National average:	\$16,024



DISTRICT OF COLUMBIA Worker Safety and Health



Number of employees: ¹	725,826
Number of establishments: ¹	44,401
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	41,301
Number of workplace fatalities, 2021: ³	12
Rate per 100,000 workers: ⁴	3.6
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	N/A
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	3,900
Rate per 100 workers:	1.0
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	2,300
Rate per 100 workers:	0.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	N/A
Years it would take for OSHA to inspect each workplace once:	124
Number of workplace safety and health inspections conducted, FY 2022: ⁹	180
Construction:	154
Nonconstruction:	26
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,166
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$2,009
National average:	\$16,024



FLORIDA



Worker Safety and Health

Number of employees: ¹	8,859,821
Number of establishments: ¹	798,225
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	899,901
Number of workplace fatalities, 2021: ³	315
Rate per 100,000 workers: ⁴	3.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	24
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	68
Years it would take for OSHA to inspect each workplace once:	389
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,044
Construction:	979
Nonconstruction:	1,065
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,775
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$17,026
National average:	\$16,024

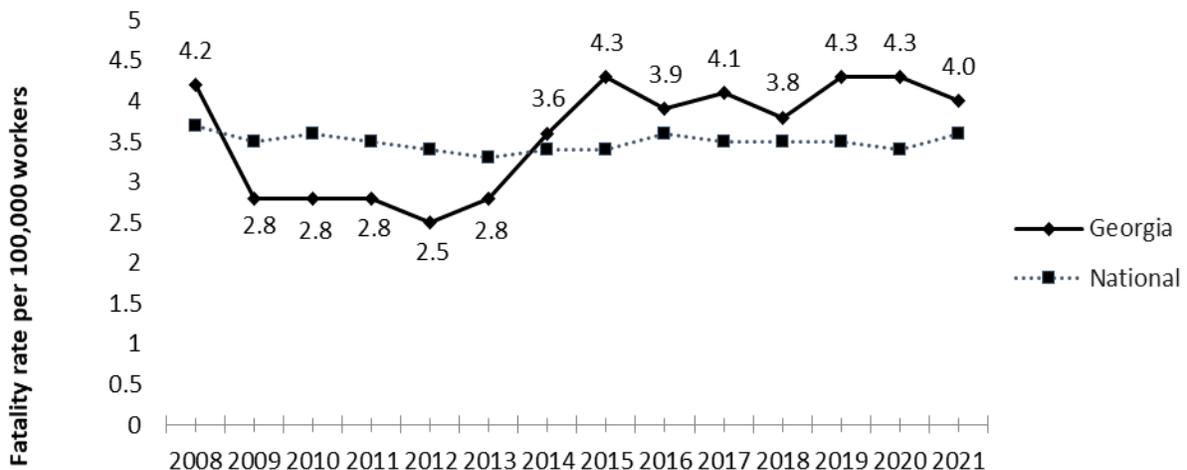


GEORGIA

Worker Safety and Health



Number of employees: ¹	4,475,118
Number of establishments: ¹	336,795
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	529,114
Number of workplace fatalities, 2021: ³	187
Rate per 100,000 workers: ⁴	4.0
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	31
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	48
Years it would take for OSHA to inspect each workplace once:	236
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,399
Construction:	659
Nonconstruction:	740
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,680
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$13,158
National average:	\$16,024

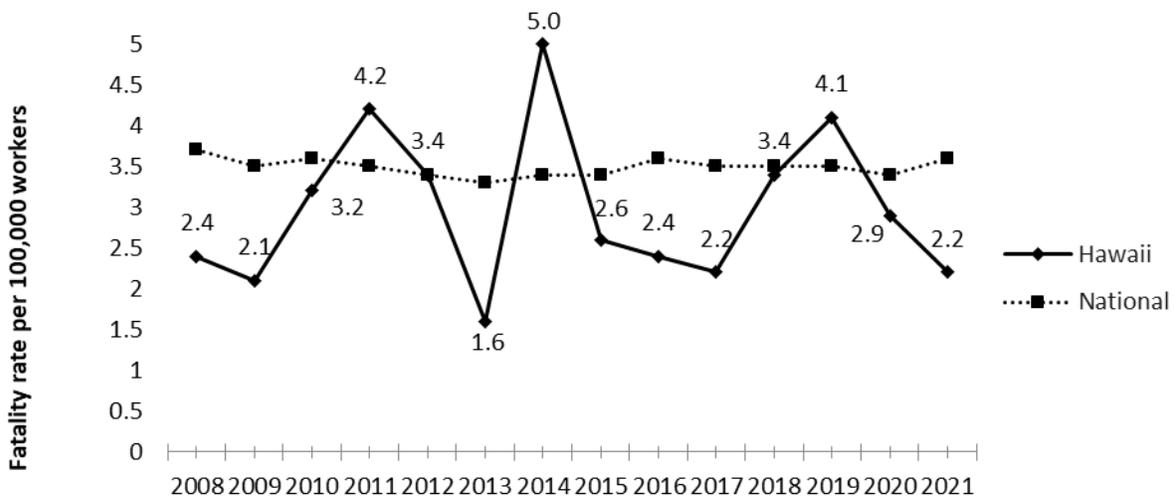


HAWAII

Worker Safety and Health



Number of employees: ¹	588,086
Number of establishments: ¹	48,028
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	15
Rate per 100,000 workers: ⁴	2.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	5
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	11,000
Rate per 100 workers:	3.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	7,000
Rate per 100 workers:	2.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	14
Years it would take for OSHA to inspect each workplace once:	83
Number of workplace safety and health inspections conducted, FY 2022: ⁹	577
Construction:	245
Nonconstruction:	332
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,084
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$36,812
National average:	\$16,024

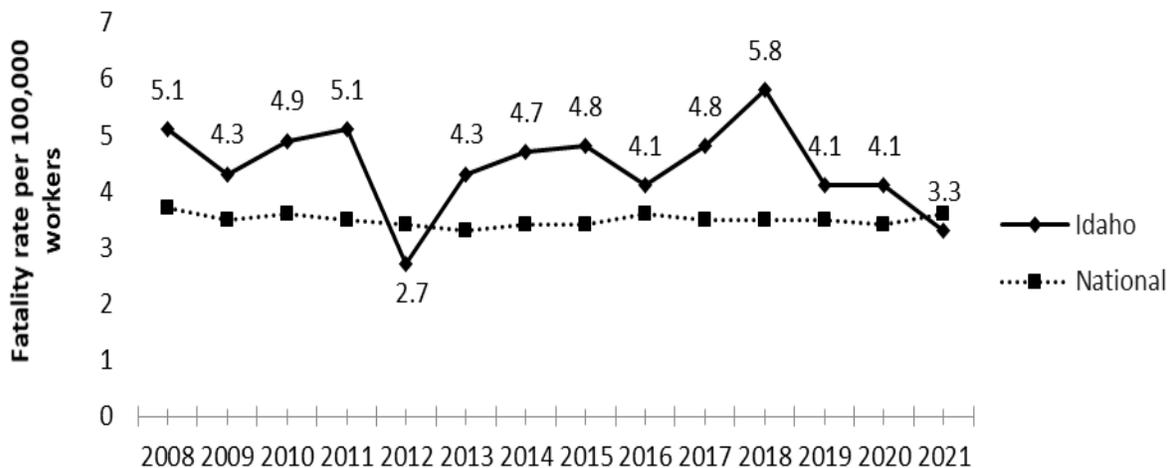


IDAHO

Worker Safety and Health



Number of employees: ¹	790,424
Number of establishments: ¹	78,581
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	106,412
Number of workplace fatalities, 2021: ³	30
Rate per 100,000 workers: ⁴	3.3
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	18
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	7
Years it would take for OSHA to inspect each workplace once:	222
Number of workplace safety and health inspections conducted, FY 2022: ⁹	343
Construction:	268
Nonconstruction:	75
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,661
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$8,235
National average:	\$16,024

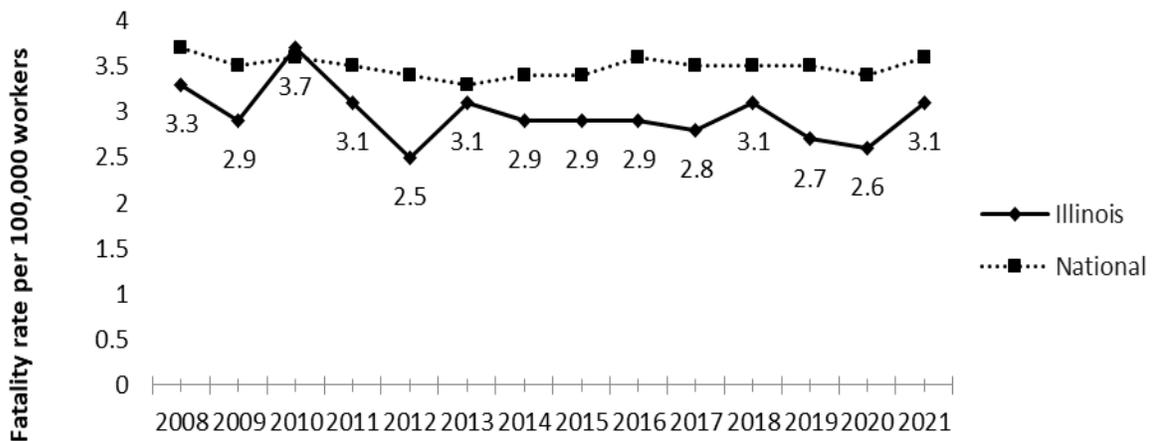


ILLINOIS

Worker Safety and Health



Number of employees: ¹	5,694,355
Number of establishments: ¹	386,892
State or federal OSHA program: ²	Federal
Number of workplace fatalities, 2021: ³	176
Rate per 100,000 workers: ⁴	3.1
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	15
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	102,000
Rate per 100 workers:	2.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	67,200
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	83
Years it would take for OSHA to inspect each workplace once:	153
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,526
Construction:	1,075
Nonconstruction:	1,451
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,634
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$13,841
National average:	\$16,024

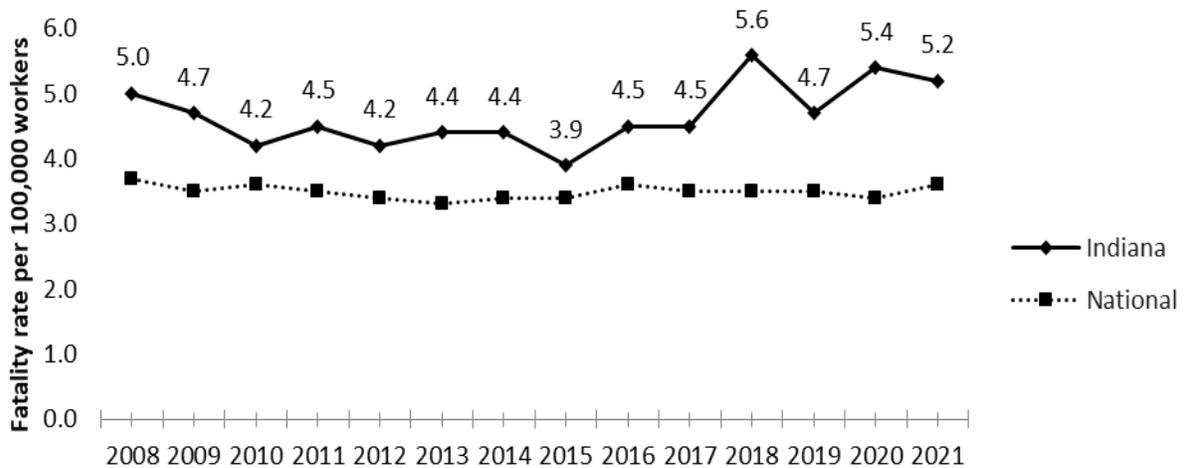


INDIANA

Worker Safety and Health

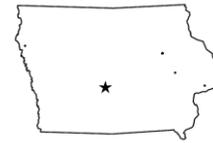


Number of employees: ¹	3,010,658
Number of establishments: ¹	178,700
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	157
Rate per 100,000 workers: ⁴	5.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	39
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	65,400
Rate per 100 workers:	3.1
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	36,200
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	37
Years it would take for OSHA to inspect each workplace once:	201
Number of workplace safety and health inspections conducted, FY 2022: ⁹	890
Construction:	462
Nonconstruction:	428
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,418
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$5,676
National average:	\$16,024

