DEATH ON THE JOB

THE TOLL OF NEGLECT

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

33RD EDITION • APRIL 2024

AFL-CIO

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EXECUTIVE SUMMARY

This 2024 edition of "Death on the Job: The Toll of Neglect" marks the 33rd 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 nearly 690,000 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 undoubtedly have made workplaces safer and saved lives, but much more progress is needed.

Over the years, 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 have used their power and influence to attempt to deregulate the work environment, shift the responsibility to provide safe jobs from employers to individual workers, and undermine the core duties of job safety and health agencies. The unnecessary political polarization of critical issues like climate change and the COVID-19 pandemic have exacerbated and introduced new challenges to longstanding problems of heat and infectious diseases exposures in the workplace, but these real threats from existing and emerging hazards need to be addressed under the duties of the OSH Act. Other real, everyday threats like workplace violence and job fatality rates for workers of color are only getting worse.

But our job safety agencies have been flat-funded for years, not even keeping up with inflation. Meanwhile, these agencies' responsibilities have grown with increasing employment and emerging hazards. There needs to be a renewed focus and commitment to these agencies from both lawmakers and the public.

The Biden and Trump administration's records on worker safety and health differ drastically. The Biden administration's job safety agencies have had to repair and rebuild after four years of decimation rife with understaffing, repeal of worker safety laws, limits on public access to information and the inability to issue even the most basic of long-overdue protections. Instead, the Biden administration has improved transparency of information about loved ones lost on the job to honor them and to prevent these tragedies for other families, bolstered enforcement initiatives to hold accountable the employers who violate the law and put workers in danger, strengthened policies to protect vulnerable workers with the greatest risks of dying on the job and facing retaliation, and issued milestone regulations to save workers' lives and improve their livelihoods.

Just recently, the Biden administration used the first action under the amended Toxic Substances Control Act to ban current uses and imports of chrysotile asbestos, after

decades of weak laws and inaction that have put the United States behind other countries; issued a rule to protect communities from facilities that store, use or manufacture chemicals; clarified the rights of workers to choose their own representation during inspections; issued a rule to protect mineworkers from silica exposure; issued a rule to require large employers to fall in line with other-sized employers on injury reporting to OSHA and anti-retaliation measures for workers who report injuries; and worked across agencies to protect immigrant workers whose employers are involved in a workplace safety and health investigation.

The nation must remain committed to protecting workers from job injury, disease and death and to ensure Occupational Safety and Health Administration (OSHA) investigations have access to all of the relevant facts and witnesses that often are blocked by employers. We must prioritize preventing injury, illness and death at work in order to restore dignity and justice to working people, improve livelihoods, and reduce burdens on families and communities. Employers must meet their responsibilities under the law to protect workers and be held accountable if they put workers in danger. Only then can we fulfill the promise of good jobs to include a safe and healthy job for all of America's workers. 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 2022:

- 344 workers died each day from hazardous working conditions.
- 5,486 workers were killed on the job in the United States.
- An estimated 120,000 workers died from occupational diseases.
- The job fatality rate increased again to 3.7 per 100,000 workers.
- Workers of color die on the job at a higher rate: Black and Latino worker job fatality rates are disproportionate compared with all other workers and are continuing to increase.
- Employers reported nearly 3.5 million work-related injuries and illnesses, an increase from the previous year.
- 43 workers died from heat on the job; fatal and nonfatal data are an undercount of the real problem.
- Workplace homicides and workplace suicides increased 9% and 13%, respectively, from 2021 to 2022.
- Separately, unintentional overdoses at work increased 13% from 2021 to 2022.
- The rate of serious workplace violence injuries has increased to 4.3 per 10,000 workers.
- Musculoskeletal disorders from repetitive motion injuries continue to be a major problem, accounting for 28% of all serious work-related injuries and illnesses in private industry.
- Underreporting of all workplace injuries and illnesses is widespread—the true toll of work-related injuries and illnesses is 5.6 million to 8.4 million each year in private industry.
- Chemical exposures continue to plague working people, leading to debilitating, life-threatening diseases that are totally preventable.

The cost of job injuries and illnesses is enormous, estimated at $174 billion to $348 billion a year—an undercount of the real impact on society, families and communities.

States with the highest fatality rates in 2022 were:
- Wyoming (12.7 per 100,000 workers)
- North Dakota (9.8 per 100,000 workers)
- Mississippi (6.9 per 100,000 workers)
- New Mexico (6.8 per 100,000 workers)
- West Virginia (6.8 per 100,000 workers)
- Louisiana (6.4 per 100,000 workers)

Industries with the highest fatality rates in 2022 were:
- Agriculture, forestry, and fishing and hunting (18.6 per 100,000 workers)
- Mining, quarrying, and oil and gas extraction (16.6 per 100,000 workers)
- Transportation and warehousing (14.1 per 100,000 workers)
- Construction (9.6 per 100,000 workers)
- Wholesale trade (5.4 per 100,000 workers)

Black and Latino workers are more likely to die on the job. In 2022:
- Black workers' job fatality rate was the highest it has been in nearly 15 years—4.2 per 100,000 workers.
- 734 Black workers died on the job—the highest number in at least 20 years.
- Latino workers' job fatality rate increased again to 4.6 per 100,000 workers—meaning they continued to face the greatest risk of dying on the job than all workers at 24% higher than the national average; the rate marked a 24% increase over the past decade.
- The number of Latino worker deaths increased again to 1,248. Of those killed on the job, 60% were immigrants.

Older workers and minors are at serious risk. In 2022:
- More than one-third of workplace fatalities occurred among workers ages 55 and older.
- Workers 65 and older have 2.4 times the risk of dying on the job as other workers, with a job fatality rate of 8.8 per 100,000 workers.
- Many older workers are injured from falls on the same level.
- Many children, mostly migrants, have become the focus of stark exploitation, working in dangerous conditions.
- 19 workers younger than 18 years and 400 workers between 19 and 25 years old died on the job.

Job Safety Oversight and Enforcement

The Biden administration has stepped up enforcement through several targeted enforcement initiatives:
- OSHA has clarified the importance of the participation of all workers to choose their representatives during OSHA inspections.
- OSHA has reinstated the collection of employer injury data for large employers to better inform inspection and prevention measures.
- OSHA has instituted instance-by-instance citations for high-gravity violations, maximizing the penalty for employers who violate the law.
- OSHA has signed a joint agreement with the National Labor Relations Board to strengthen information-sharing for whistleblower cases.

- OSHA has instituted targeted enforcement programs and awareness campaigns on heat, silica, COVID-19, falls in construction, combustible dust, injuries in the poultry industry and warehousing.
- The Mine Safety and Health Administration (MSHA) has reinstated impact inspections, focusing on mines with a poor history of compliance with MSHA standards, high numbers of injuries, illnesses or fatalities, or other indicators of unsafe mines.

OSHA resources in FY 2023 still are too few to be a deterrent:
- There are 1,875 inspectors (853 federal and 1,022 state) to inspect the 11.5 million workplaces under the Occupational Safety and Health Act's jurisdiction.
- Federal OSHA has 47 fewer inspectors than in FY 2022— only enough to inspect workplaces once every 186 years—and state OSHA plans have 51 additional inspectors compared with FY 2022.
- There is one inspector for every 80,014 workers.
- The current OSHA budget amounts to $3.93 available to protect each worker.

Penalties in FY 2023 still are too weak:
- The average penalty for a serious violation was $4,597 for federal OSHA.
- The average penalty for a serious violation was $2,406 for OSHA state plans.
- The median penalty for killing a worker was $14,063 for federal OSHA.
- The median penalty for killing a worker was $7,000 for state OSHA plans.
- Only 137 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, 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.
- Issue an OSHA workplace violence standard for health care and social service workers.
- Issue an OSHA heat illness and injury prevention standard to protect indoor and outdoor workers from dangerously hot working conditions.
- Issue an OSHA infectious disease standard to protect workers from growing biological threats.

Action needed from Congress:
- Increase funding and staffing at job safety agencies for both standard-setting and enforcement, modernizing the flat-funded budget that has prevented agencies from fulfilling their obligations.

- Pass legislation on heat and workplace violence to ensure OSHA develops and issues strong standards on these major problems.
- 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 illness information by providing the Bureau of Labor Statistics (BLS) with 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 and descriptive worker fatality data.
- Refocus and align data collection and analysis efforts with emerging worker safety and health issues, and with an equitable lens 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 2024

This 2024 edition of "Death on the Job: The Toll of Neglect" marks the 33rd year the AFL-CIO has produced the only comprehensive 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, key topics such as workplace violence, musculoskeletal disorders and heat illness prevention, and transitions in policies on government occupational data reporting, transparency and equity.

Fifty-three years ago on April 28, the OSH Act went into effect, promising every worker the right to a safe job. Nearly 690,000 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, toxic chemical exposures and other preventable workplace tragedies continue to permeate the workplace. Workplace hazards kill and disable approximately 125,000 workers each year—including 5,486 from traumatic injuries and an estimated 120,000 from occupational diseases. That is 344 workers each day and the problem is worsening. 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 rebuild the agencies and protect workers: prioritizing worker protections on its regulatory agenda, establishing strong enforcement efforts on urgent hazards, maximizing its penalty structure as a stronger deterrent, launching broad efforts on worker empowerment and workplace inequities, and filling staff and leadership vacancies.

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 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.

[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.

President 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 as 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. She continues to serve as acting secretary of labor. These appointments are a sharp contrast to those of President 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—and subsequently failed to permanently fill many positions.

This progress has undoubtedly made workplaces safer and saved lives. But much more progress is needed.

WHAT NEEDS TO BE DONE

Workers need to be able to fully exercise their rights to a workplace free from recognized hazards, including the ability to report injuries and illnesses without retaliation, raise unsafe working conditions, be able to fully utilize stop work authority, come home unharmed at the end of the workday and be fully compensated when the job has injured or made them ill.

This requires refocused national attention, energy and action on the enormous role and impact job safety and health agencies play to provide workplace oversight and prevent the disease, injuries and death that plague working people across the country. There must be new dedication and leadership to substantially increase their 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 leadership to make workplaces safer.

Congress continues to fund job safety at stagnant levels, allowing an OSHA budget that still only amounts to $3.93 to protect each worker covered by the OSH Act. Existing and emerging hazards continue to grow the portfolio and responsibilities of OSHA and other job safety agencies, without increased funding, not even to match inflation. At these levels, the agencies continue to have a paltry number of staff to write standards, analyze data, conduct inspections, conduct needed research on important hazards and respond to emerging threats.

Our regulatory protective systems have been weakened over decades and still are under threat. Job safety agencies need to be rebuilt, not only restored to the pre-Trump era, but in ways that reflect a modern approach to creating data-informed policy, issuing strong standards to address longstanding and emerging hazards, increasing transparency and information access, and eliminating barriers to workers reporting injuries. The whistleblower program needs significant improvement; there is still a major backlog of cases and new initiatives have not made a dent in the program's significant issues. OSHA can make changes to more timely reach out to complainants and their co-workers in order to identify problematic workplaces, but the whistleblower law has also significantly limited the agency and needs to be strengthened.

Severe inequities in dangerous working conditions have created unacceptable disparities in those who face the largest burdens of disease, injury and death because of their jobs, especially as our nation's demographics are changing. 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 intervention to impact people's lives in a meaningful way. We need to continue to elevate initiatives that address the increased risk of fatalities and injuries faced by workers of color, immigrant workers, aging workers and young workers who are often exploited, and enhance efforts to protect temporary and contract workers.

Workplace violence is a growing and serious threat, particularly to women workers and those in the health care and social services sectors. OSHA must issue a workplace violence standard, and issue 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 continue to 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.

Job safety agencies need to fully enforce their 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 workplace inspections as employers and their representatives do.

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. 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 (H.R. 2998) 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.