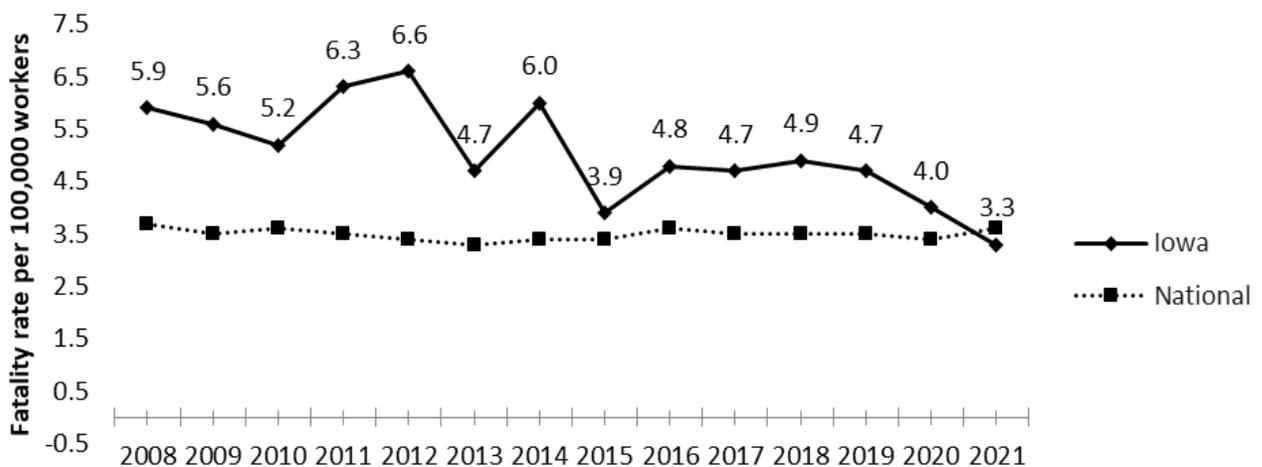


IOWA

Worker Safety and Health

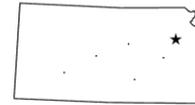


Number of employees: ¹	1,505,989
Number of establishments: ¹	106,731
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	49
Rate per 100,000 workers: ⁴	3.3
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	18
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	34,900
Rate per 100 workers:	3.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	20,600
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	24
Years it would take for OSHA to inspect each workplace once:	162
Number of workplace safety and health inspections conducted, FY 2022: ⁹	656
Construction:	188
Nonconstruction:	468
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$5,156
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$5,091
National average:	\$16,024

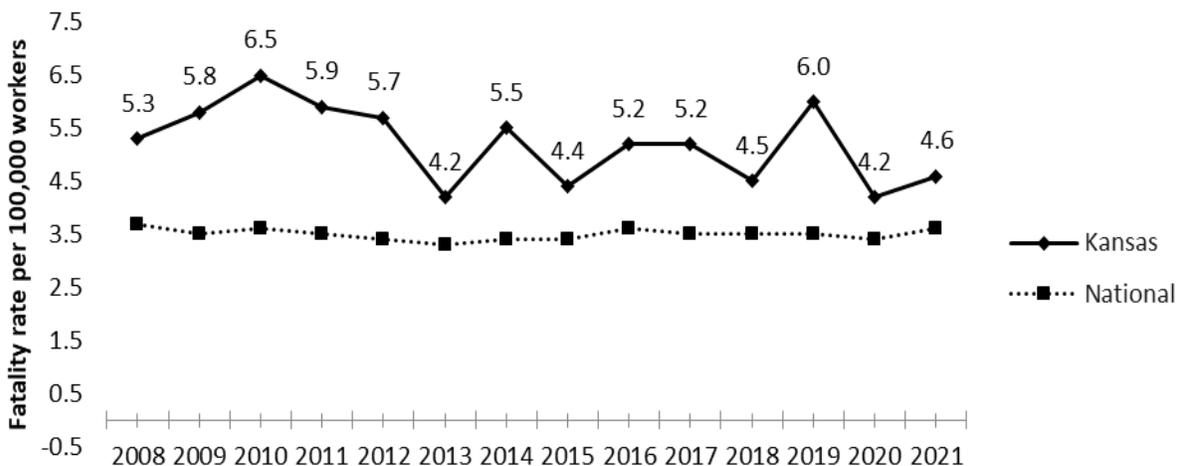


KANSAS

Worker Safety and Health



Number of employees: ¹	1,353,532
Number of establishments: ¹	90,138
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	213,023
Number of workplace fatalities, 2021: ³	63
Rate per 100,000 workers: ⁴	4.6
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	35
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	24,700
Rate per 100 workers:	2.7
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	14,800
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	16
Years it would take for OSHA to inspect each workplace once:	143
Number of workplace safety and health inspections conducted, FY 2022: ⁹	603
Construction:	254
Nonconstruction:	349
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,910
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$21,467
National average:	\$16,024

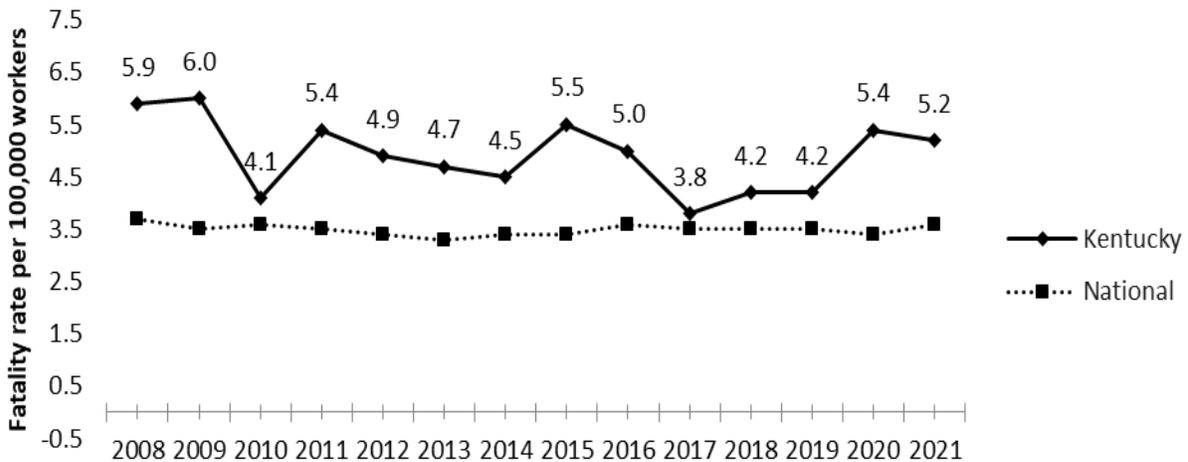


KENTUCKY

Worker Safety and Health



Number of employees: ¹	1,857,636
Number of establishments: ¹	134,031
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	97
Rate per 100,000 workers: ⁴	5.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	39
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	38,600
Rate per 100 workers:	3.1
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	23,100
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	25
Years it would take for OSHA to inspect each workplace once:	124
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,079
Construction:	240
Nonconstruction:	839
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,841
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$15,308
National average:	\$16,024

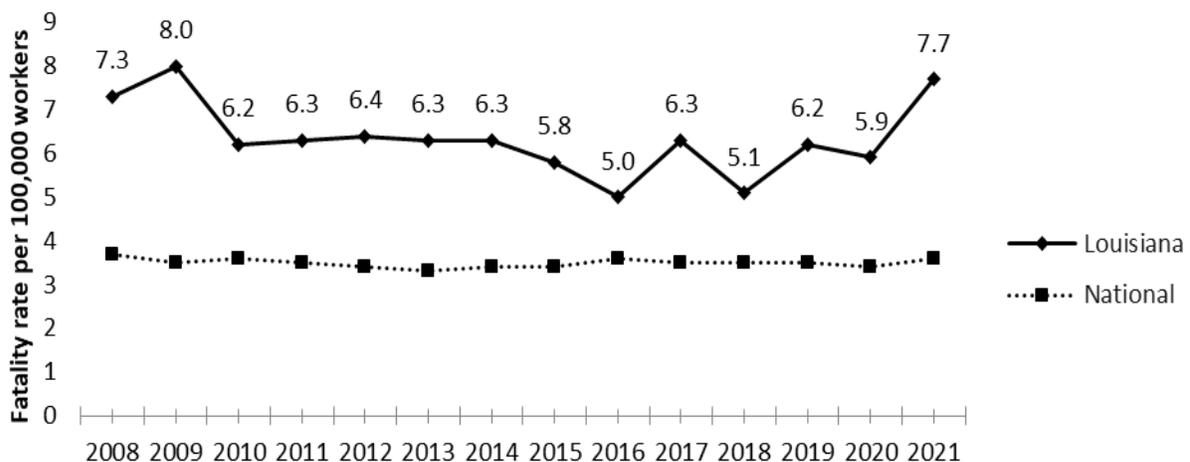


LOUISIANA

Worker Safety and Health



Number of employees: ¹	1,816,296
Number of establishments: ¹	143,084
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	263,776
Number of workplace fatalities, 2021: ³	141
Rate per 100,000 workers: ⁴	7.7
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	47
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	23,700
Rate per 100 workers:	1.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	13,600
Rate per 100 workers:	1.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	10
Years it would take for OSHA to inspect each workplace once:	230
Number of workplace safety and health inspections conducted, FY 2022: ⁹	602
Construction:	331
Nonconstruction:	271
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,713
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$12,610
National average:	\$16,024

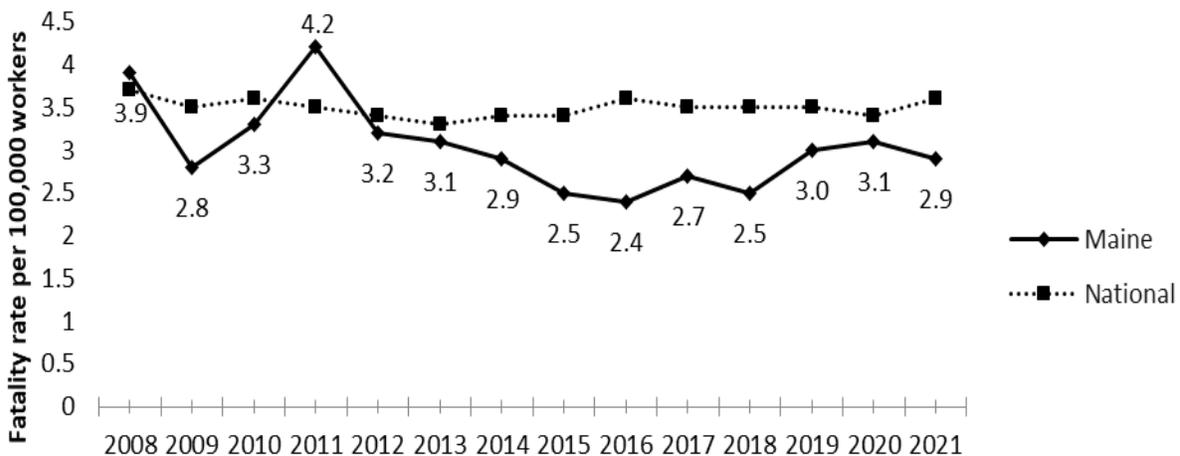


MAINE

Worker Safety and Health



Number of employees: ¹	610,111
Number of establishments: ¹	58,119
State or federal OSHA program: ²	Federal
Number of workplace fatalities, 2021: ³	19
Rate per 100,000 workers: ⁴	2.9
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	11
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	18,500
Rate per 100 workers:	4.7
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	11,800
Rate per 100 workers:	3.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	11
Years it would take for OSHA to inspect each workplace once:	196
Number of workplace safety and health inspections conducted, FY 2022: ⁹	296
Construction:	85
Nonconstruction:	211
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,328
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$3,467
National average:	\$16,024

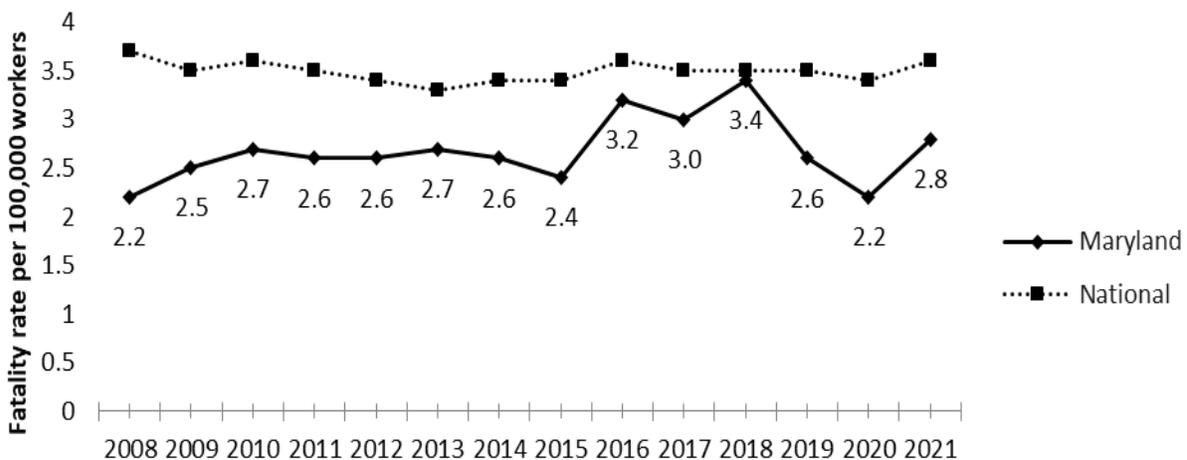


MARYLAND



Worker Safety and Health

Number of employees: ¹	2,581,194
Number of establishments: ¹	176,625
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	80
Rate per 100,000 workers: ⁴	2.8
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	7
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	45,800
Rate per 100 workers:	2.7
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	29,300
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	44
Years it would take for OSHA to inspect each workplace once:	132
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,333
Construction:	747
Nonconstruction:	586
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$865
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$3,616
National average:	\$16,024

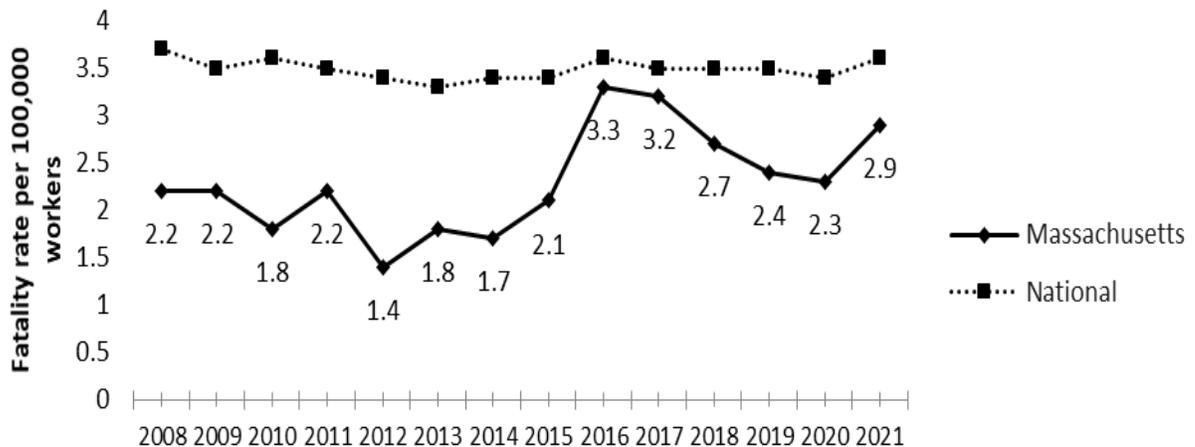


MASSACHUSETTS

Worker Safety and Health



Number of employees: ¹	3,456,005
Number of establishments: ¹	276,708
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	371,085
Number of workplace fatalities, 2021: ³	97
Rate per 100,000 workers: ⁴	2.9
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	11
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	57,900
Rate per 100 workers:	2.4
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	37,700
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	46
Years it would take for OSHA to inspect each workplace once:	184
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,465
Construction:	877
Nonconstruction:	588
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,049
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$64,265
National average:	\$16,024

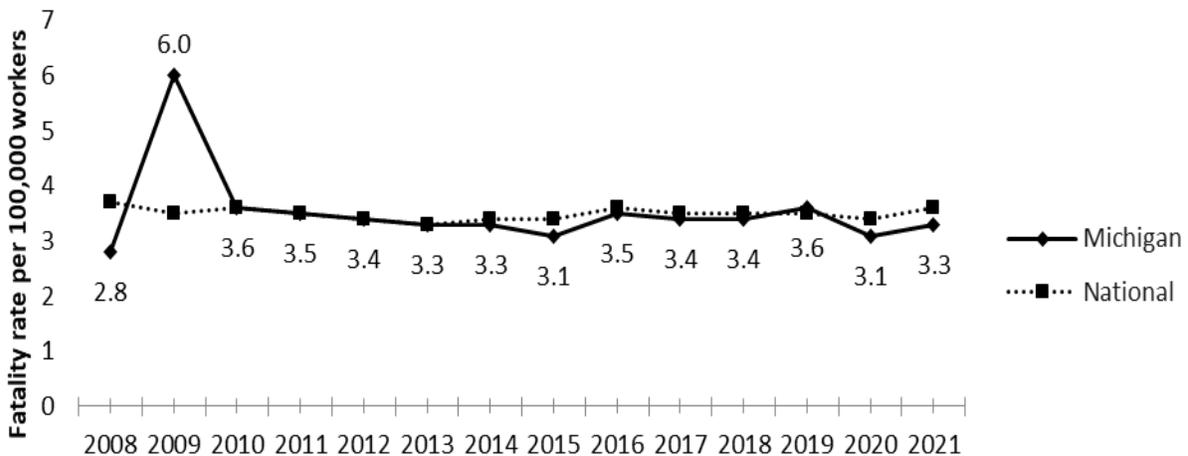


MICHIGAN

Worker Safety and Health



Number of employees: ¹	4,132,277
Number of establishments: ¹	272,627
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	140
Rate per 100,000 workers: ⁴	3.3
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	18
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	86,700
Rate per 100 workers:	3.0
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	51,500
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	63
Years it would take for OSHA to inspect each workplace once:	75
Number of workplace safety and health inspections conducted, FY 2022: ⁹	3,632
Construction:	1,812
Nonconstruction:	1,820
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,227
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$4,506
National average:	\$16,024

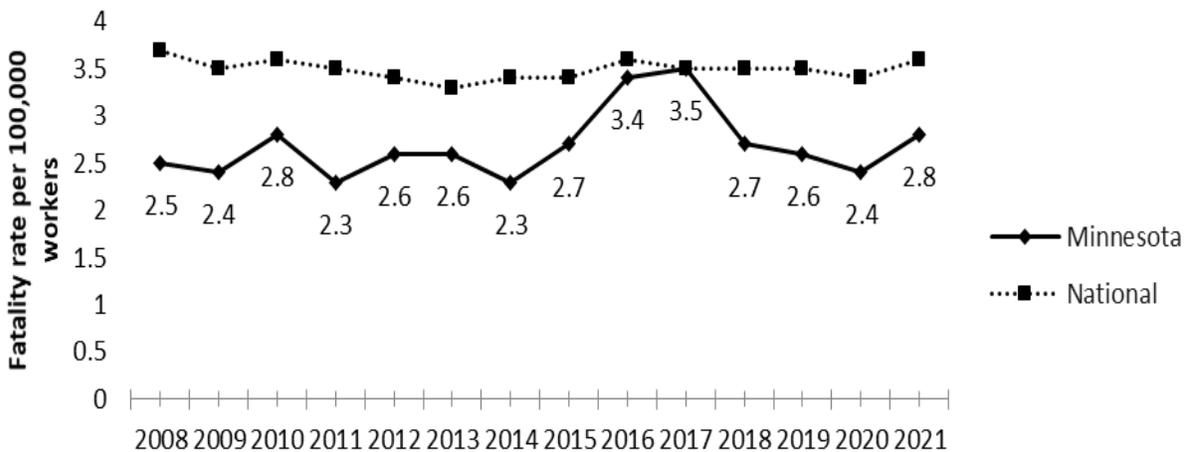


MINNESOTA

Worker Safety and Health



Number of employees: ¹	2,774,861
Number of establishments: ¹	185,787
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	80
Rate per 100,000 workers: ⁴	2.8
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	7
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	63,800
Rate per 100 workers:	3.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	38,500
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	42
Years it would take for OSHA to inspect each workplace once:	135
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,372
Construction:	644
Nonconstruction:	728
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,407
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$24,561
National average:	\$16,024

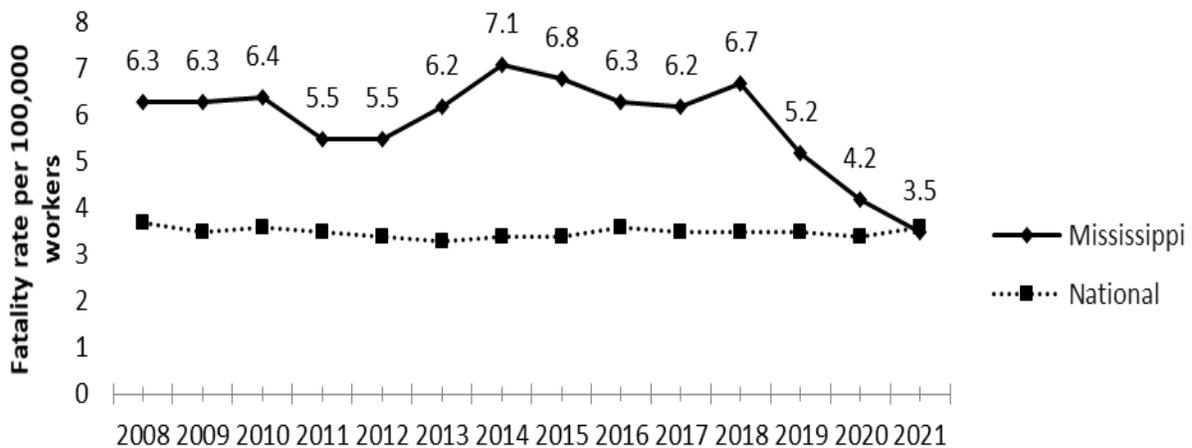


MISSISSIPPI

Worker Safety and Health



Number of employees: ¹	1,117,423
Number of establishments: ¹	76,380
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	201,019
Number of workplace fatalities, 2021: ³	41
Rate per 100,000 workers: ⁴	3.5
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	29
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	9
Years it would take for OSHA to inspect each workplace once:	197
Number of workplace safety and health inspections conducted, FY 2022: ⁹	373
Construction:	131
Nonconstruction:	242
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,937
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$24,022
National average:	\$16,024

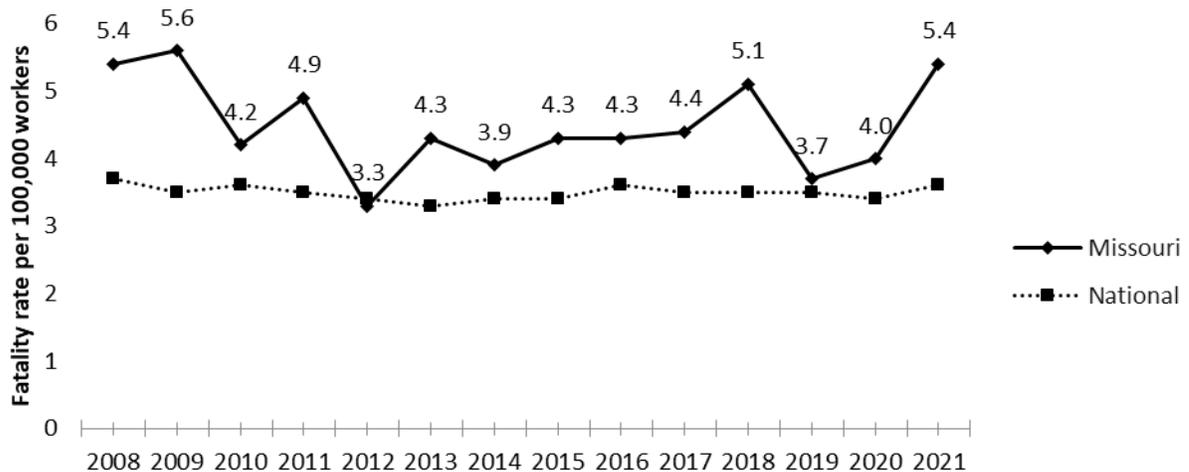


MISSOURI

Worker Safety and Health



Number of employees: ¹	2,741,069
Number of establishments: ¹	220,161
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	430,012
Number of workplace fatalities, 2021: ³	147
Rate per 100,000 workers: ⁴	5.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	42
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	50,600
Rate per 100 workers:	2.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	27,600
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	26
Years it would take for OSHA to inspect each workplace once:	235
Number of workplace safety and health inspections conducted, FY 2022: ⁹	902
Construction:	484
Nonconstruction:	418
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,735
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$39,485
National average:	\$16,024