Biden Administration's Worker Safety and Health Record

Finalized Worker Protection Rules That Save Lives

- Banned and phased out all current uses and imports of chrysotile asbestos.
- Issued a final rule to clarify workers' right to choose their own representative during OSHA inspections.
- Issued a final rule that would provide miners the same level of protection from deadly silica dust as other workers, as advanced technology has increased hazardous dust levels in mines, resulting in increased silica-related disease.
- Reinstituted a risk management rule to prevent and reduce the impact of hazardous chemical releases from facilities that use, manufacture and store chemicals.
- Reinstituted a final injury tracking rule that requires large employers to electronically submit workplace injury data to the Occupational Safety and Health Administration (OSHA) so that hazards can be identified, and injuries and illnesses prevented.
- Issued emergency temporary rules to protect health care workers from COVID-19.
- Issued hazard alerts on workplace heat exposures and severe injuries in food processing.

New Protections Are Coming Soon

- Proposed to protect emergency responders through modernization of OSHA's emergency response rule.
- In the final stages of issuing a rule to ban methylene chloride (used in paint strippers and other uses) in commercial settings and require a worker chemical protection program.
- In the final stages of issuing a rule to require all construction workers, including women, to be provided with personal protective equipment that fits them. This would give the same protections to construction workers that other workers already have.
- Plans to propose a risk evaluation rule to address the risks of "legacy" asbestos still present in our old buildings and infrastructure, by the end of 2024.
- Plans to issue proposed rules to protect workers from heat, workplace violence and infectious disease exposures.

Strengthened Enforcement Resources for Job Safety Agencies to Protect Workers

- Issued national emphasis programs to protect indoor and outdoor workers from heat exposure and to reduce and prevent workplace hazards in warehouses and distribution centers.
- Strengthened the silica national emphasis program to protect countertop workers from silica exposure and silicosis.
- Expanded OSHA's Severe Violators Enforcement Program to more employers with repeat violations and more hazards.

- Expanded the use of corporatewide settlements to seek the correction of recurring violations and hazards at all of the corporation's facilities.
- Issued a new policy to ensure OSHA can issue the maximum penalties possible to bad-acting employers through instance-by-instance citations.
- Increased OSHA enforcement by increasing the number of inspectors, significant inspections, and issuance of willful and repeat violations.
- Proposed increases in funding for job safety agencies: OSHA and the Mine Safety and Health Administration (MSHA).
- Enhanced child labor enforcement to ensure employers maintain safe workplaces instead of exploiting vulnerable workers and children in dangerous work settings.

Increasing Access to Information and Input, and Protecting the Most Vulnerable Workers

- Modernized the regulatory review process to improve public participation, transparency, efficiency and inclusivity in developing our regulations.
- Instituted equity considerations in the cost-benefit analysis when developing a regulation to ensure that women and vulnerable workers are treated equally.
- Instituted status protections for immigrant workers who are victims of workplace health and safety violations or crimes through prosecutorial discretion and certification of U/T visas.
- Signed an agreement between the Department of Labor and National Labor Relations Board to strengthen whistleblower protections.
- Issued a policy on artificial intelligence to ensure it does not undermine rights, worsen job quality, encourage undue worker surveillance, lessen market competition, introduce new health and safety risks, or cause harmful labor force disruptions.

Prepared by the AFL-CIO, April 2024

Trump Administration's Worker Safety and Health Record

Rollbacks and Repeals

- Repealed OSHA rule requiring employers to keep accurate injury records (H.J.Res. 83).
- Repealed Fair Pay and Safe Workplaces rule to hold federal contractors accountable for obeying safety and labor laws (H.J.Res. 37).
- Issued Executive Order 13771 requiring that for every new protection, two existing safeguards must be repealed.
- Issued Executive Order 13777 requiring agencies to identify regulations that are burdensome to industry that should be repealed or modified.
- Revoked most of the requirements of the Environmental Protection Agency's RMP rule to prevent chemical accidents, putting workers, the public and first responders in danger, after delaying the original implementation for more than two years.
- Proposed federal budgets that would slash the Department of Labor's budget; cut coal mine enforcement; eliminate worker safety and health training programs; eliminate the Chemical Safety Board; and reduce NIOSH's job safety research under the CDC.
- Eliminated protections against dermal and emergency exposures in OSHA's beryllium standard for shipyard and construction workers, after delaying the effective date and enforcement of the rule in all sectors. This rollback followed a previously unsuccessful attempt to eliminate all non-PEL protections for these workers while keeping them for others, which ultimately was deemed to be "inconsistent with OSHA's statutory mandate to protect workers."
- Weakened key provisions of MSHA's mine examination rule for metal and nonmetal mines after delaying the rule for months.

Delaying and Abandoning Protections

- Delayed enforcement of OSHA's silica standard in construction for 90 days until Sept. 23, 2017, and full enforcement until Oct. 23, 2017, allowing continued high exposures to deadly silica dust.
- Revoked the requirement for large employers to report detailed injury data to OSHA, after delaying the requirement for all employers to submit summary injury data to the agency.
- Abandoned work on more than a dozen new OSHA rules, including rules on styrene, combustible dust and noise in construction.
- Suspended work on new OSHA standards on infectious diseases, process safety management, workplace violence to protect workers in health care and social assistance, and emergency planning to protect first responders.
- Withdrew OSHA's walkaround policy that gave nonunion workers the right to have a representative participate in OSHA inspections.

- Reviewed MSHA's coal dust standard to determine whether it should be modified to be less burdensome on industry.
- Abandoned work on new MSHA rules for civil penalties and refuge alternatives in coal mines, and suspended work on new standards on proximity detection systems for mobile mining equipment and on the crisis silica-related lung disease among miners.
- Proposed to revoke child labor protections for 16- and 17-year-olds working in health care that restricted the operation of powered patient lifting devices.
- Undermined the federal risk assessment process in order to issue weaker protections for workers against chemicals, despite Congress' bipartisan mandate to treat workers as a vulnerable group that needed enhanced protections.
- Refused to address worker exposures to asbestos, methylene chloride and other hazards in implementing the new toxic chemicals control law.
- Refused to include exposures to "legacy" asbestos in its risk assessment, until directed by a scientific committee to do so.

Limiting Access to Information and Input and Undermining Workplace Safety Agencies

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

Prepared by the AFL-CIO, September 2020

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 on fatalities, resulting in significantly fewer descriptive data than had been published previously under the Census of Fatal Occupational Injuries.[2] This has led to much less descriptive information published for work-related deaths in the United States, i.e., less information on the nature, events and sources of worker fatalities. Detailed occupation, country of origin and other information no longer are available for Latino immigrants and many other immigrant workers, despite fatalities among all foreign-born workers continuing to be a serious problem.[3] It no longer is possible to stratify deaths in one occupation by certain demographics like country of origin or gender, workplace homicides by type of weapon used or by perpetrator, unintentional overdose deaths by different industries; many other analyses have been limited as well. Therefore, we are not able to analyze and update our report's data on some of these important topics this year. 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 preventable injuries, illnesses and deaths.

It is not just the publication of work-related fatality data that now is limited.

Data policies also have changed on the reporting of injuries that result in days away from work (DAFW), days with job transfer or restriction (DJTR) and days away, restricted or transferred (DART, the combination of DAFW and DJTR). Through its annual Survey of Occupational Injuries and Illnesses (SOII), BLS previously collected and reported detailed information (i.e., stratifying industry cases by other factors such as exposure, nature, source, demographics) for DAFW cases annually, but BLS recently ended this pilot program. This decision has resulted in serious injuries reported only biennially (every two years) instead of annually, but including more detail for these cases, i.e., now reporting detailed information for DJTR and DART, in addition to DAFW. 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, but it makes it difficult to compare with previous years.

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[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.
[3] *See* BLS.gov/iif/oshfaq1.htm#accessingourdata.
[4] *See* WhiteHouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/.
[5] *See* 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/.

BLS made these changes after a 60-day request for comment on its information collection requests for workplace injuries and illnesses,[6] and 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.

The first biennial publication of these case and demographic estimates for DAFW, DJTR and DART cases (with the same level of detail previously for DAFW) began with combined data from reference years 2021 and 2022 that were published in 2023 and are presented in this report. However, every other year, we will not be able to provide information for nonfatal injuries and illnesses 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. Instead, we only will be able to include the DAFW, DJTR and DART rates and numbers, overall and by detailed industry.

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]

[6] *See* 86 FR 28905.
[7] *See* BLS.gov/rda/home.htm.
[8] *See* BLS.gov/bls/cipsea-report.htm.

JOB FATALITIES

In 2022, 5,486 workers lost their lives on the job as a result of traumatic injuries, a continued increase from 2021, according to fatality data from the Bureau of Labor Statistics (BLS). The rate of fatal job injuries in 2022 was 3.7 per 100,000 workers, an increase from 2021 and a return to the fatality rate in 2008.[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 344 workers die each day due to job injuries and illnesses.

In 2022, agriculture, forestry, and fishing and hunting continues to be the most dangerous industry (18.6 deaths per 100,000 workers), followed by mining, quarrying, and oil and gas extraction (16.6 per 100,000 workers), transportation and warehousing (14.1 per 100,000 workers)—largely from the transportation industry—construction (9.6 per 100,000 workers) and wholesale trade (5.4 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 in transportation and warehousing, which has increased 8.5%, from 13.0 per 100,000 workers in 1992.

Transportation incidents, in particular roadway collisions, continue to be the leading cause of workplace deaths, responsible for 2,066 or 38% of all fatalities in 2022, followed by deaths from falls, slips and trips (865, or 16%), violence (849, or 15%) and exposure to harmful substances or environments (839, or 15%), including 525 unintentional overdoses. The increase in unintentional overdoses occurring in the workplace is a series high since 2012 and mirrors the unintentional overdose crisis seen outside of workplaces, in the overall population across the nation. In 2021, 80,411 individuals in the overall population died from all opioid overdoses, a sharp increase from 68,630 in 2020, 47,600 in 2017 and 21,089 in 2010.[11] In 2022, 51,435 individuals in the overall population died from an unintentional overdose (opioids and other

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[9] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2022.

[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%2023_1-2_Article_01.pdf .

[11] National Institute of Health. National Institute on Drug Abuse. Drug Overdose Death Rates. Updated June 30, 2023. *Available at* NIDA.NIH.gov/research-topics/trends-statistics/overdose-death-rates.

drugs), an increase from 48,232 in 2020.[12] Unintentional overdoses now constitute nearly 10% of workplace fatalities. Opioids have commonly been prescribed to treat the pain caused by occupational injuries, which can be prevented.[13]

The job fatality rate for all self-employed workers—a group that lacks OSHA coverage—continues to remain high at 10.7 per 100,000 workers, more than triple the rate among wage and salary workers (3.2 per 100,000). In 2022, 885 contract workers died on the job—a number that has decreased since 2012, and constitutes 16% 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 other details of contractor deaths due 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 overall highest fatality rates include Wyoming (12.7 per 100,000 workers), North Dakota (9.8 per 100,000 workers), Mississippi (6.9 per 1000,000 workers), New Mexico (6.8 per 100,000 workers), West Virginia (6.8 per 100,000 workers) and Louisiana (6.4 per 100,000 workers). In 2022, the job fatality rate increased in more than half the states (29 states) since 2021, including by 97% in Mississippi, 32% in Delaware, 31% in West Virginia, and 22% in Wyoming.

[12] Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2020–2022 Data. *Available at* CDC.gov/drugoverdose/fatal/dashboard.

[13] *See* CPWR.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/mental-health-addiction/opioid-resources/.