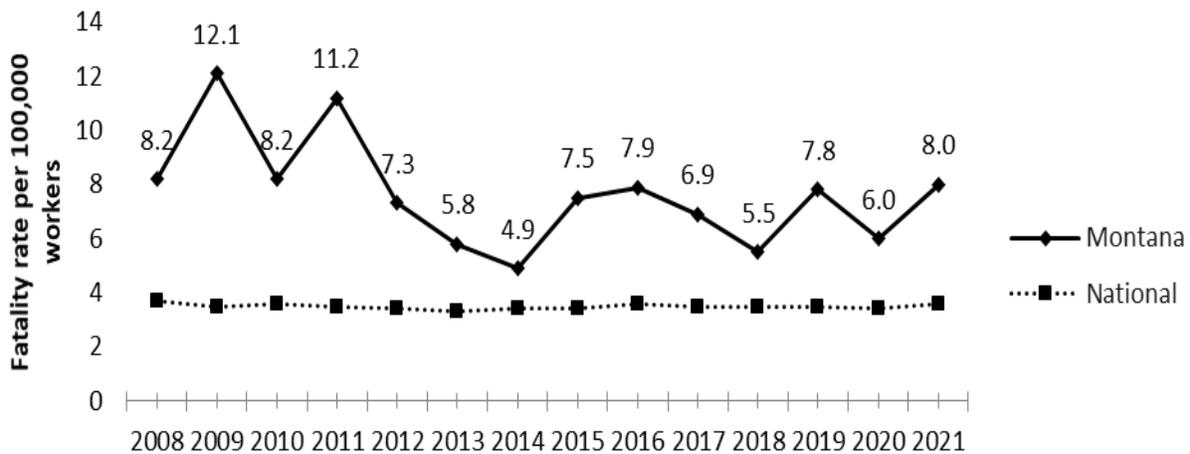


MONTANA

Worker Safety and Health

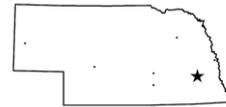


Number of employees: ¹	478,523
Number of establishments: ¹	55,176
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	69,573
Number of workplace fatalities, 2021: ³	40
Rate per 100,000 workers: ⁴	8.0
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	48
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	10,400
Rate per 100 workers:	3.4
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	5,600
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	7
Years it would take for OSHA to inspect each workplace once:	211
Number of workplace safety and health inspections conducted, FY 2022: ⁹	254
Construction:	102
Nonconstruction:	152
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$2,001
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$2,306
National average:	\$16,024

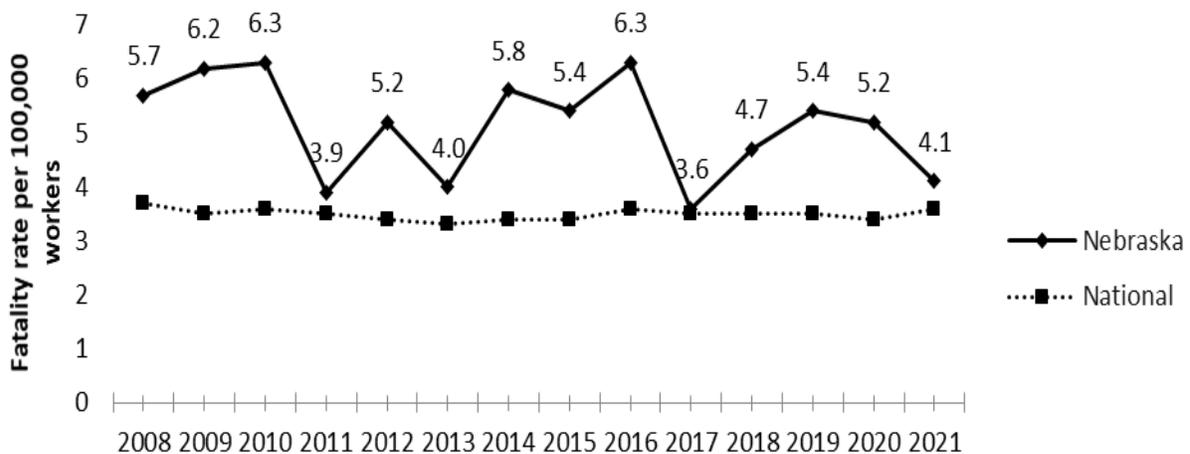


NEBRASKA

Worker Safety and Health



Number of employees: ¹	965,748
Number of establishments: ¹	75,199
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	141,830
Number of workplace fatalities, 2021: ³	39
Rate per 100,000 workers: ⁴	4.1
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	32
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	19,600
Rate per 100 workers:	3.0
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	10,300
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	11
Years it would take for OSHA to inspect each workplace once:	157
Number of workplace safety and health inspections conducted, FY 2022: ⁹	460
Construction:	274
Nonconstruction:	186
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,553
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$60,446
National average:	\$16,024

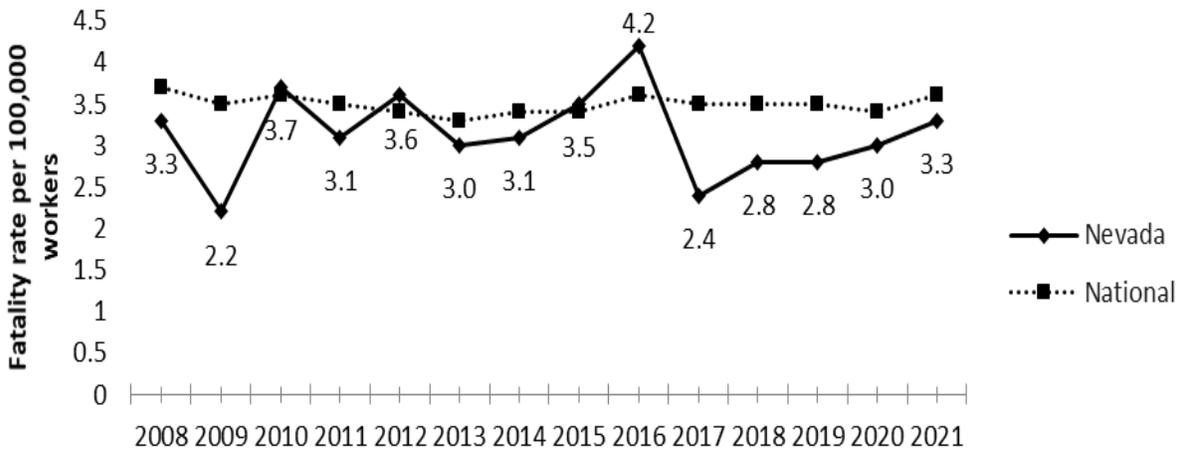


NEVADA

Worker Safety and Health



Number of employees: ¹	1,357,630
Number of establishments: ¹	94,056
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	43
Rate per 100,000 workers: ⁴	3.3
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	18
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	29,800
Rate per 100 workers:	3.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	18,700
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	41
Years it would take for OSHA to inspect each workplace once:	100
Number of workplace safety and health inspections conducted, FY 2022: ⁹	935
Construction:	244
Nonconstruction:	691
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,221
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$11,485
National average:	\$16,024

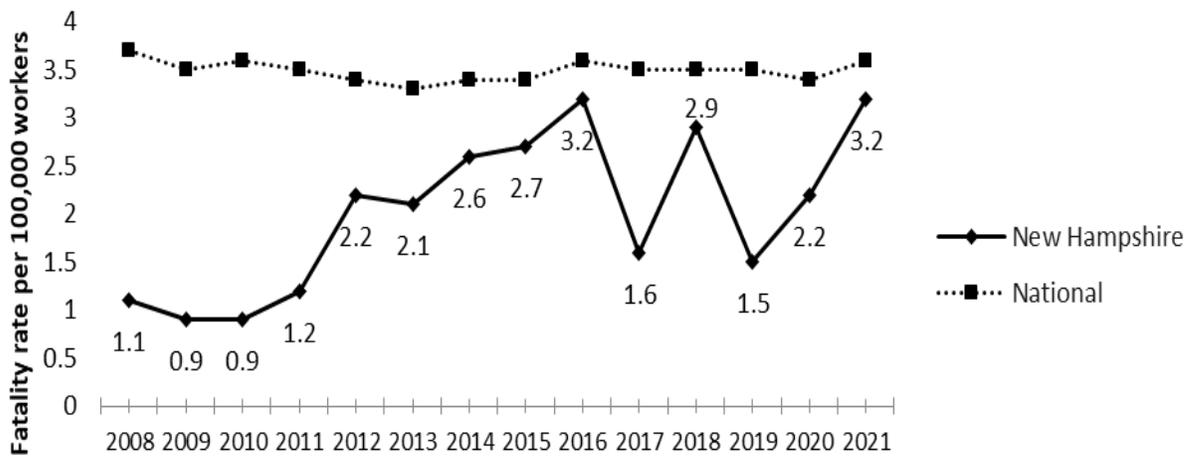


NEW HAMPSHIRE

Worker Safety and Health



Number of employees: ¹	649,187
Number of establishments: ¹	58,684
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	73,111
Number of workplace fatalities, 2021: ³	21
Rate per 100,000 workers: ⁴	3.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	16
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	11
Years it would take for OSHA to inspect each workplace once:	156
Number of workplace safety and health inspections conducted, FY 2022: ⁹	363
Construction:	216
Nonconstruction:	147
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,628
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$8,719
National average:	\$16,024

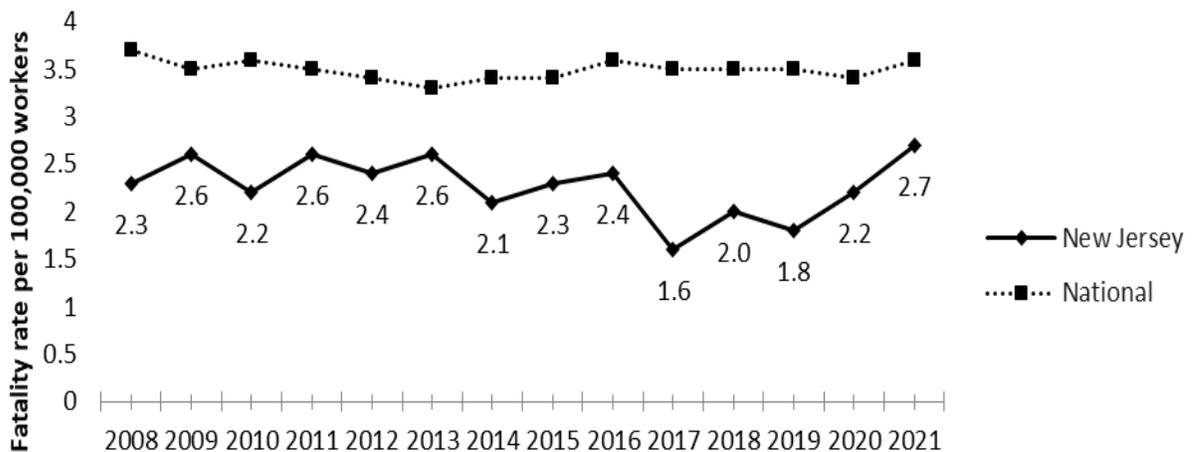


NEW JERSEY

Worker Safety and Health

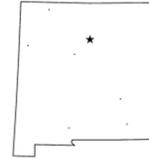


Number of employees: ¹	3,926,845
Number of establishments: ¹	296,815
State or federal OSHA program: ²	Federal
Number of workplace fatalities, 2021: ³	110
Rate per 100,000 workers: ⁴	2.7
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	6
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	70,500
Rate per 100 workers:	2.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	46,500
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	56
Years it would take for OSHA to inspect each workplace once:	134
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,210
Construction:	1,011
Nonconstruction:	1,199
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$5,155
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$10,760
National average:	\$16,024