Workplace Fatalities 1970–2007[1,2]

(Employment-Based Fatality Rates)

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

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

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

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

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

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

Workplace Fatalities 2006−2022[1]

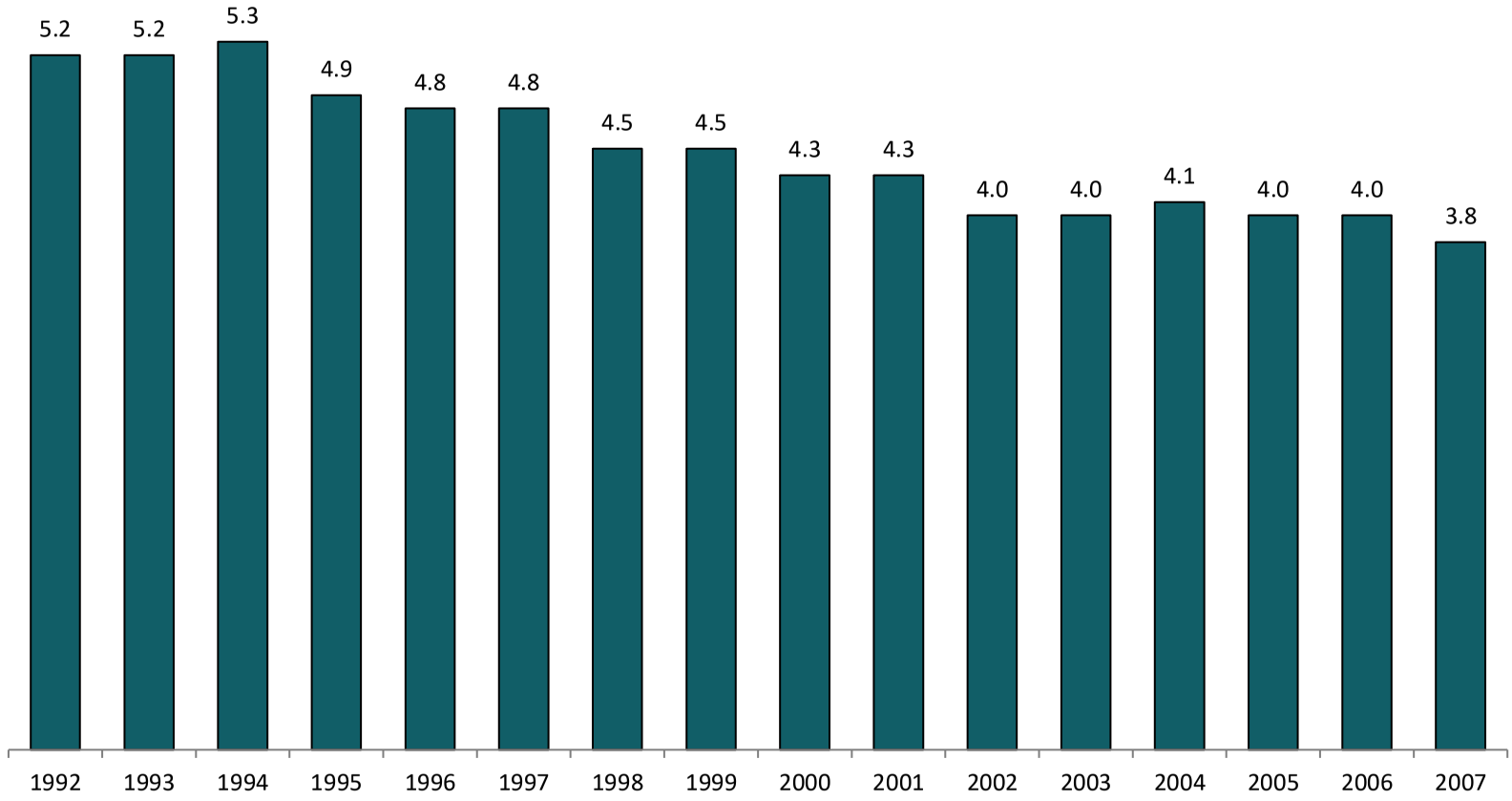
(Hours-Based Fatality Rates)

Year	Work Deaths	Total Hours Worked (Millions)[2]	Fatality Rate[3]
2006	5,840	271,815	4.2
2007	5,657	275,043	4.0
2008	5,214	271,958	3.7
2009	4,551	254,771	3.5
2010	4,690	255,948	3.6
2011	4,693	258,293	3.5
2012	4,628	264,374	3.4
2013	4,585	268,127	3.3
2014	4,821	272,663	3.4
2015	4,836	277,470	3.4
2016	5,190	283,101	3.6
2017	5,147	285,977	3.5
2018	5,250	292,528	3.5
2019	5,333	296,600	3.5
2020	4,764	269,900	3.4
2021	5,190	284,100	3.6
2022	5,486	293,800	3.7

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

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

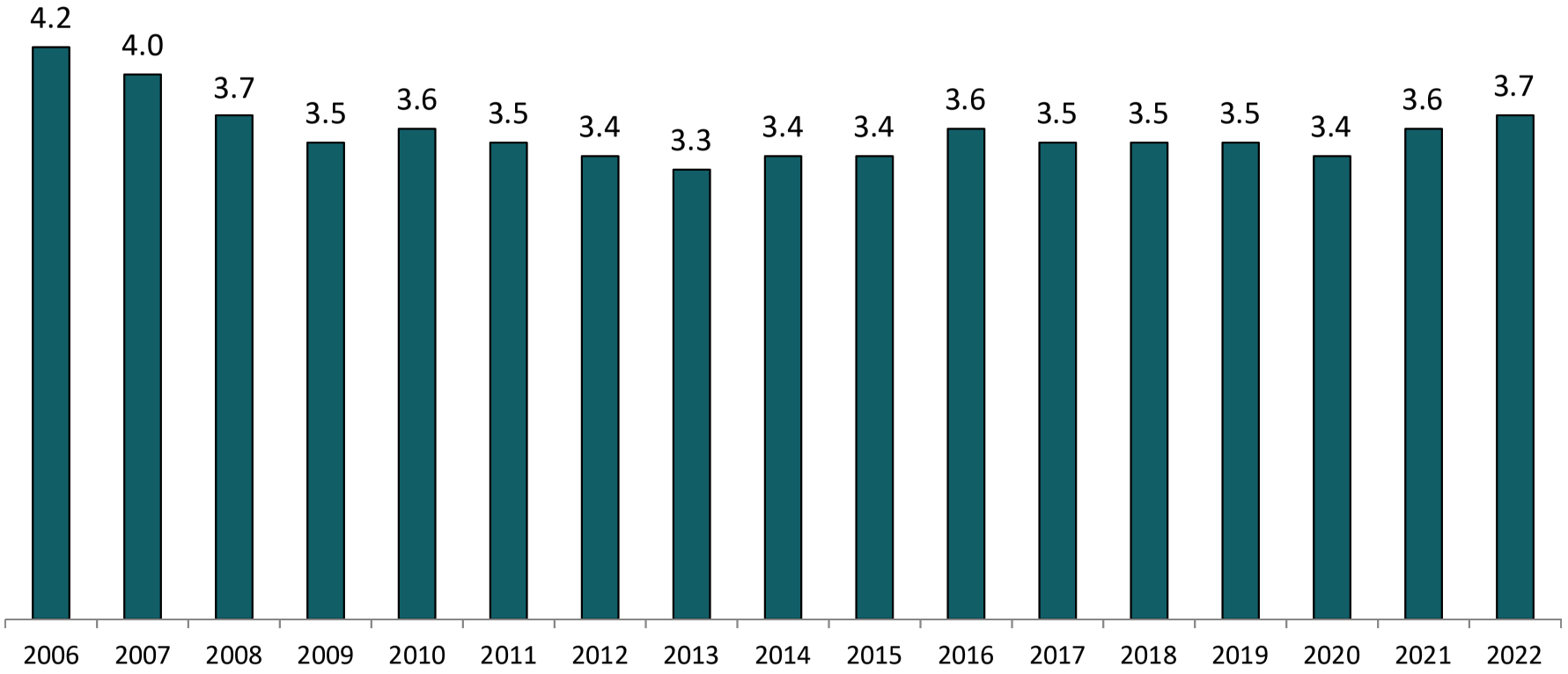
(Employment-Based Rates)



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

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

Rate of Fatal Work Injuries Per 100,000 Workers, 2006–2022[1]
(Hours-Based Rates)



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

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

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

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

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

[2] Deaths per 100,000 workers.

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

(Employment-Based Rates)

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

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

[1]Deaths per 100,000 workers.

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

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

Workplace Fatality Rates by Industry Sector, 2012–2022[1,2]
(Hours-Based Rates)

Industry Sector	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All Industries	3.4	3.3	3.4	3.4	3.6	3.5	3.5	3.5	3.4	3.6	3.7
Agriculture, Forestry, Fishing and Hunting	22.8	23.2	25.6	22.8	23.2	23.0	23.4	23.1	21.5	19.5	18.6
Mining, Quarrying, and Oil and Gas Extraction	15.9	12.4	14.2	11.4	10.1	12.9	14.1	14.6	10.5	14.2	16.6
Construction	9.9	9.7	9.8	10.1	10.1	9.5	9.5	9.7	10.2	9.4	9.6
Manufacturing	2.2	2.1	2.3	2.3	2.0	1.9	2.2	—	2.3	2.6	2.6
Wholesale Trade	5.4	5.3	5.1	4.7	4.8	4.8	5.3	4.9	4.6	5.1	5.4
Retail Trade	1.9	1.9	1.9	1.8	1.9	2.0	1.9	2.0	2.0	1.9	2.1
Transportation and Warehousing	14.6	14	14.1	13.8	14.3	15.1	14.0	13.9	13.4	14.5	14.1
Utilities	2.5	2.6	1.7	2.2	2.8	2.6	2.6	2.0	1.8	3.4	3.4
Information	1.5	1.5	1.2	1.5	1.7	1.6	1.2	—	1.3	1.5	1.9
Financial Activities	0.9	0.9	1.2	0.9	1.2	1.0	1.1	1.0	0.9	0.9	0.9
Professional and Business Services[3]	2.7	2.8	2.7	3.0	3.1	3.0	3.3	0.7	0.5	—	3.1
Educational and Health Services	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.8	0.7	0.7	0.8
Leisure and Hospitality	2.2	1.9	2.0	2.0	2.6	2.2	2.2	2.2	2.5	2.4	2.8
Other Services, Except Public Administration	2.7	2.7	2.7	3.0	3.2	2.9	2.6	3.0	3.3	3.8	2.9
Government[4]	2.0	2.0	1.9	1.9	2.2	2.0	1.8	1.8	1.8	—	2.1

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

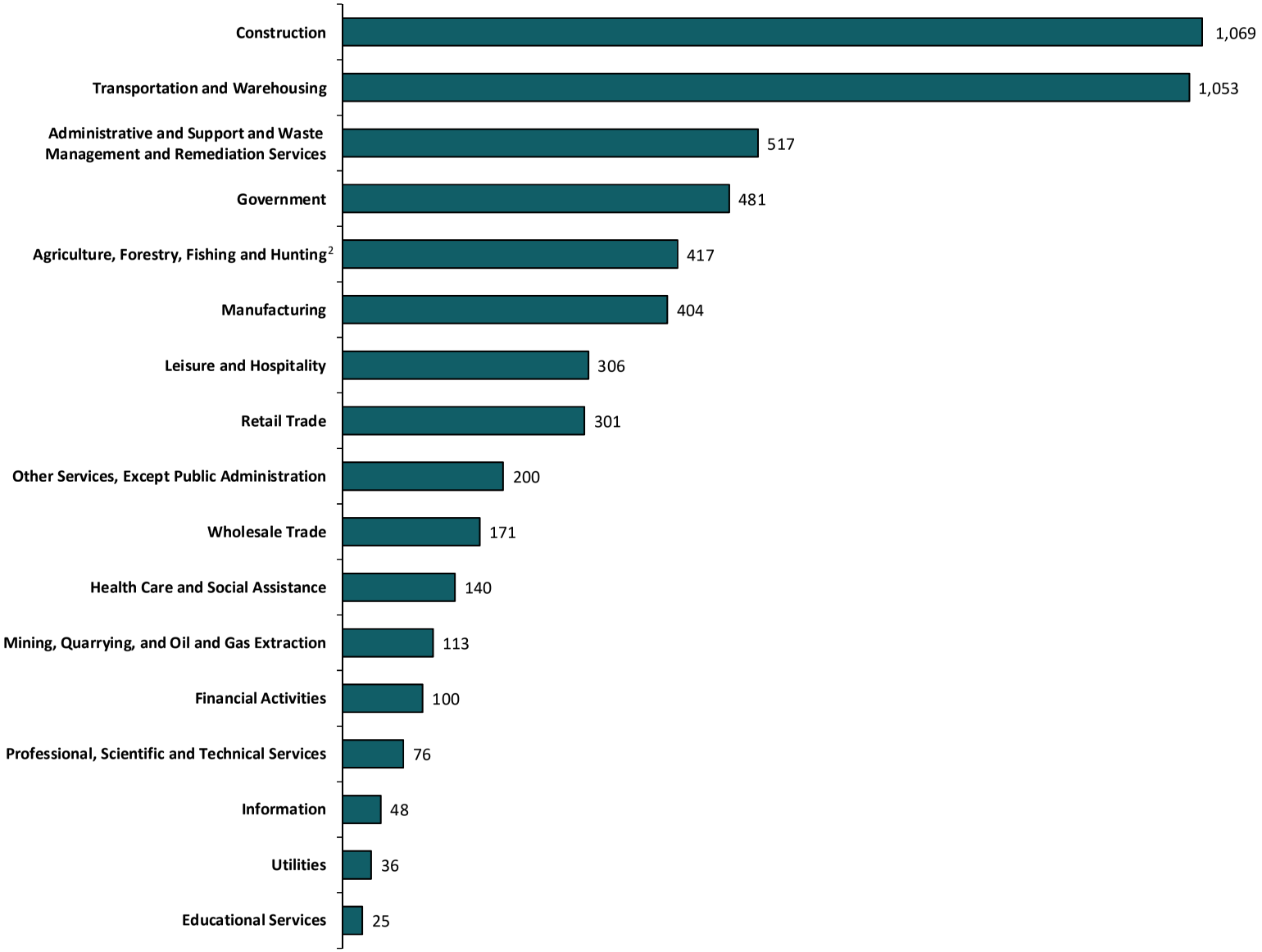
[1]Deaths per 100,000 workers.

[2]Fatality rate is an hours-based calculation 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

[3]In this sector, landscaping services had a fatality rate of 18.1 and waste management services and remediation services had a fatality rate of 13.1 in 2022.

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

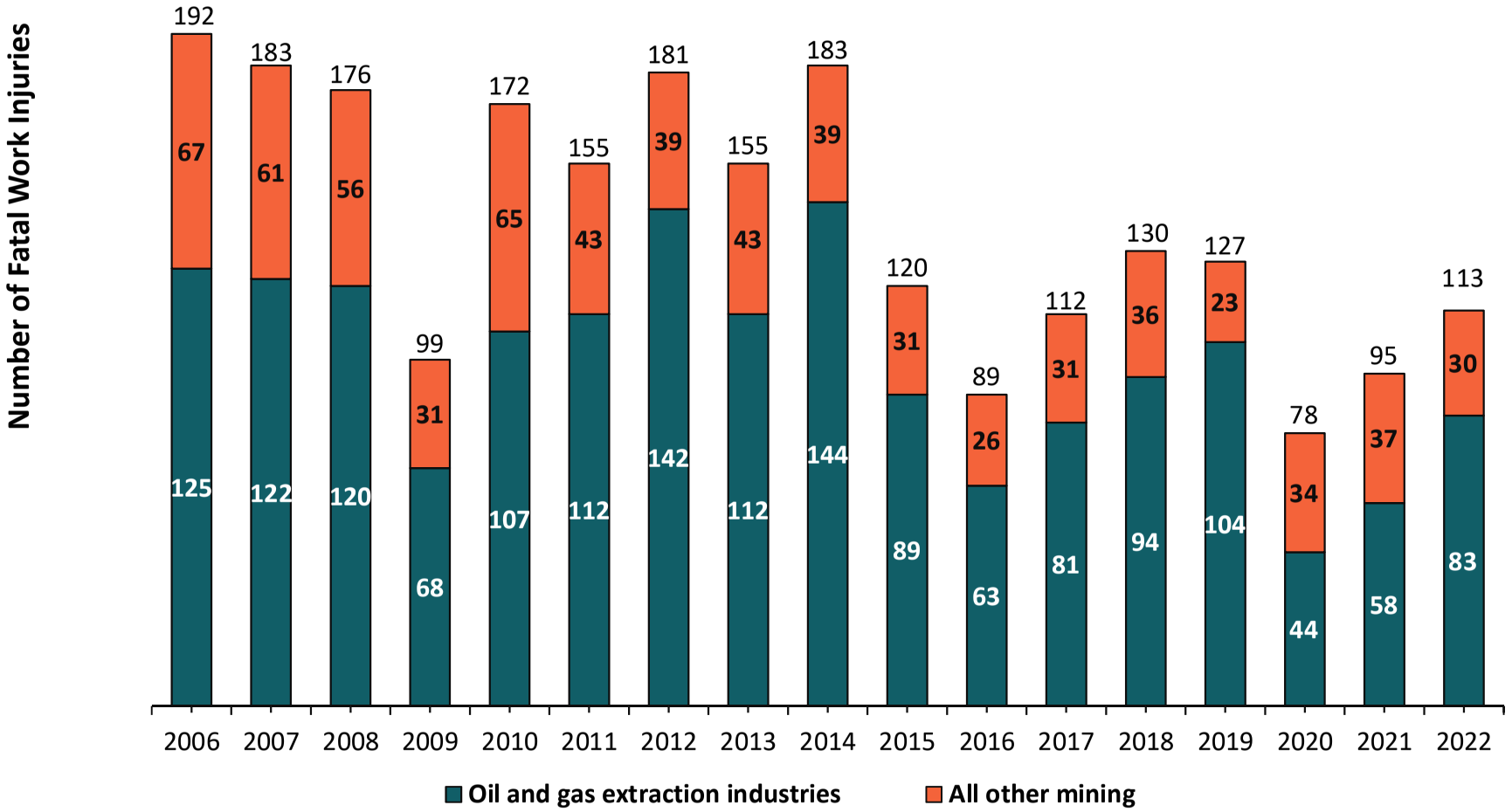
Occupational Fatalities by Industry Sector, 2022
(Total Fatalities 5,486)[1]



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

[1]Fatalities reported for all ownerships and government fatalities may overlap with specific industry sectors listed.
[2]Landscaping services accounted for 206 of these deaths.

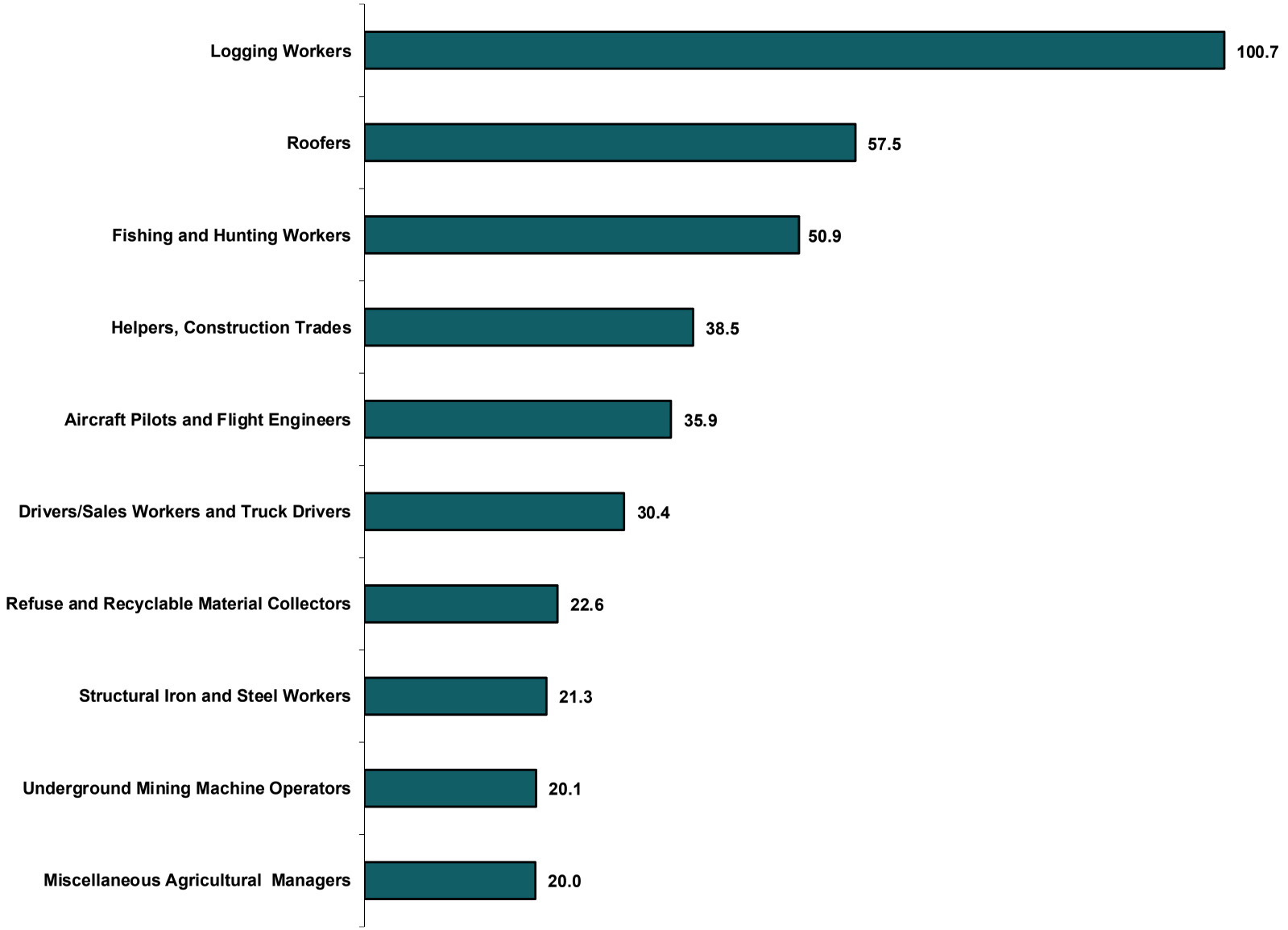
Fatal Occupational Injuries in the Private-Sector Mining, Quarrying, and Oil and Gas Extraction Industries, 2006–2022