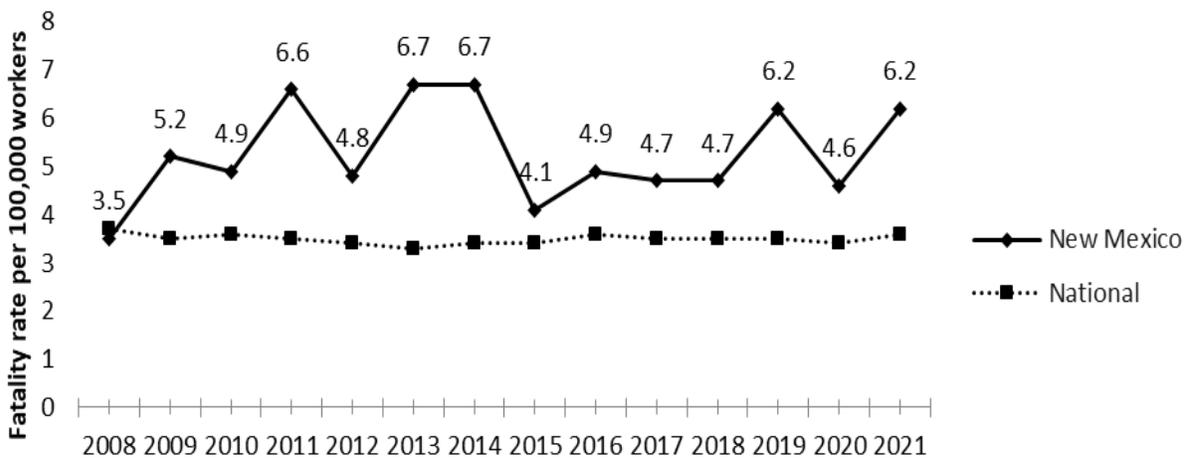


NEW MEXICO

Worker Safety and Health



Number of employees: ¹	796,691
Number of establishments: ¹	64,666
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	53
Rate per 100,000 workers: ⁴	6.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	45
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	13,500
Rate per 100 workers:	2.8
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	7,000
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	11
Years it would take for OSHA to inspect each workplace once:	315
Number of workplace safety and health inspections conducted, FY 2022: ⁹	205
Construction:	76
Nonconstruction:	129
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,997
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$17,381
National average:	\$16,024

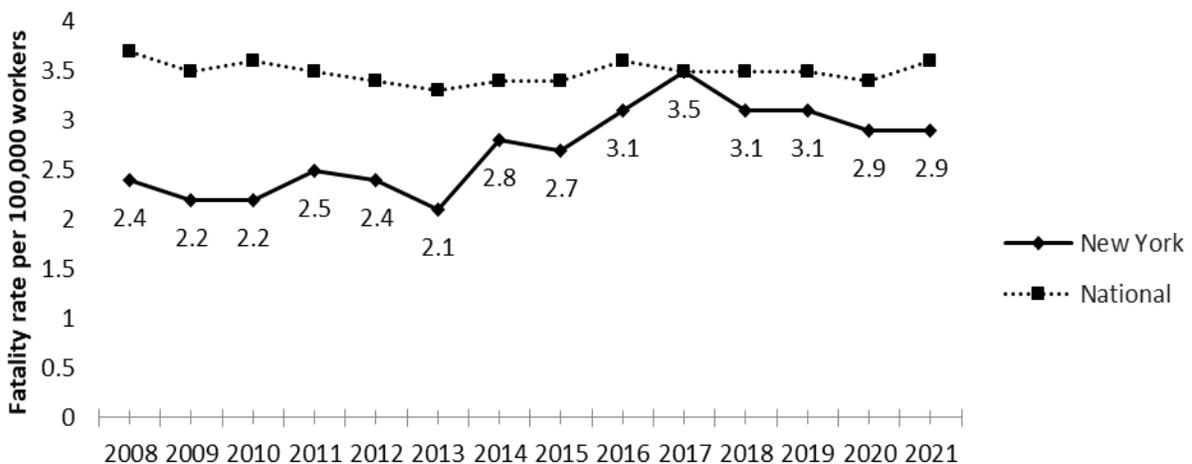


NEW YORK

Worker Safety and Health



Number of employees: ¹	8,817,105
Number of establishments: ¹	661,848
State or federal OSHA program: ²	Federal
Number of workplace fatalities, 2021: ³	247
Rate per 100,000 workers: ⁴	2.9
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	11
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	125,500
Rate per 100 workers:	2.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	81,600
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	93
Years it would take for OSHA to inspect each workplace once:	210
Number of workplace safety and health inspections conducted, FY 2022: ⁹	3,146
Construction:	1,608
Nonconstruction:	1,538
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,547
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$28,216
National average:	\$16,024

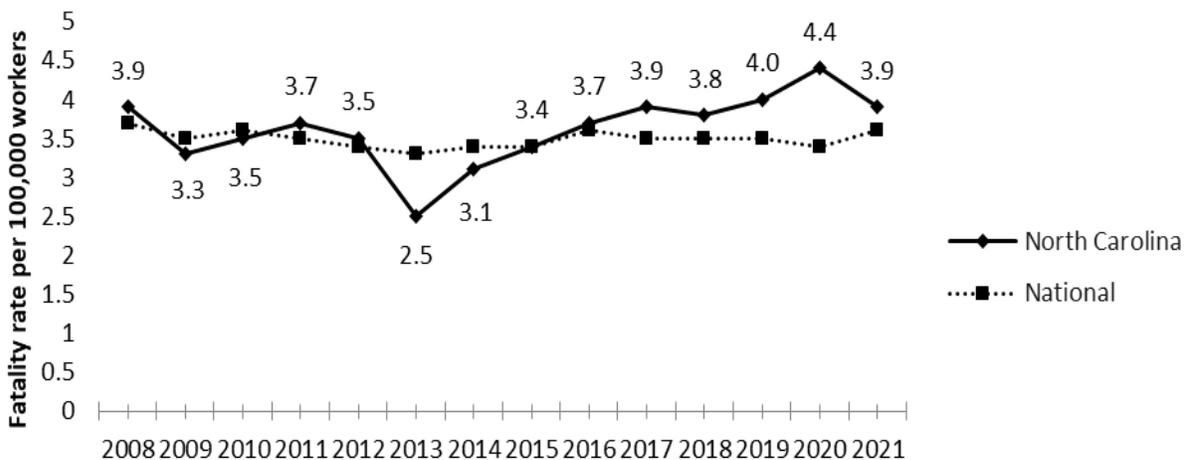


NORTH CAROLINA

Worker Safety and Health

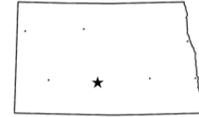


Number of employees: ¹	4,509,160
Number of establishments: ¹	315,112
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	179
Rate per 100,000 workers: ⁴	3.9
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	30
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	67,700
Rate per 100 workers:	2.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	40,500
Rate per 100 workers:	1.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	79
Years it would take for OSHA to inspect each workplace once:	152
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,074
Construction:	1,093
Nonconstruction:	981
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,956
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$11,637
National average:	\$16,024

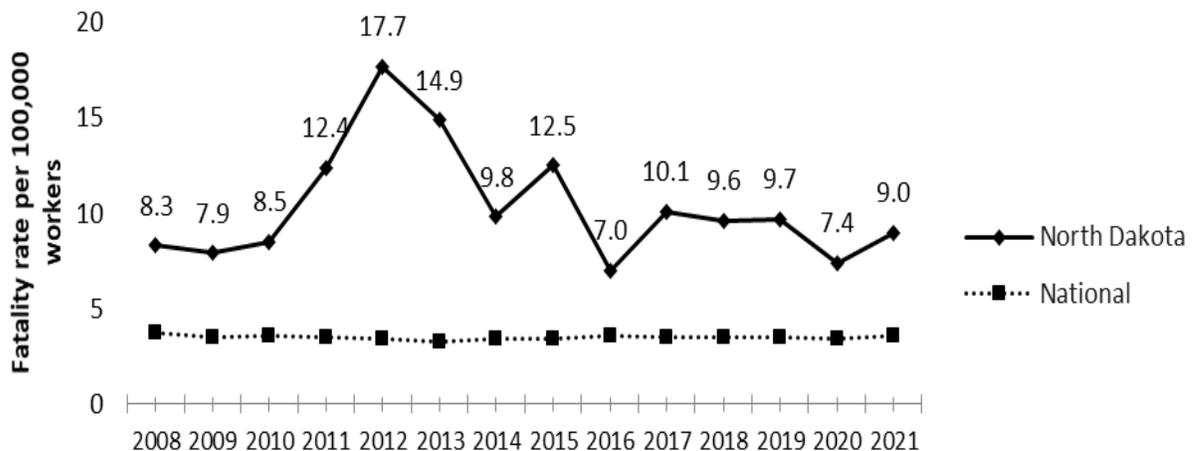


NORTH DAKOTA

Worker Safety and Health



Number of employees: ¹	400,472
Number of establishments: ¹	32,837
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	62,069
Number of workplace fatalities, 2021: ³	34
Rate per 100,000 workers: ⁴	9.0
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	49
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	7
Years it would take for OSHA to inspect each workplace once:	150
Number of workplace safety and health inspections conducted, FY 2022: ⁹	210
Construction:	109
Nonconstruction:	101
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$5,438
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$6,134
National average:	\$16,024

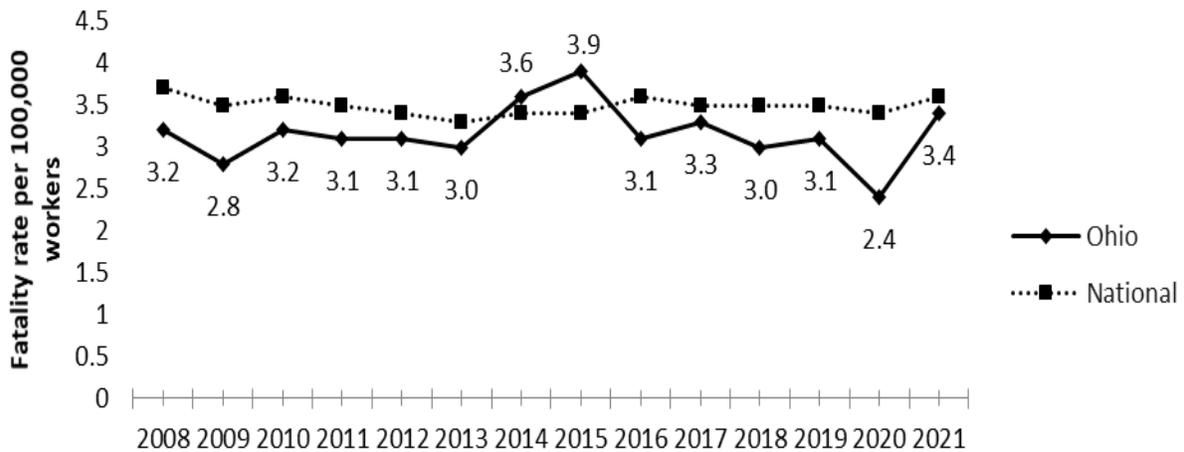


OHIO

Worker Safety and Health



Number of employees: ¹	5,246,891
Number of establishments: ¹	315,104
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	620,494
Number of workplace fatalities, 2021: ³	171
Rate per 100,000 workers: ⁴	3.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	24
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	78,000
Rate per 100 workers:	2.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	41,200
Rate per 100 workers:	1.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	61
Years it would take for OSHA to inspect each workplace once:	152
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,284
Construction:	943
Nonconstruction:	1,341
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,835
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$23,679
National average:	\$16,024

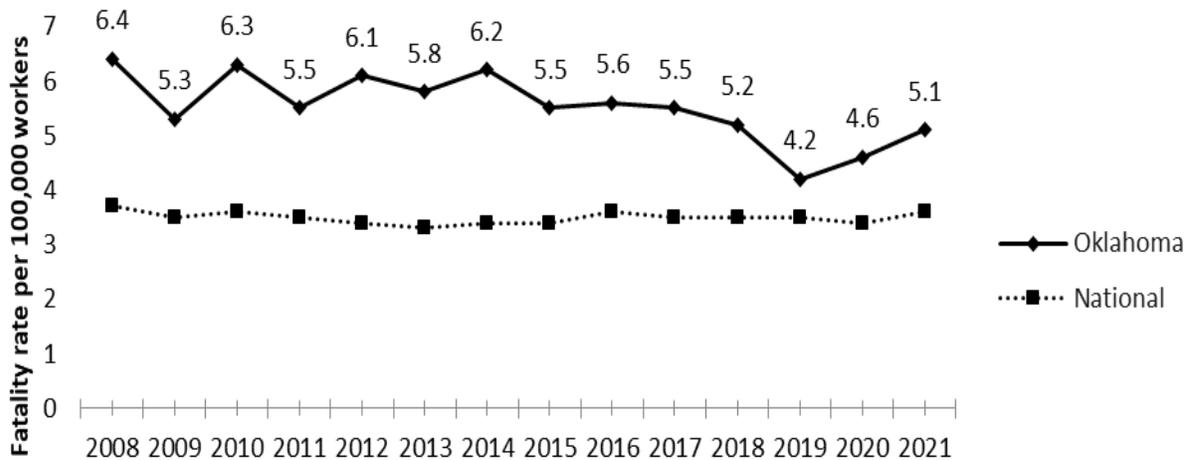


OKLAHOMA

Worker Safety and Health



Number of employees: ¹	1,571,737
Number of establishments: ¹	115,892
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	265,615
Number of workplace fatalities, 2021: ³	86
Rate per 100,000 workers: ⁴	5.1
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	38
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	30,200
Rate per 100 workers:	2.8
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	17,800
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	14
Years it would take for OSHA to inspect each workplace once:	186
Number of workplace safety and health inspections conducted, FY 2022: ⁹	597
Construction:	368
Nonconstruction:	229
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,836
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$40,086
National average:	\$16,024

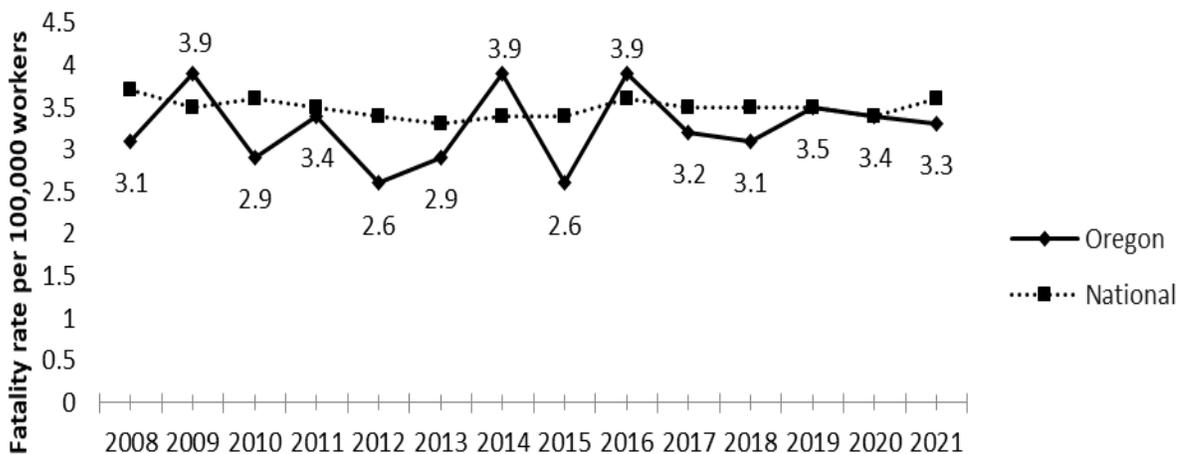


OREGON

Worker Safety and Health

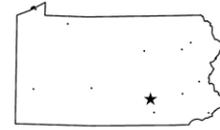


Number of employees: ¹	1,881,040
Number of establishments: ¹	171,347
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	66
Rate per 100,000 workers: ⁴	3.3
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	18
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	47,800
Rate per 100 workers:	3.8
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	31,000
Rate per 100 workers:	2.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	72
Years it would take for OSHA to inspect each workplace once:	85
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,019
Construction:	711
Nonconstruction:	1,308
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$631
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$3,640
National average:	\$16,024

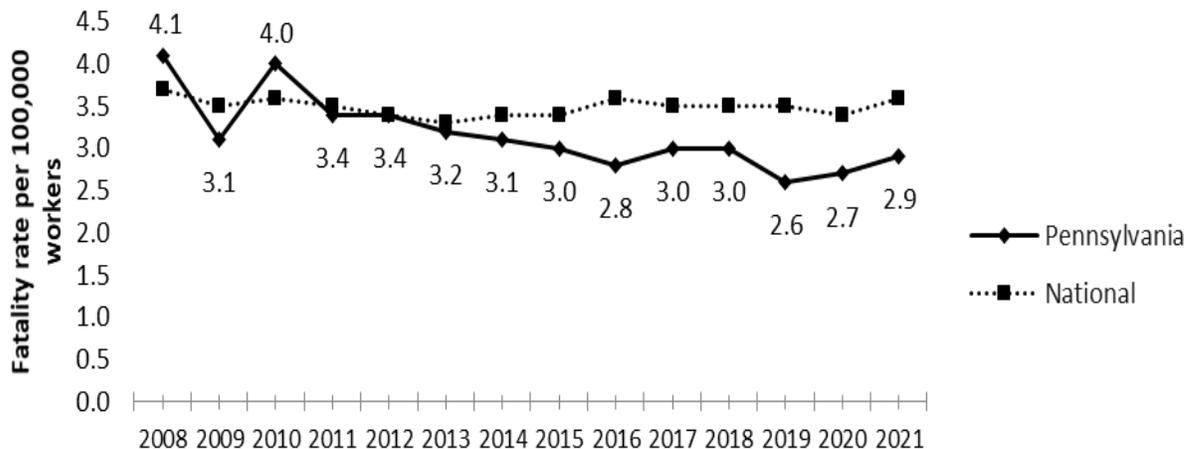


PENNSYLVANIA

Worker Safety and Health



Number of employees: ¹	5,650,325
Number of establishments: ¹	369,368
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	552,757
Number of workplace fatalities, 2021: ³	162
Rate per 100,000 workers: ⁴	2.9
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	11
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	117,100
Rate per 100 workers:	2.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	72,600
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	68
Years it would take for OSHA to inspect each workplace once:	162
Number of workplace safety and health inspections conducted, FY 2022: ⁹	2,214
Construction:	1,024
Nonconstruction:	1,190
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,972
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$16,582
National average:	\$16,024

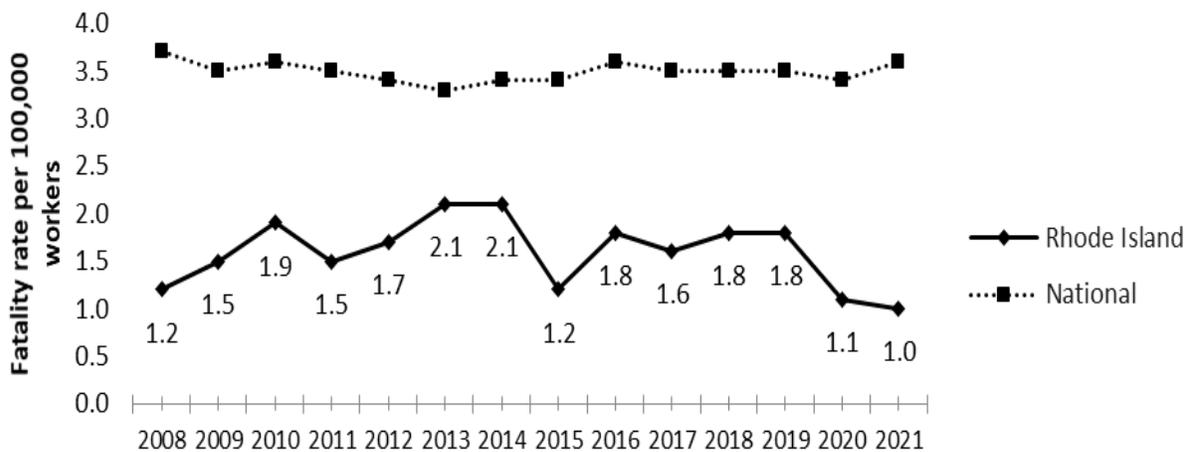


RHODE ISLAND

Worker Safety and Health



Number of employees: ¹	463,776
Number of establishments: ¹	42,938
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	48,149
Number of workplace fatalities, 2021: ³	5
Rate per 100,000 workers: ⁴	1.0
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	1
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	10
Years it would take for OSHA to inspect each workplace once:	154
Number of workplace safety and health inspections conducted, FY 2022: ⁹	276
Construction:	111
Nonconstruction:	165
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,616
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$12,931
National average:	\$16,024

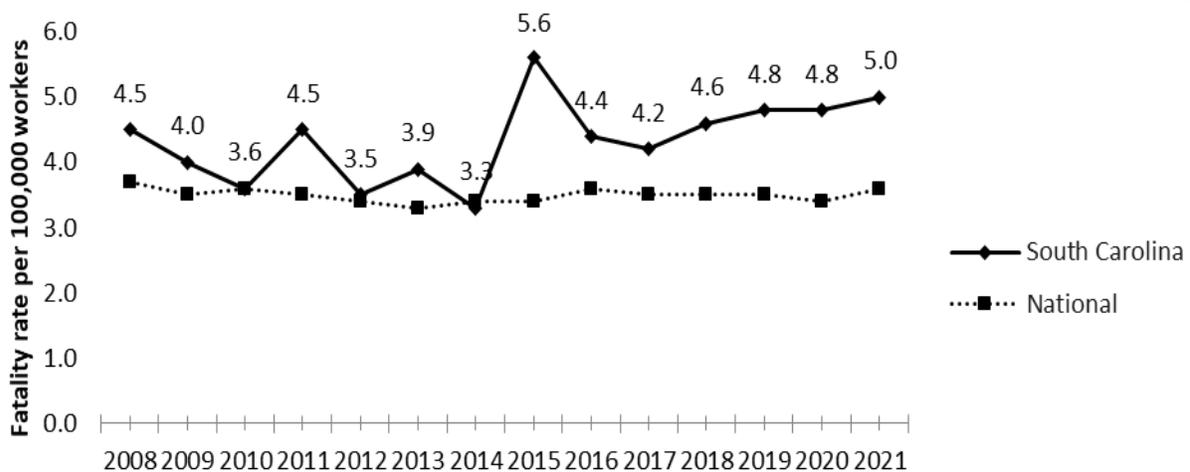


SOUTH CAROLINA

Worker Safety and Health

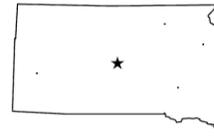


Number of employees: ¹	2,093,950
Number of establishments: ¹	152,259
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	107
Rate per 100,000 workers: ⁴	5.0
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	37
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	30,300
Rate per 100 workers:	2.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	19,900
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	18
Years it would take for OSHA to inspect each workplace once:	442
Number of workplace safety and health inspections conducted, FY 2022: ⁹	344
Construction:	128
Nonconstruction:	216
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$2,008
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$3,244
National average:	\$16,024

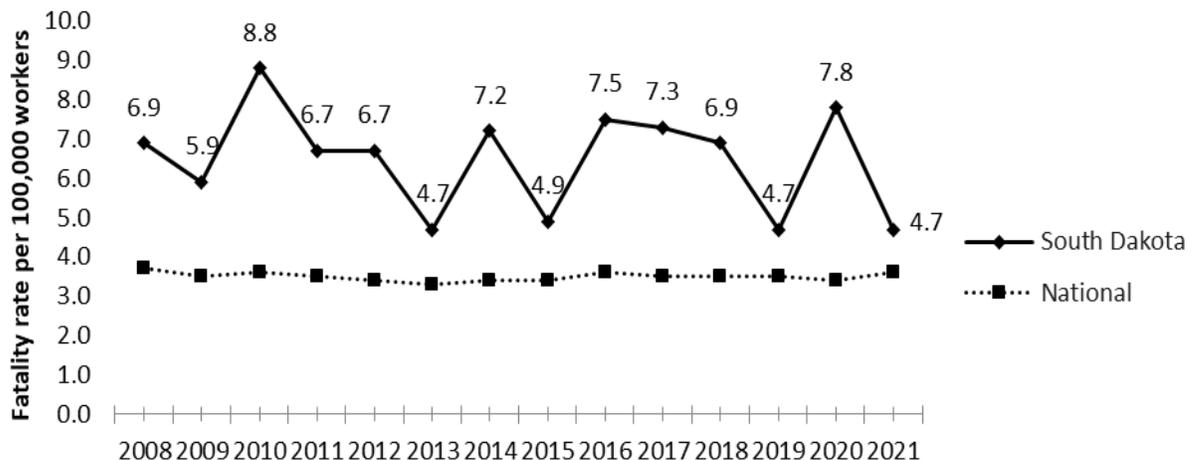


SOUTH DAKOTA

Worker Safety and Health



Number of employees: ¹	430,806
Number of establishments: ¹	36,635
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	62,482
Number of workplace fatalities, 2021: ³	20
Rate per 100,000 workers: ⁴	4.7
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	36
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	N/A
Rate per 100 workers:	N/A
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	6
Years it would take for OSHA to inspect each workplace once:	167
Number of workplace safety and health inspections conducted, FY 2022: ⁹	209
Construction:	118
Nonconstruction:	91
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,877
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$13,164
National average:	\$16,024