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

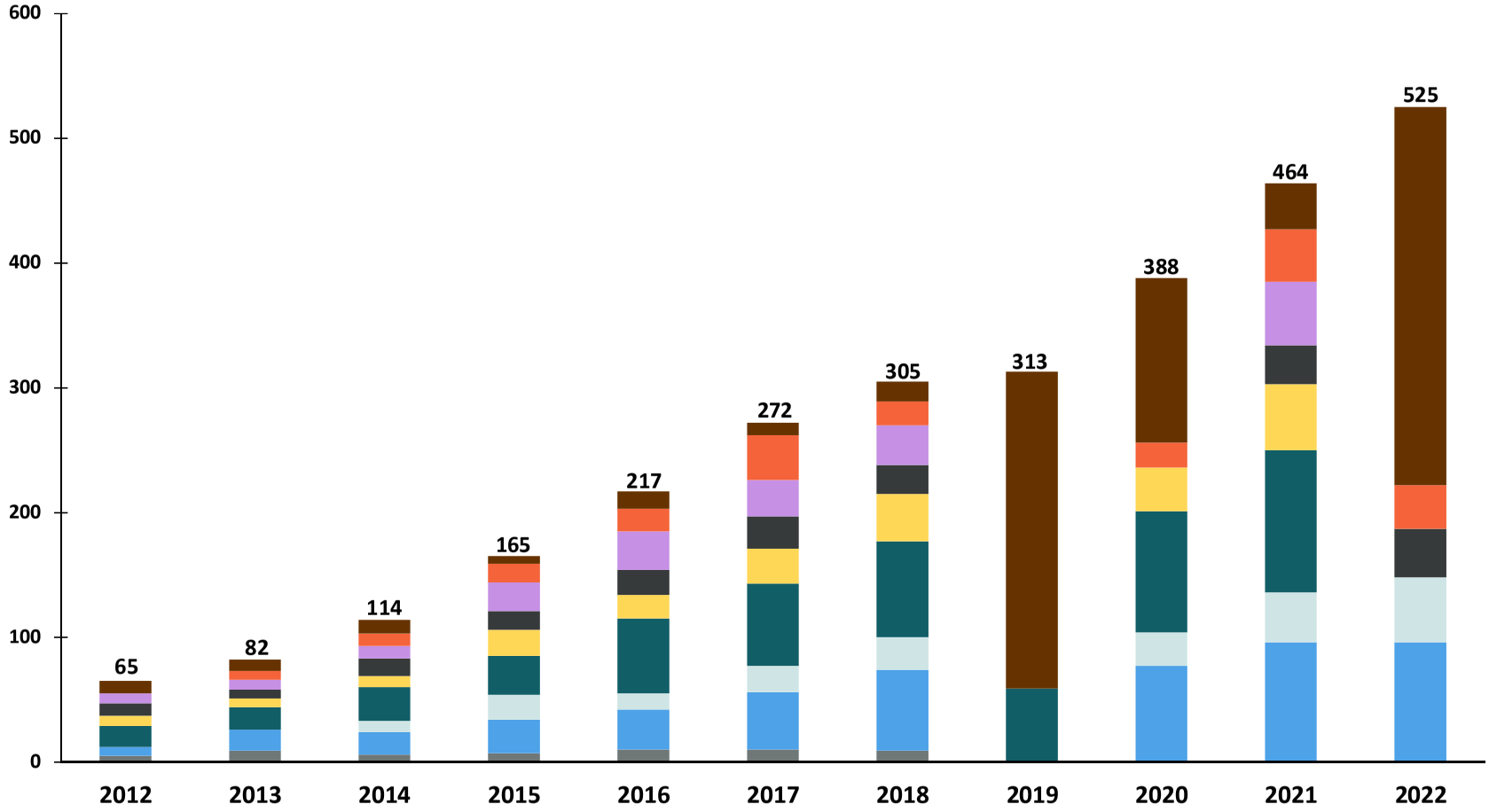
Note: Oil and gas extraction industries include oil and gas extraction (NAICS 21111), drilling oil and gas wells (NAICS 213111), and support activities for oil and gas operations (NAICS 213112).

Selected Occupations with High Fatality Rates, 2022
(Per 100,000 Workers)
National Fatality Rate = 3.7



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

Work-Related Unintentional Overdose Deaths, 2012–2022



Goods Producing:	Natural resources and mining	Construction	Manufacturing
Service Providing	Trade, transport and utilities	Professional and business services	Education and health services
	Leisure and hospitality	Other services	Unaccounted for

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

Workplace Fatalities by State, 2005–2022

State	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alabama	128	100	108	107	75	92	75	84	78	75	70	100	83	89	89	85	111	74
Alaska	29	45	30	33	17	39	39	31	32	30	14	35	33	32	51	31	20	20
Arizona	99	112	97	100	76	77	69	60	95	88	69	77	90	82	94	97	67	103
Arkansas	80	78	89	85	75	88	93	63	63	67	74	68	76	76	62	64	74	75
California	465	537	461	465	409	326	390	375	396	344	388	376	376	422	451	463	462	504
Colorado	125	137	126	105	83	85	92	82	65	84	75	81	77	72	84	78	96	89
Connecticut	46	38	38	28	34	49	37	36	29	35	44	28	35	48	26	29	23	34
Delaware	11	15	10	11	7	8	10	14	11	12	8	12	10	7	18	7	13	17
Florida	406	360	363	291	245	225	226	218	239	228	272	309	299	332	306	275	315	307
Georgia	200	201	193	182	110	108	111	101	117	152	180	171	194	186	207	193	187	209
Hawaii	15	30	23	19	13	19	26	20	11	31	18	29	20	22	26	16	15	25
Idaho	35	38	31	36	27	33	37	19	30	34	36	30	37	45	36	32	30	39
Illinois	194	207	185	193	158	206	177	146	176	164	172	171	163	184	158	135	176	177
Indiana	157	148	127	143	125	118	125	115	127	130	115	137	138	173	146	158	157	156
Iowa	90	71	89	93	80	77	93	97	72	91	60	76	72	77	76	58	49	56
Kansas	81	85	101	73	76	85	78	76	55	73	60	74	72	61	83	55	63	52
Kentucky	122	147	112	106	101	69	93	91	86	82	99	92	70	83	78	92	97	71
Louisiana	111	118	139	135	140	111	111	116	114	120	112	95	117	98	119	103	141	120
Maine	15	20	21	24	16	20	26	19	19	19	15	18	18	17	20	20	19	23
Maryland	95	106	82	60	65	71	71	72	79	74	69	92	87	97	78	59	80	80
Massachusetts	75	66	75	68	64	54	68	44	57	55	69	109	108	97	86	69	97	81
Michigan	110	157	120	123	94	146	141	137	135	143	134	162	153	155	164	131	140	139

Workplace Fatalities by State, 2005–2022

State	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Minnesota	80	87	78	72	65	61	70	60	70	69	62	74	92	75	80	67	80	81
Mississippi	88	112	96	93	80	67	68	63	63	68	75	77	71	78	59	44	41	78
Missouri	165	185	167	156	148	142	106	132	88	118	106	117	124	145	106	105	147	121
Montana	39	50	45	54	40	52	36	49	34	28	28	36	38	28	38	29	40	25
Nebraska	46	36	57	63	53	57	54	39	48	39	55	50	60	44	53	48	39	57
Nevada	61	57	49	71	41	24	38	38	42	42	40	44	54	39	40	37	43	60
New Hampshire	15	18	13	14	7	6	6	9	14	14	17	18	22	20	11	14	21	19
New Jersey	129	112	88	106	92	99	81	99	92	102	87	97	101	83	74	82	110	116
New Mexico	57	44	59	52	31	42	38	52	39	54	53	35	41	43	55	37	53	57
New York	254	239	234	220	213	185	182	206	202	178	241	236	272	271	273	223	247	251
North Carolina	183	165	168	167	161	129	139	148	146	109	137	150	174	178	186	189	179	217
North Dakota	24	22	31	25	28	25	30	44	65	56	38	47	28	35	37	26	34	37
Ohio	202	168	193	165	168	137	161	155	161	149	185	202	164	158	166	117	171	153
Oklahoma	91	95	91	104	102	82	94	86	97	92	98	91	92	91	73	75	86	70
Oregon	60	65	87	69	55	66	47	58	43	49	69	44	72	62	69	60	66	55
Pennsylvania	230	224	240	220	241	168	221	186	194	183	179	173	163	177	154	148	162	183
Rhode Island	7	6	10	5	6	7	9	7	8	10	10	6	9	9	10	5	5	7
South Carolina	113	132	95	122	87	73	69	81	63	75	64	117	96	98	108	102	107	132
South Dakota	24	31	37	22	30	24	36	31	31	20	29	21	31	32	20	32	20	27
Tennessee	145	139	153	154	135	111	138	120	101	95	127	112	122	122	124	142	132	173
Texas	440	495	489	528	463	482	461	433	536	508	531	527	545	488	608	469	533	578

Workplace Fatalities by State, 2005–2022

State	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Utah	50	54	60	78	64	48	41	39	39	37	54	42	44	49	51	48	52	57
Vermont	7	7	14	10	10	12	12	8	11	7	10	9	10	11	10	8	10	11
Virginia	171	186	165	146	156	119	107	127	149	128	116	106	153	157	180	118	125	144
Washington	98	85	87	90	84	76	104	60	67	56	88	70	78	86	84	83	73	104
West Virginia	58	46	79	61	53	41	95	43	49	61	38	35	47	57	46	47	36	48
Wisconsin	94	125	91	104	77	94	91	89	114	97	99	104	105	114	113	108	105	125
Wyoming	43	46	36	48	33	19	33	32	35	26	37	34	34	31	32	35	27	34
Total[1,2,3]	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	5,486

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

[1] In 2022, 18 fatal injuries occurred in Puerto Rico and the four fatal injuries occurred in Guam. These are not reflected in the U.S. total. Fatalties were not reported in 2022 for the U.S. Virgin Islands.

[2] Totals include 15 fatalities that occurred in the District of Columbia.

[3] States cannot always be assigned to fatality cases. For example, some fatalities occur at sea outside of specific state jurisdictions. In 2022, 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, 2022

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	74	12	29	—	—	9	14
Alaska	20	—	7	—	3	—	—
Arizona	103	17	38	—	21	20	6
Arkansas	75	—	26	—	13	9	15
California	504	97	133	8	79	132	55
Colorado	89	18	33	—	15	7	12
Connecticut	34	5	12	—	7	3	6
Delaware	17	—	7	—	—	4	3
District of Columbia	15	7	—	—	—	3	—
Florida	307	33	102	8	78	53	33
Georgia	209	38	88	—	30	20	28
Hawaii	25	4	14	—	—	—	4
Idaho	39	—	14	—	9	6	5
Illinois	177	26	75	—	23	30	—
Indiana	156	23	60	1	15	32	22
Iowa	56	—	36	—	8	—	7
Kansas	52	—	31	—	6	—	11
Kentucky	71	9	30	—	8	7	17
Louisiana	120	—	40	—	19	26	18
Maine	23	—	9	—	—	6	3

Fatalities by State and Event or Exposure, 2022

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Maryland	80	22	23	—	10	9	7
Massachusetts	81	14	21	2	9	28	7
Michigan	139	37	29	2	26	17	26
Minnesota	81	8	27	2	18	10	16
Mississippi	78	16	23	—	11	—	15
Missouri	121	17	57	—	12	9	24
Montana	25	—	11	—	6	3	—
Nebraska	57	—	37	4	—	—	10
Nevada	60	11	22	—	7	12	8
New Hampshire	19	5	—	—	7	3	—
New Jersey	116	18	46	—	19	21	—
New Mexico	57	10	31	—	4	8	—
New York	251	43	70	—	58	41	32
North Carolina	217	28	79	—	42	37	27
North Dakota	37	5	13	1	3	7	8
Ohio	153	14	60	6	26	21	26
Oklahoma	70	9	30	4	12	6	9
Oregon	55	10	25	—	7	—	10
Pennsylvania	183	22	77	—	24	27	27
Rhode Island	7	—	—	—	—	—	1

Fatalities by State and Event or Exposure, 2022

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
South Carolina	132	19	51	—	16	21	23
South Dakota	27	—	20	—	—	—	3
Tennessee	173	38	63	2	25	29	16
Texas	578	68	280	9	87	61	72
Utah	57	—	19	—	19	7	5
Vermont	11	1	5	—	—	—	3
Virginia	144	36	49	3	17	21	18
Washington	104	23	32	—	19	16	—
West Virginia	48	—	15	—	4	15	7
Wisconsin	125	19	42	4	17	20	23
Wyoming	34	7	19	—	—	—	4
Total[1,2]	5,486	849	2,066	107	865	839	738

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

[1] In 2022, 18 fatal injuries occurred in Puerto Rico and the four fatal injuries occurred in Guam. These are not reflected in the U.S. total. Fatalties were not reported in 2022 for the U.S. Virgin Islands.

[2] States and events or exposures cannot always be assigned to fatality cases. Also, some fatalities occur outside of specific state jurisdictions, such as at sea.

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

WORKPLACE INJURIES AND ILLNESSES ARE UNDERREPORTED AND COSTLY

Nonfatal Injuries and Illnesses

In 2022, more than 3.5 million workers across all industries, including 2.8 million in the private sector, had work-related injuries and illnesses that were voluntarily reported by employers. In 2022, state and local public sector employers reported a combined injury rate of 4.9 per 100 workers, 81% higher than the reported rate of 2.7 per 100 workers in the private sector.[14] Among the industries with the greatest reported injury and illness rates in 2022 were nursing and residential care facilities and hospitals.

Due to limitations in the current injury reporting system and widespread employer underreporting of workplace injuries and illnesses, these numbers understate the problem. The true toll in the private sector alone is estimated to be two to three times greater—or 5.6 million to 8.4 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 all reported work-related illnesses in 2022 in the private industry increased to 460,700. This is a decrease from 544,600 in 2020, but an increase from 365,200 in 2021—both years that were affected by larger amounts of reported COVID-19 illness. BLS does not produce close to a true count of occupational COVID-19 illness or any occupational illness. This true toll is unknown, but enormous based on ongoing studies and other reports.

One measure of severity of reported injuries and illnesses are measured by cases that lead to days away from work and cases with job transfer or restriction (DART). In 2022, the incidence rate of injury and illness cases that lead to days away from work increased to 1.2 per 100 workers even though it has generally decreased over time. The incidence rate of injury and illness cases that lead to job transfer or restriction in 2022 remained the same as 0.6 per 100 workers in 2021.

Of the 3,379,220 DART cases in 2022, 29.6% were from overexertion and bodily reaction, 23.1% were from objects and equipment, 19.5% were from exposure to harmful substances and 12.3% were from falls on the same level.

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

[14] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2020.

systems have found that the BLS survey missed 33% to 69% of work-related injuries.[15, 16, 17, 18] 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.[19] 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 correlation between the two, and in some cases there was a negative correlation.[20] 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.[21] 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.[22] 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.[23]

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

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[15] 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.

[16] 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.

[17] 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.

[18] 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.

[19] 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.

[20] 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 (2013).

[21] 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.

[22] 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.

[23] 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.

through interviews with workers.[24] 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.[25] 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.[26] Hopefully, if the survey is improved, Congress will provide the necessary funding to continue and expand this important work.

Cost of Occupational Injuries and Deaths

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

The 2023 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.[27] The top five injury causes that account for 62.7% of the total cost burden were: overexertion involving outside sources (handling object), falls on the same level, falls to a lower level, struck by object or equipment (being hit by objects), and other exertions or bodily reactions (awkward postures). The top 10 injuries amounted to $48.15 billion in direct workers' compensation costs. Because the data were based on 2020 data, COVID-19 costs were included in exposures to other harmful substances, which were $3.35 billion.

This analysis, based on 2020 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 a 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

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[24] 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.

[25] 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.

[26] 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.

[27] 2023 Liberty Mutual Workplace Safety Index. *Available at* Business.LibertyMutual.com/wp-content/uploads/2023/07/WSI_1000_2023.pdf.

medical and indirect (productivity) costs of workplace injuries and illnesses at $250 billion annually, more than the cost of cancer.[28] 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.[29]

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. It estimated the total cost of work injuries in 2021 to be $167 billion and 103 million lost work days.[30] 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. 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.[31]

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.[32] 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

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[28] 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.
[29] 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.
[30] National Safety Council. Injury Facts. "Work Injury Costs." Accessed on April 14, 2023. *Available at* InjuryFacts.NSC.org/work/costs/work-injury-costs/.
[31] 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.
[32] ProPublica and National Public Radio. "Insult to Injury: America's Vanishing Worker Protections." March 2015. *Available at* ProPublica.org/series/workers-compensation.

demolition of the workers' compensation system and left injured workers and their families, and society at large, bearing the costs of their injuries.

Workplace Injury and Illness Incidence Rates, Private Sector, 1974–2022 (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
2022	2.7	1.7	1.2	0.6

Source: Department of Labor, Bureau of Labor Statistics.

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

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

Per 100 Full-Time Workers

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

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

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

Workplace Injury and Illness Rates by Industry Sector, 2008–2022[1,2]

	2008[3]	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total case rate, private industry	**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**	**2.7**
State and local government	**6.3**	**5.8**	**5.7**	**5.7**	**5.6**	**5.2**	**5.0**	**5.1**	**4.7**	**4.6**	**4.8**	**4.6**	**3.9**	**4.5**	**4.9**
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	3.8
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	5.2
Natural resources and mining	**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**	**3.1**
Agriculture, forestry, fishing and hunting	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	4.1
Mining, quarrying, and oil and gas extraction	2.9	2.4	2.3	2.2	2.1	2.0	2.0	1.4	1.5	1.5	1.4	1.2	1.2	1.3	1.4
Construction	**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**	**2.4**
Construction (local government)	12.7	13.0	9.5	8.7	10.2	7.9	8.6	8.0	9.1	—	—	—	—	—	—
Manufacturing	**5.0**	**4.3**	**4.4**	**4.4**	**4.3**	**4.0**	**4.0**	**3.8**	**3.6**	**3.5**	**3.4**	**3.3**	**3.1**	**3.3**	**3.2**
Trade, transportation and utilities	**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**	**3.7**
Wholesale trade	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	2.6
Retail trade	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	3.7
Transportation and warehousing	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	4.8
Utilities	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	1.7
Information	**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**	**1.0**
Financial activities	**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**	**0.8**
Professional and business services	**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**	**1.2**
Educational and health services	**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**	**4.2**
Hospitals (private)	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	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	10.2
Nursing and residential care (private)	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	9.4
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	11.8
Leisure and hospitality	**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**	**2.9**
Other services, except public administration	**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**	**1.8**

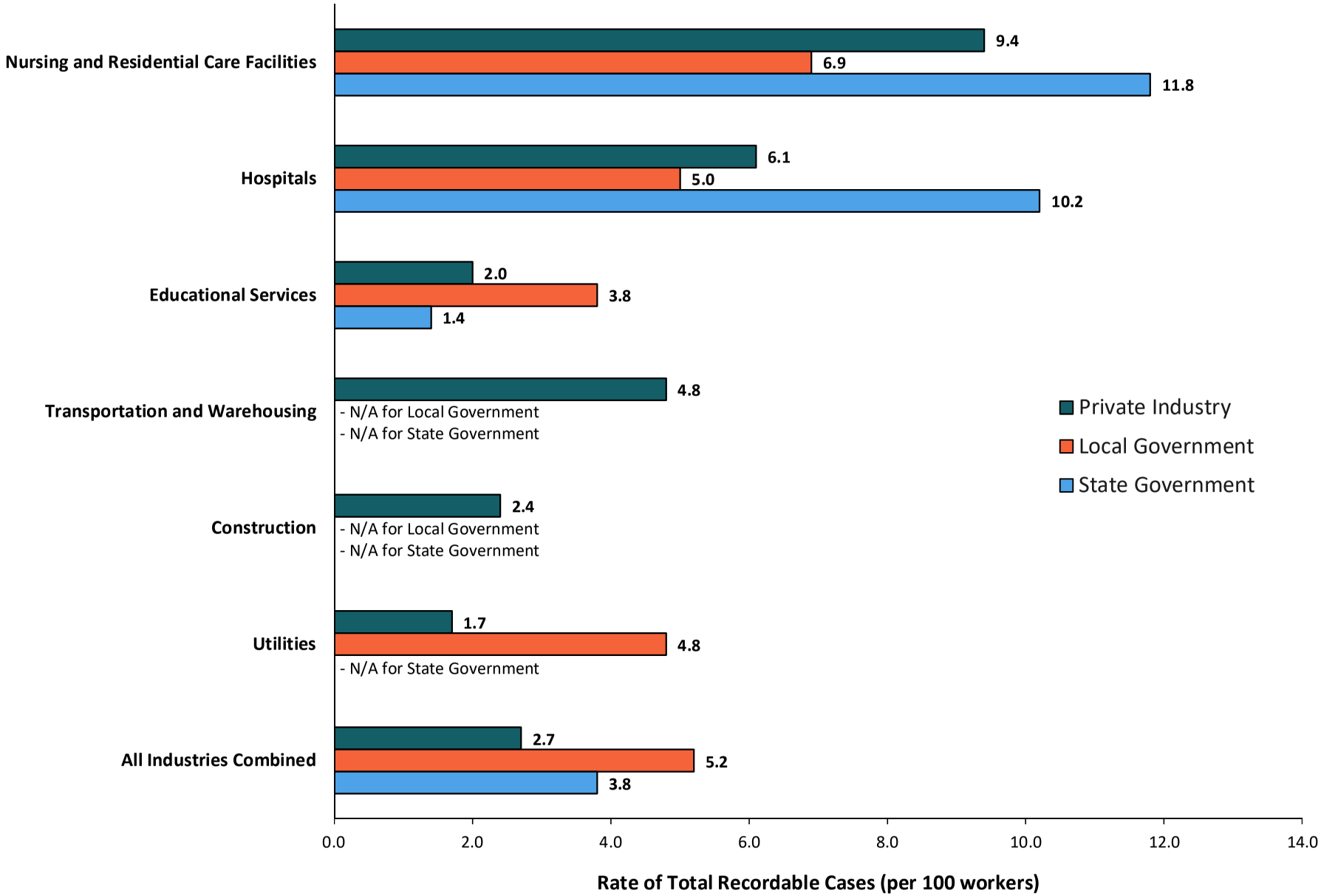
Source: U.S. Department of Labor, Bureau of Labor Statistics.

[1] Total recordable cases per 100 workers.

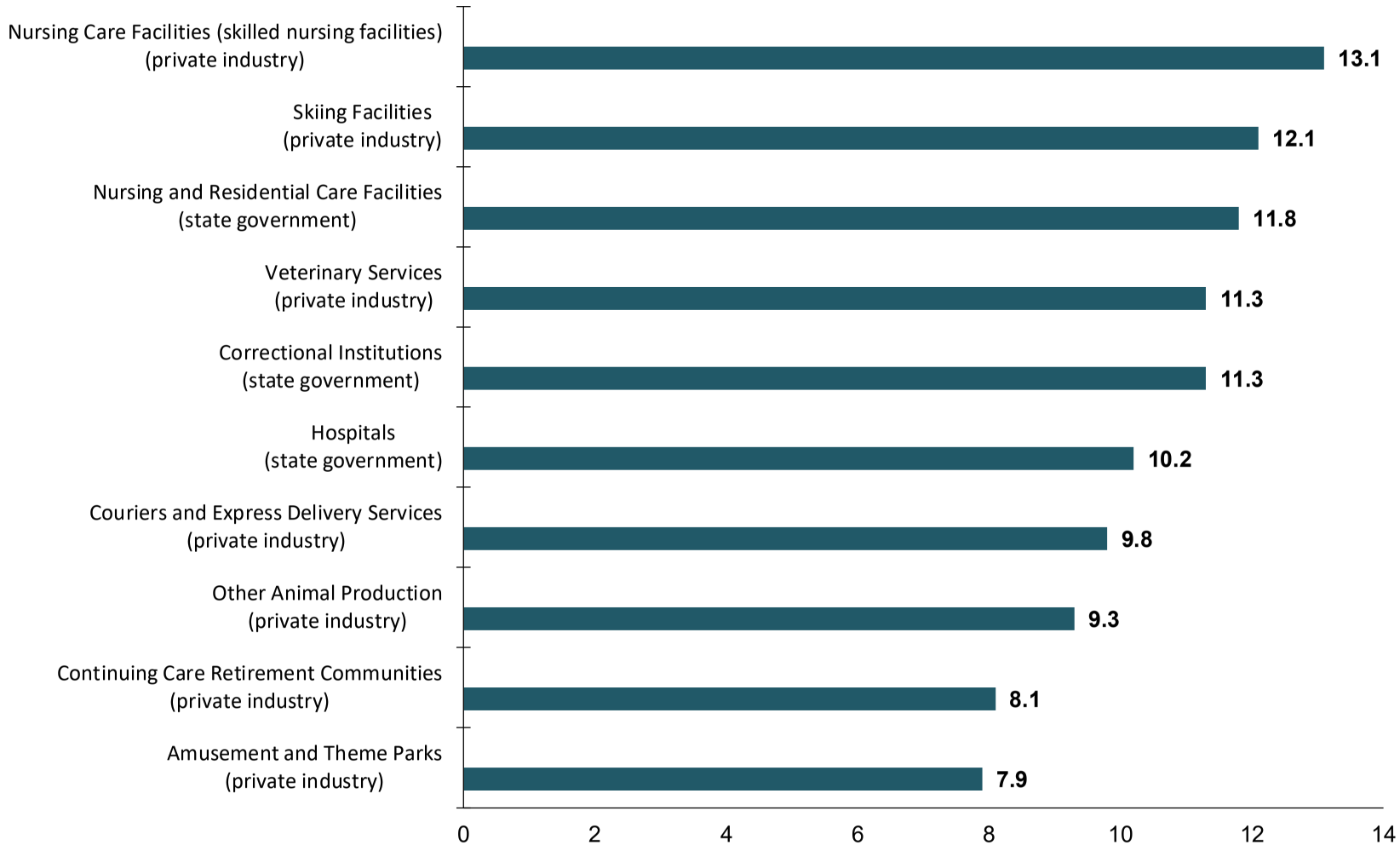
[2] Private industry, unless otherwise noted.