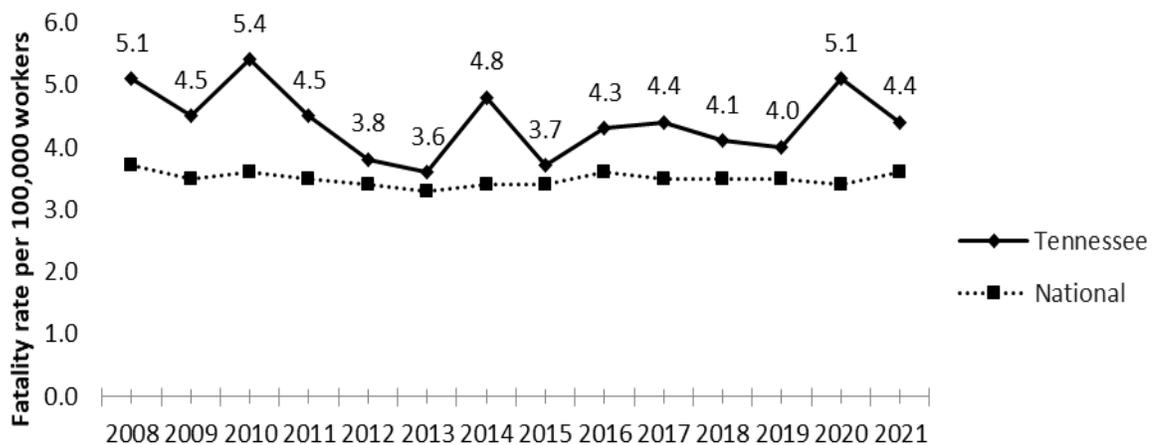


TENNESSEE

Worker Safety and Health



Number of employees: ¹	3,016,458
Number of establishments: ¹	185,331
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	132
Rate per 100,000 workers: ⁴	4.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	34
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	53,400
Rate per 100 workers:	2.5
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	32,900
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	39
Years it would take for OSHA to inspect each workplace once:	121
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,528
Construction:	392
Nonconstruction:	1,136
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,900
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$6,626
National average:	\$16,024

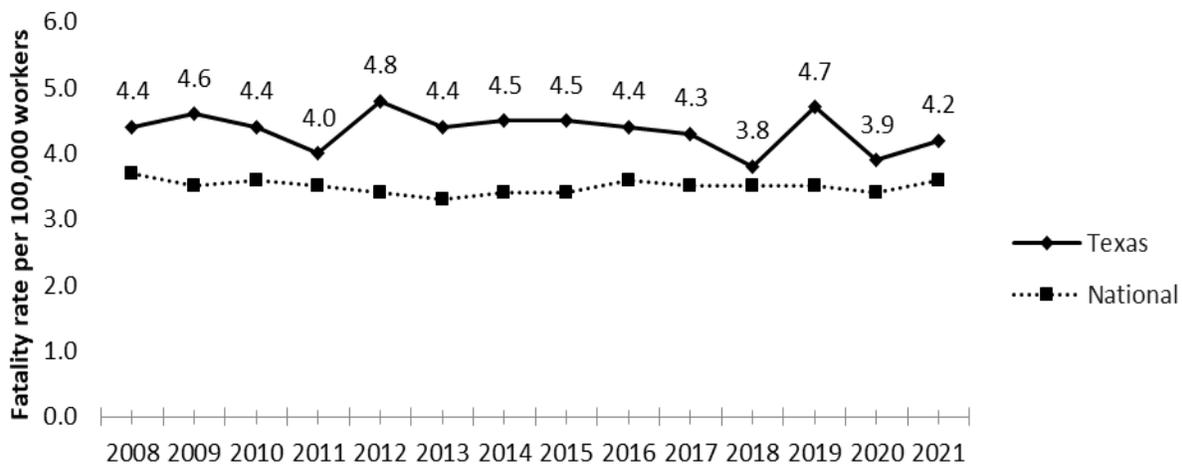


TEXAS

Worker Safety and Health

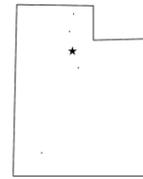


Number of employees: ¹	12,526,069
Number of establishments: ¹	769,389
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	1,672,934
Number of workplace fatalities, 2021: ³	533
Rate per 100,000 workers: ⁴	4.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	33
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	178,900
Rate per 100 workers:	2.1
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	114,500
Rate per 100 workers:	1.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	103
Years it would take for OSHA to inspect each workplace once:	185
Number of workplace safety and health inspections conducted, FY 2022: ⁹	4,079
Construction:	2,323
Nonconstruction:	1,756
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,742
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$14,831
National average:	\$16,024

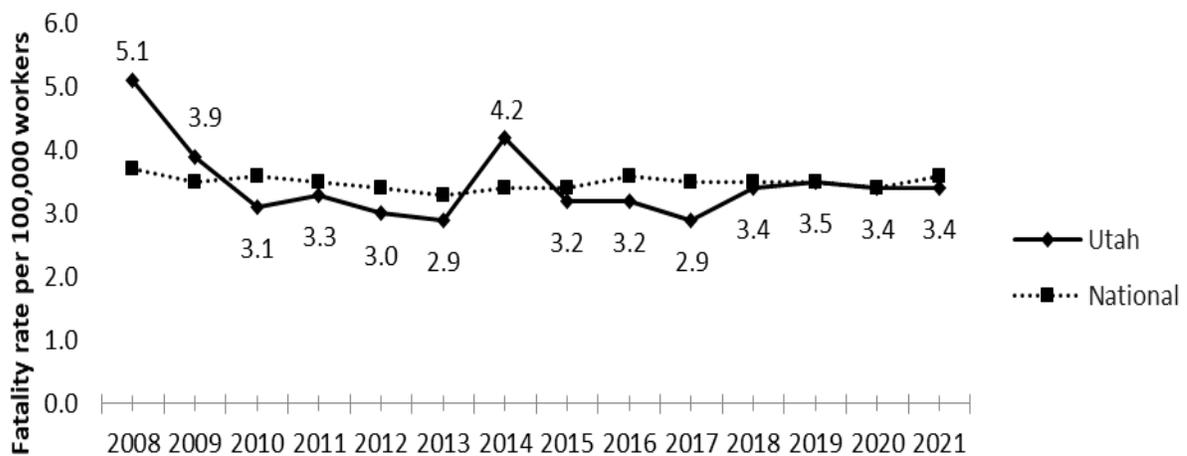


UTAH

Worker Safety and Health



Number of employees: ¹	1,583,748
Number of establishments: ¹	121,471
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	52
Rate per 100,000 workers: ⁴	3.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	24
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	27,800
Rate per 100 workers:	2.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	13,900
Rate per 100 workers:	1.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	15
Years it would take for OSHA to inspect each workplace once:	137
Number of workplace safety and health inspections conducted, FY 2022: ⁹	885
Construction:	274
Nonconstruction:	611
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,462
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$1,500
National average:	\$16,024

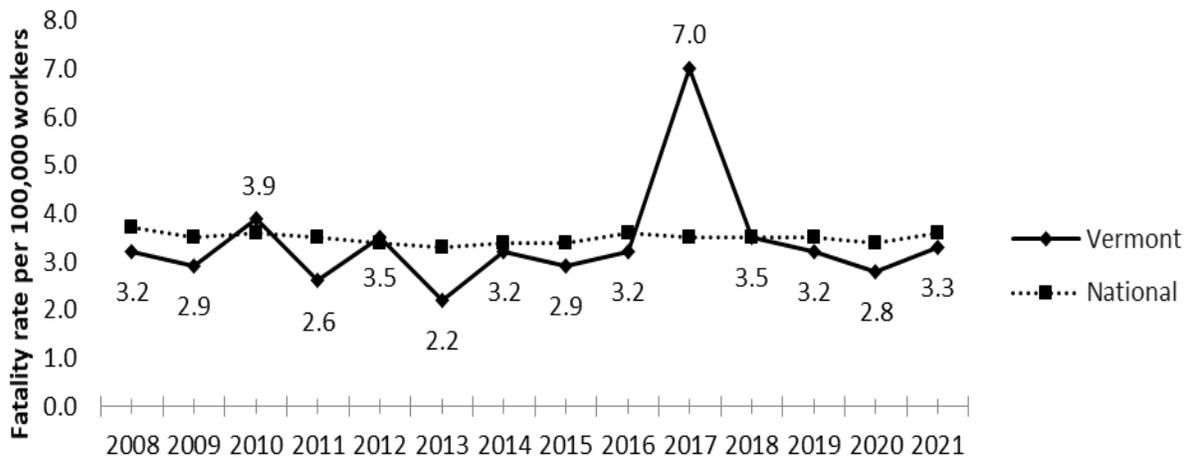


VERMONT

Worker Safety and Health

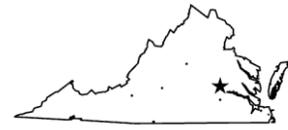


Number of employees: ¹	291,663
Number of establishments: ¹	27,902
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	10
Rate per 100,000 workers: ⁴	3.3
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	18
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	7,200
Rate per 100 workers:	3.8
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	3,900
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	6
Years it would take for OSHA to inspect each workplace once:	182
Number of workplace safety and health inspections conducted, FY 2022: ⁹	153
Construction:	58
Nonconstruction:	95
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,496
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$6,326
National average:	\$16,024

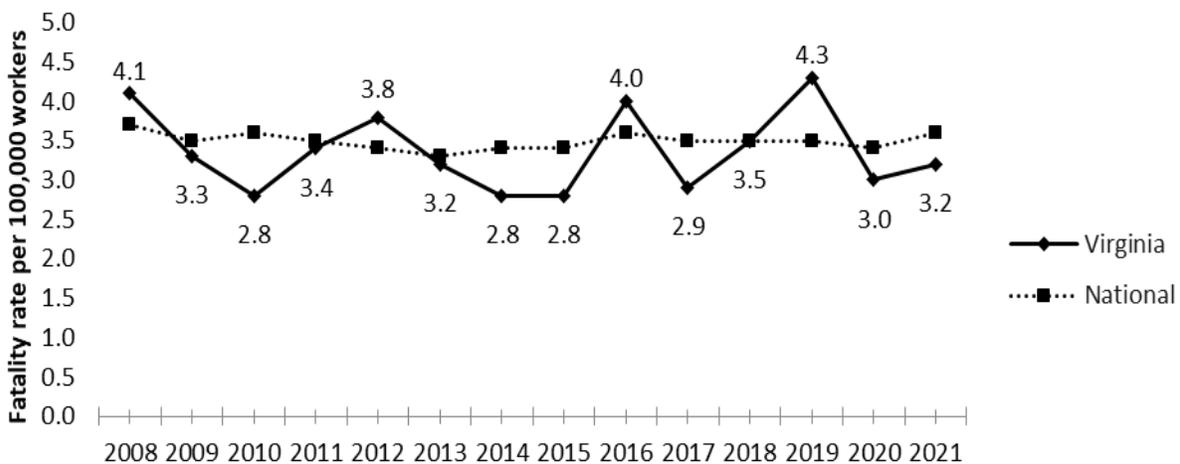


VIRGINIA

Worker Safety and Health



Number of employees: ¹	3,838,861
Number of establishments: ¹	297,191
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	125
Rate per 100,000 workers: ⁴	3.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	16
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	54,400
Rate per 100 workers:	2.1
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	33,300
Rate per 100 workers:	1.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	47
Years it would take for OSHA to inspect each workplace once:	149
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,998
Construction:	947
Nonconstruction:	1,051
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,112
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$17,940
National average:	\$16,024