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

Rate of Workplace Injuries and Illnesses for Selected Industries in State Government, Local Government and Private Industry, 2022

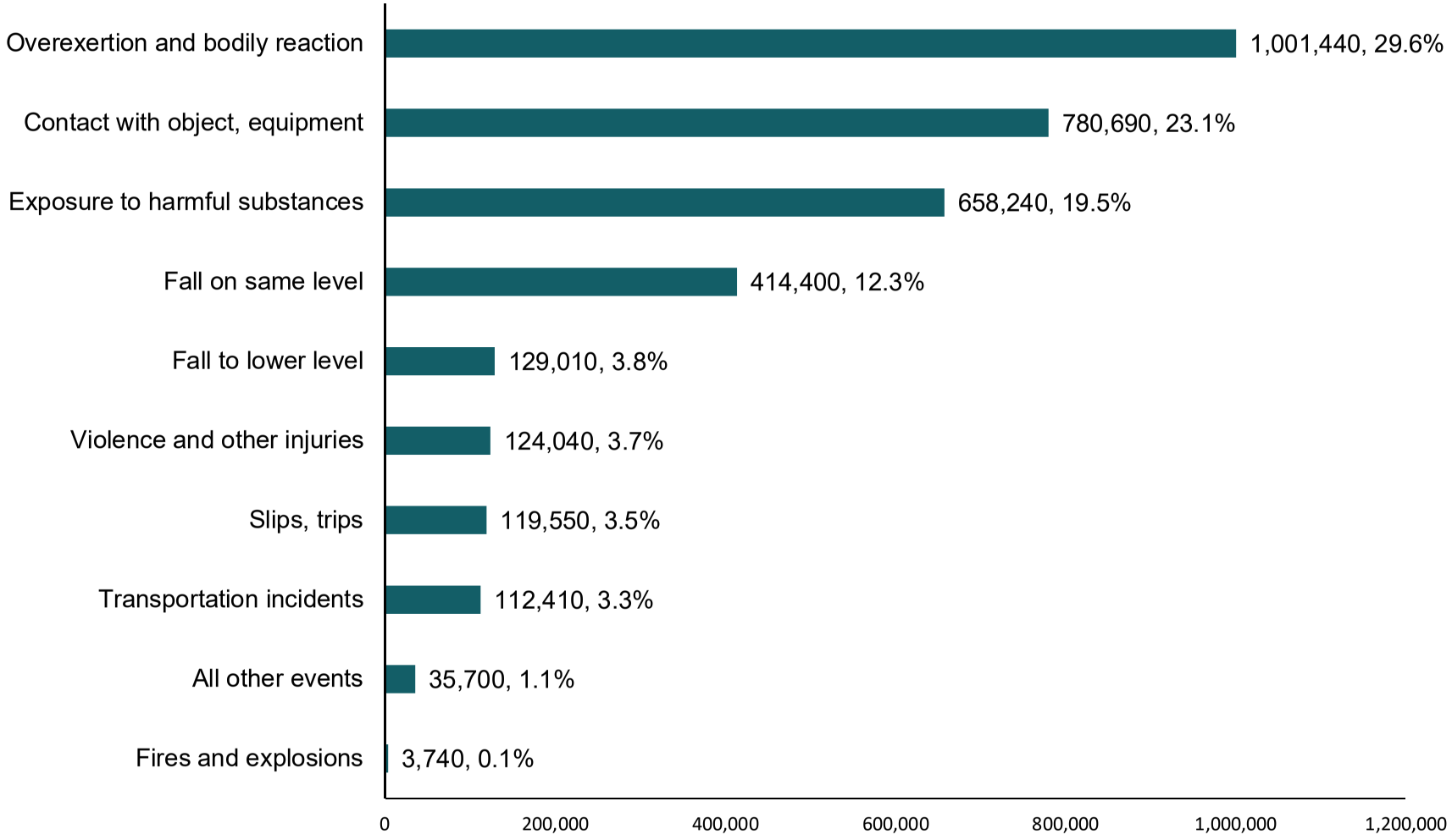


Industries with the Highest Total Nonfatal Injury and Illness Rates, 2022
(Per 100 Workers)
Private Industry = 2.7
State Government = 3.2
Local Government = 5.0



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

Nonfatal Occupational Injuries and Illnesses with Days Away from Work, Job Transfer or Restriction by Event or Exposure, Private Industry, 2022 Total = 3,379,220



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, 2022

	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
State	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Alabama	37,300	33,500	N/A	N/A	2.2	2.3	N/A	N/A
Alaska	7,700	6,500	300	900	3.2	3.3	1.9	4.1
Arizona	79,500	69,500	1,200	8,800	3.2	3.1	1.6	5.0
Arkansas	27,800	23,200	1,300	3,400	2.6	2.5	2.3	3.6
California	565,900	419,300	31,900	114,800	4.2	3.6	8.3	9.0
Colorado	N/A	54,800	N/A	N/A	N/A	2.8	N/A	N/A
Connecticut	43,200	35,700	2,000	5,500	3.4	3.2	4.3	5.9
Delaware	9,700	8,300	600	800	2.7	2.6	2.9	3.4
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	15,000	12,200	1,700	1,100	3.3	3.2	3.2	7.0
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	133,500	112,500	4,000	17,000	2.9	2.7	4.1	4.2
Indiana	72,400	62,400	1,400	8,500	2.9	2.9	1.4	4.4
Iowa	42,900	35,500	1,300	6,100	3.5	3.3	3.1	4.8
Kansas	34,800	27,800	N/A	4,900	3.1	2.9	N/A	4.1
Kentucky	49,500	40,600	1,800	7,100	3.2	3.0	2.8	5.7
Louisiana	27,400	21,400	N/A	5,200	1.8	1.6	N/A	3.1
Maine	22,400	19,900	700	1,700	4.9	5.0	4.0	4.2
Maryland	56,900	42,600	2,800	11,500	2.8	2.4	3.4	6.1
Massachusetts	81,700	67,400	2,600	11,700	2.9	2.7	2.7	5.3
Michigan	104,800	83,600	6,500	14,700	3.1	2.8	5.8	6.0

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2022

	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
State	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Minnesota	85,400	73,100	2,400	9,900	3.8	3.7	3.3	5.6
Mississippi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Missouri	N/A	55,900	N/A	N/A	N/A	2.8	N/A	N/A
Montana	13,800	11,800	400	1,600	3.7	3.6	2.4	4.9
Nebraska	22,800	20,200	N/A	1,900	3.0	3.1	N/A	2.4
Nevada	39,800	34,600	900	4,400	3.5	3.4	2.9	6.2
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	91,600	69,200	5,100	17,200	2.8	2.4	4.5	5.7
New Mexico	16,200	12,400	N/A	2,800	2.5	2.3	N/A	4.7
New York	192,800	138,900	10,300	43,600	2.7	2.3	5.6	5.6
North Carolina	90,100	74,300	2,700	13,000	2.4	2.2	1.9	3.8
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	102,300	88,600	2,500	11,200	2.3	2.3	2.3	2.8
Oklahoma	43,000	30,500	N/A	N/A	3.1	2.8	N/A	N/A
Oregon	59,100	50,600	1,700	6,800	4.0	3.9	5.1	4.8
Pennsylvania	139,800	123,400	3,400	N/A	3.0	2.9	3.4	N/A
Rhode Island	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South Carolina	43,100	34,100	2,400	6,700	2.4	2.3	3.0	3.7
South Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tennessee	67,300	55,400	1,400	10,500	2.6	2.4	1.9	4.6
Texas	N/A	178,800	N/A	N/A	N/A	1.9	N/A	N/A
Utah	31,700	27,500	1,500	2,700	2.6	2.5	2.4	3.5
Vermont	8,700	7,400	300	1,000	4.0	3.9	3.2	5.6

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2022

	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
State	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Virginia	75,700	61,200	1,800	12,800	2.5	2.3	1.5	4.4
Washington	114,600	89,600	9,200	15,900	4.3	3.9	9.3	7.1
West Virginia	17,300	14,800	700	1,800	3.2	3.3	2.0	3.2
Wisconsin	66,500	58,900	1,600	6,000	3.1	3.0	2.9	3.5
Wyoming	6,500	5,100	200	1,200	3.0	3.0	2.1	3.6
Total or National Average[2]	3.5 million	2.8 million	144,700	555,700	3.0	2.7	3.8	5.2

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

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

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

Estimates of the True Toll of Workplace Injuries and Illnesses Private Industry

	Estimated Figures Accounting for Impact of Undercounting Injuries and Illnesses[1]	Reported by Bureau of Labor Statistics
Total Number of Nonfatal Injuries and Illnesses, 2022	**8.4 million**	**2.8 million**
Case Rate for Total Nonfatal Injuries and Illnesses (per 100 workers), 2022	**8.1**	**2.7**
Total Number of Injuries and Illnesses—Cases Involving Days Away from Work, Job Transfer or Restriction, 2022	**5.1 million**	**1.7 million**
Case Rate for Nonfatal Injuries and Illnesses Involving Days Away from Work, Job Transfer or Restriction (per 100 workers), 2022	**5.1**	**1.7**
Total Number of Musculoskeletal Disorders—Cases Involving Days Away from Work, Job Transfer or Restriction, Annual Average[2]	**1.5 million**	**488,045**
Total Number of Estimated Cases of Musculoskeletal Disorders[2]	**2.3 million**	**775,122**

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): 357–365, April 2006.

[2] The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data now are only published biennially (every two years), rather than annually. For this table, the total number of 2021–2022 cases was divided in half to produce an annual average for the two years.

DEMOGRAPHICS

Women Workers

In 2022, 445 women died on the job, compared with 5,041 men, who often work in more dangerous industries. However, in 2022, a larger percentage of women died from work-related homicides (18% of all workplace fatalities for women compared with 9% for men). This number has increased.

Due to the new BLS policy explained in the "Data Reporting, Transparency and Equity" section of this report, these data were not reported last year. This restriction of reporting detailed demographic data cross referenced with workplace exposure data 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 2022, 24 workers were killed in the workplace by a relative or domestic partner. BLS data no longer report this breakdown by gender; however, women often bear this burden disproportionately, and previous years of this report showed that women were 50% more likely than men to be killed by a relative or domestic partner at work.