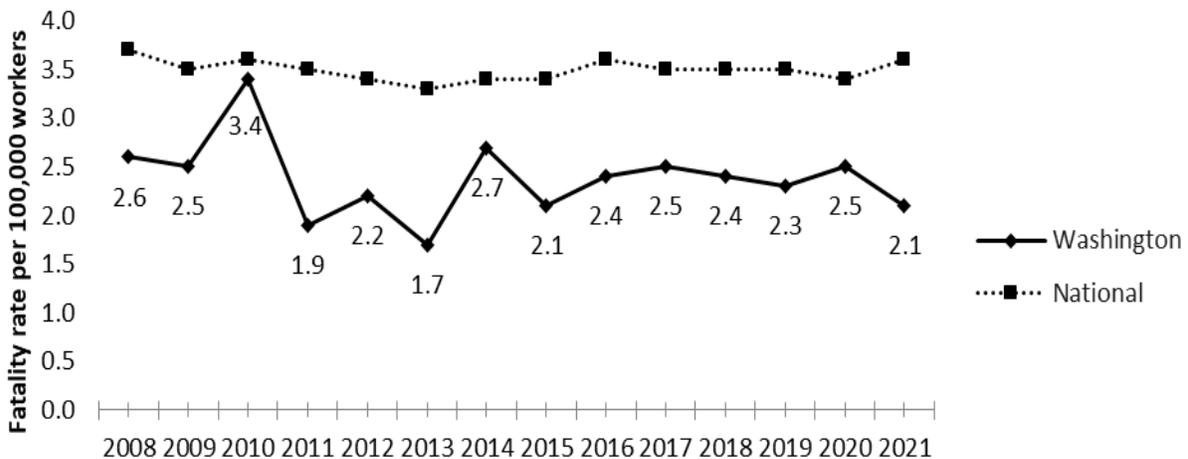


WASHINGTON

Worker Safety and Health



Number of employees: ¹	3,352,607
Number of establishments: ¹	272,781
State or federal OSHA program: ²	State
Number of state and local public employees not covered by the OSH Act:	
Number of workplace fatalities, 2021: ³	73
Rate per 100,000 workers: ⁴	2.1
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	3
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	77,600
Rate per 100 workers:	3.5
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	51,000
Rate per 100 workers:	2.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	124
Years it would take for OSHA to inspect each workplace once:	58
Number of workplace safety and health inspections conducted, FY 2022: ⁹	4,739
Construction:	1,857
Nonconstruction:	2,882
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$1,870
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$15,860
National average:	\$16,024

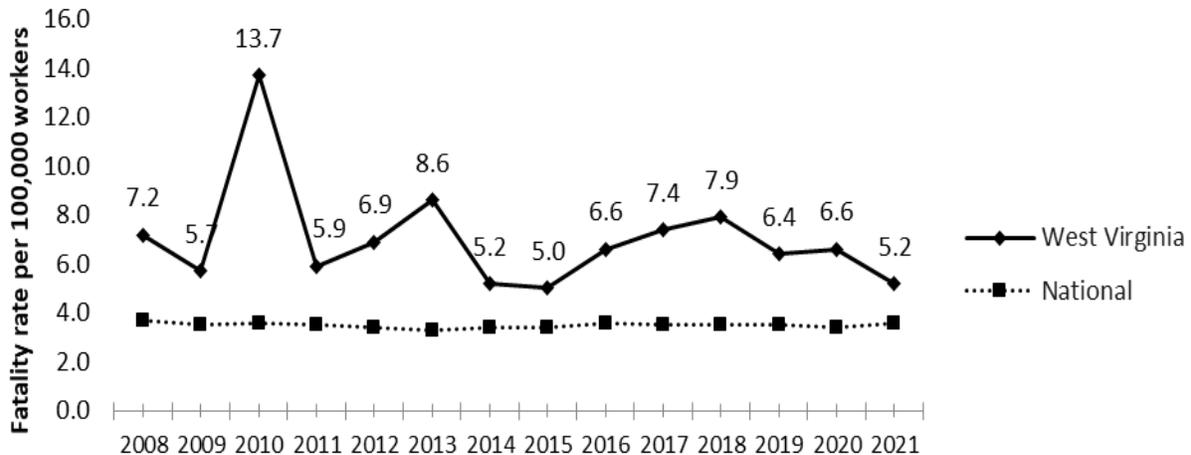


WEST VIRGINIA

Worker Safety and Health



Number of employees: ¹	657,806
Number of establishments: ¹	53,542
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	107,523
Number of workplace fatalities, 2021: ³	36
Rate per 100,000 workers: ⁴	5.2
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	39
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	12,600
Rate per 100 workers:	2.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	7,600
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	6
Years it would take for OSHA to inspect each workplace once:	166
Number of workplace safety and health inspections conducted, FY 2022: ⁹	304
Construction:	109
Nonconstruction:	195
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$5,327
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$11,542
National average:	\$16,024

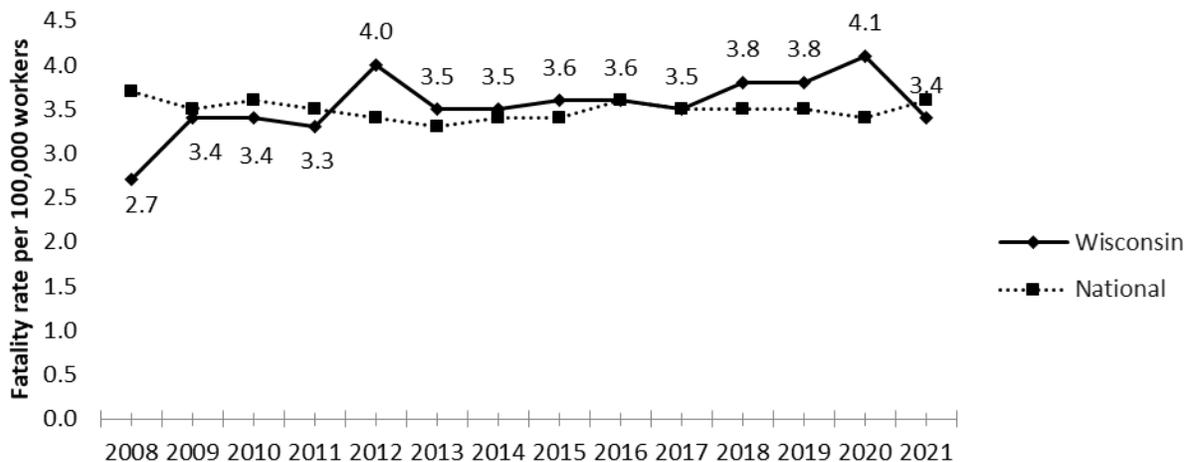


WISCONSIN

Worker Safety and Health

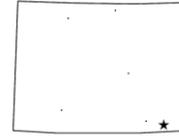


Number of employees: ¹	2,800,269
Number of establishments: ¹	185,829
State or federal OSHA program: ²	Federal
Number of state and local public employees not covered by the OSH Act:	337,097
Number of workplace fatalities, 2021: ³	105
Rate per 100,000 workers: ⁴	3.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	24
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	61,200
Rate per 100 workers:	3.2
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	33,800
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	38
Years it would take for OSHA to inspect each workplace once:	128
Number of workplace safety and health inspections conducted, FY 2022: ⁹	1,396
Construction:	657
Nonconstruction:	739
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$4,709
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$12,551
National average:	\$16,024

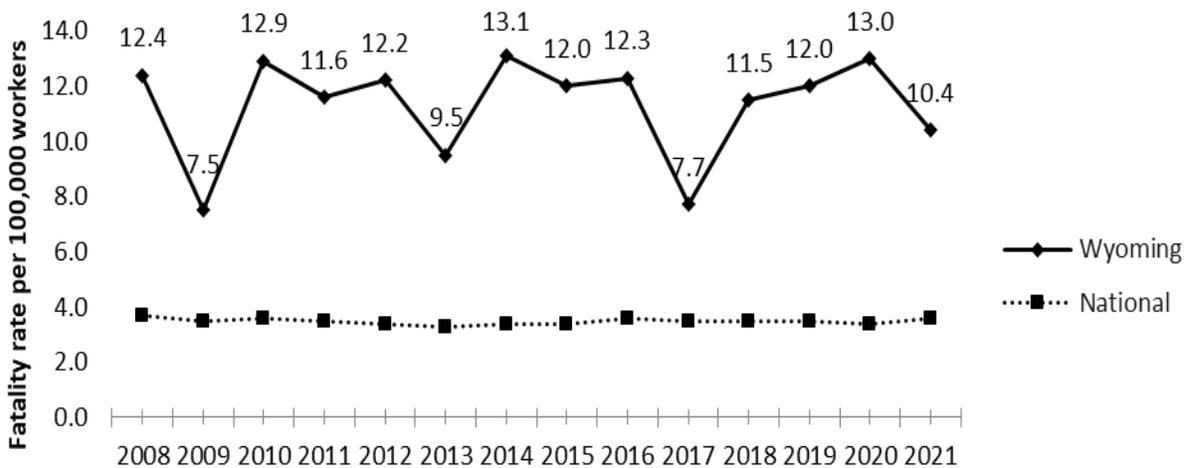


WYOMING

Worker Safety and Health



Number of employees: ¹	265,714
Number of establishments: ¹	28,254
State or federal OSHA program: ²	State
Number of workplace fatalities, 2021: ³	27
Rate per 100,000 workers: ⁴	10.4
National rate:	3.6
Ranking of state fatality rate, 2021: ⁵	50
Total cases of workplace injuries and illnesses, private industry, 2021: ⁶	4,700
Rate per 100 workers:	2.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2021: ⁷	2,700
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2022: ⁸	7
Years it would take for OSHA to inspect each workplace once:	157
Number of workplace safety and health inspections conducted, FY 2022: ⁹	179
Construction:	99
Nonconstruction:	80
Avg. penalty assessed for serious violations of the OSH Act, FY 2022: ⁹	\$3,872
National average:	\$3,225
Avg. total penalty per fatality investigation, FY 2022: ¹⁰	\$5,387
National average:	\$16,024



STATE PROFILES FOOTNOTES

¹U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2021.

²Under §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. Federal OSHA recently granted Massachusetts initial approval for its state OSHA program that covers public employees only and went into effect Aug. 18, 2022.

³U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2021, released Dec. 16, 2022.

⁴*Ibid.*

⁵Ranking based on best to worst (1=best; 50=worst).

⁶U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2021 private sector only, released Nov. 9, 2022.

⁷U.S. Department of Labor, Bureau of Labor Statistics, State Data, Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, Job Transfer or Restriction, 2021 private sector only, released Nov. 3, 2022.

⁸U.S. Department of Labor, OSHA, Federal Compliance Safety and Health Officer Totals by State, as of December 2022; data received Jan. 31, 2023. State plan state Compliance Safety and Health Officers “on board” from FY 2022 State Plan Grant Applications, as of July 1, 2022; data received Jan. 12, 2023.

⁹U.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).

¹⁰U.S. Department of Labor, OSHA, FY 2022. 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, inspection and violation information comes from the OSHA Information System (OIS). OSHA provided federal and state COVID-19 complaint, inspection and violation information by identifying additional code types containing “COVID-19” and/or emphasis program “COVID-19” and/or violation descriptions containing the phrase “SARS-CoV-2” or “COVID-19” for January 2020 to Feb. 28, 2023. Data on average penalties comes from the above-referenced OIS reports. We present the average penalty data as federal OSHA 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.

Employment and Establishment Data: Employment and Wages, Annual Averages, 2021, 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. In FY 2022, 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, 2021, Bureau of Labor Statistics, U.S. Department of Labor.

Workplace Fatality Information: Census of Fatal Occupational Injuries, 2021, 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, 2021, 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 2023 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 2022.

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, 2021, at [BLS.gov/cew/publications/employment-and-wages-annual-averages/](https://www.bls.gov/cew/publications/employment-and-wages-annual-averages/).

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 FY 2022, the state of Massachusetts is considered a federal OSHA state. Federal OSHA recently granted Massachusetts initial approval for its state OSHA program that covers public employees only and went into effect Aug. 18, 2022.

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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