According to detailed 2021–2022 data published by BLS, women face a significant number of serious injuries that lead to days away from work, job transfer or restriction in health care and social assistance (616,090)—the highest category for women—and in retail trade (253,020). Men face high risks in transportation and warehousing (283,720) and retail trade (274,220). The median number of days away from work, job transfer or restriction for women is 11 and for men is 13, compared with the median for all cases of 12.

Aging Workers

Workers 65 and older have 2.4 times the risk of dying on the job than all workers, with a fatality rate of 8.8 per 100,000 workers in 2022. Workers ages 55–64 also are at increased risk, with a fatality rate of 4.6 per 100,000 workers. In 2022, 35% of all fatalities (1,936 deaths) occurred in workers ages 55 years and older, with 761 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.[33]

Minors, Young Adult Workers and Child Labor

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.[34] In 2022, 419 workers younger than 25 died on the job (compared with 350 the prior year), including 19 workers younger than 18. The number of workers killed on the job at ages 20–24 increased 12% to 323 fatalities in 2022 from 289 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

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[33] Bureau of Labor Statistics. "Employment Projections—2021–31" (press release). Sept. 8, 2022. *Available at* BLS.gov/news.release/pdf/ecopro.pdf.

[34] 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.

are also less likely to recognize and voice safety concerns or be aware of their legal protection and worker protection agencies.

The past year has 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.[35, 36]

On Feb. 17, 2023, DOL announced it fined 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.[37] The investigation began in August 2022. The Department of Labor's Wage and Hour Division (WHD) enforces child labor laws under the Fair Labor Standards Act (FLSA). On Nov. 28, 2023, the WHD issued a Field Assistance Bulletin explaining changes to its process to assess civil money penalties for child labor law violations.[38] Previously, the WHD considered whether these penalty assessments were appropriate based on the size of the business and gravity of the violation.

After a series of investigative press reports 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.[39] In fiscal year 2023, the department investigated 955 cases with child labor violations involving 5,792 children nationwide, including 502 children employed in violation of hazardous occupation standards, assessing more than $8 million in civil monetary penalties (CMPs).[40]

The FLSA authorizes assessment of CMPs under two provisions, permitting penalties on a per-child basis up to $15,138 for child labor violations and an enhanced penalty up to $68,801 for child labor violations that cause the death or serious injury of an employee younger than 18. However, the new bulletin no longer focuses penalties on a per-child basis, but rather a per-violation basis. In other words, employers now may be assessed separate penalties for the same child for each violation (such as multiple hazardous order violations and multiple recordkeeping violations). In calculating the penalty amount, the agency utilizes the statutory maximum (currently $15,138) and increases or decreases the amount based on the following

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[35] Dreier, H. "Biden Administration Plans Crackdown on Migrant Child Labor." *The New York Times,* Feb. 27, 2023. *Available at* NYTtimes.com/2023/02/27/us/biden-child-labor.html.
[36] 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/.
[37] 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.
[38] *See* DOL.gov/sites/dolgov/files/WHD/fab/fab2023_4.pdf.
[39] 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.
[40] *See* DOL.gov/agencies/whd/data/charts/child-labor.

factors: willfulness; number of minors employed; age of minors; hazardous work; resultant injury; duration of illegal employment; and the hours of employment. In addition to the factors above, the penalty amount is subject to reductions based on (1) the number of employees; (2) annual sales volume; and (3) amount of capital investment and financial resources relative to the size of the business.

In March 2024, DOL obtained a federal consent judgment that required a Tennessee manufacturer of outdoor power equipment components for major companies including John Deere, Toro and Yamaha to stop employing children illegally and to follow federal child labor laws in the future.[41] After months of investigation and identifying 10 children—as young as 14 years old— employed in dangerous jobs at Tuff Torq, DOL investigators observed a child operating a power-driven hoisting apparatus, an occupation prohibited for workers younger than 18. As a result, the department objected to the shipment of goods from the facility, citing the Fair Labor Standards Act's "hot goods" provision, which prevents employers from shipping goods produced by oppressive child labor. DOL issued a $296,951 civil money penalty and required the employer to set aside $1.5 million as disgorgement of 30 days' profits related to its use of child labor; these proceeds paid by Tuff Torq will be used for the benefit of the children employed illegally. The agreement with the employer included unannounced and warrantless searches of its facility for three years, but did not appear to utilize the agency's deferred action tool for these workers.

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. States 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.[42] As of Feb. 21, 2024, at least 61 bills to weaken child labor protections have been introduced across 29 states since 2021. Seventeen bills were enacted in 13 states—Alabama, Arkansas, Illinois, Iowa, Kentucky, Michigan, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Tennessee and West Virginia.[43] Two additional bills were enacted in Michigan and Wisconsin but were vetoed by the governors of those states, and at least 29 bills are pending in 19 states.

In 2023, three states passed legislation to weaken child labor laws: Arkansas (HB 1410), Iowa (SF 542) and Tennessee (HB 1212), while two states passed legislation to strengthen child labor statutes: Colorado (HB 23-1196) and Montana (HB 112). On May 26, 2023, the Iowa governor signed the most comprehensive bill weakening child labor protections, extending the hours that teens can work and the establishments where they can be employed. On April 10, 2024, the Iowa House and Senate passed a bill that would authorize the issuance of restricted work licenses to children ages 16 to 18.[44]

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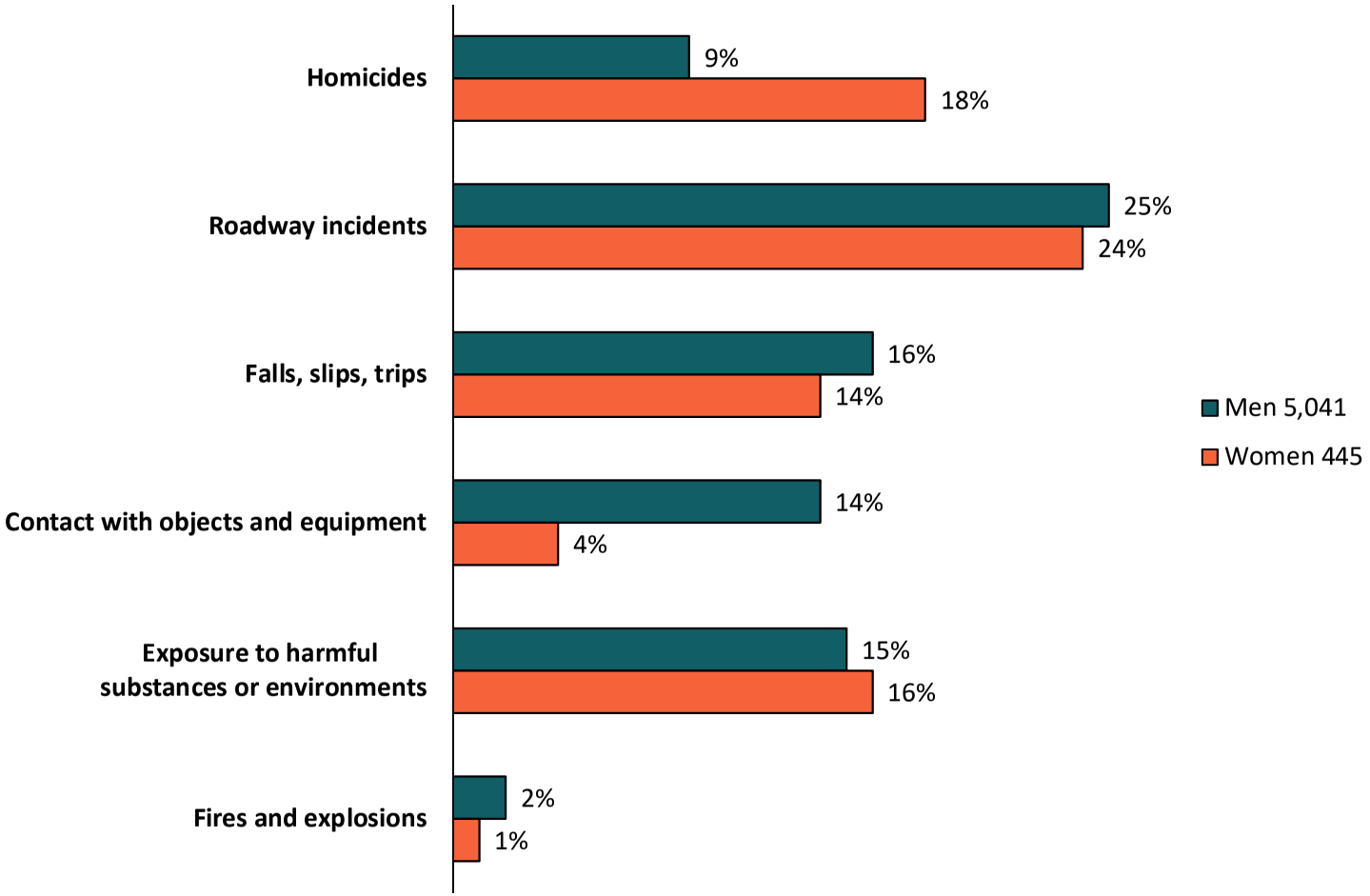
[41] *See* DOL.gov/newsroom/releases/whd/whd20240325.
[42] Sherer, J., and N. Mast. *Child Labor Laws are Under Attack in States Across the Country.* Economic Policy Institute. March 14, 2023. *Available at* EPI.org/publication/child-labor-laws-under-attack/.
[43] *See* StateInnovation.org/childlabor#:~:text=Child%20Labor%20Protections-,Since%202021%2C%20at%20least%2061%20bills%20to%20weaken%20child%20labor,%2C%20Tennessee%2C%20and%20West%20Virginia.
[44] *See* Legis.iowa.gov/legislation/BillBook?ga=90&ba=SF2109.

On March 22, 2024, the Florida governor signed a bill that permits minors younger than 15 years old to work more than 15 hours when school is not in session, and removes certain work restrictions for 16- and 17-year-olds, such as limiting work to no more than six consecutive days.[45] The Florida Senate amended the House version by maintaining daily and weekly work hour limits when school is in session, but allowed for parental or school waivers.[46]

[45] *See* MyFloridaHouse.gov/Sections/Bills/billsdetail.aspx?BillId=7863.
[46] *See* MyFloridaHouse.gov/Sections/Documents/loaddoc.aspx?FileName=h0049z.RRS.DOCX&DocumentType=Analysis&BillNumber=0049&Session=2024.

Distribution of Fatal Injury Events by Gender of Worker, 2022



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

Workplace Injuries and Illnesses to Women Involving Days Away from Work, Job Transfer or Restriction, Private Industry, 2021–2022

Characteristic	Subcharacteristics	Number
Total		1,491,160
Leading Industries	Health care and social assistance	616,090
	Retail trade	253,020
	Transportation warehousing	129,310
Leading Occupations	Service	500,960
	Health care practitioners and technical	232,730
	Transportation and material moving	231,770
	Sales and related	134,240
Leading Nature	Sprains, strains, tears	430,340
	Soreness, pain	226,090
	Bruises, contusions	143,800
Leading Event or Exposure	Exposure to harmful substance or environments	407,370
	Overexertion and bodily reactions	401,520
	Falls, slips, trips	320,080
Leading Source	Floors, walkways, ground surfaces	235,270
	Person, injured or ill worker	174,000
	Container	164,510
	Person, other than injured or ill workers	153,000
Median Days Away from Work, Job Transfer or Restriction	Total cases	12
	Women	11

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

The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. The last single year DAFW estimates were for reference year 2020 that was pubilshed in November 2021. See bls.gov/iif/questions-and-answers.htm#accessingourdata.

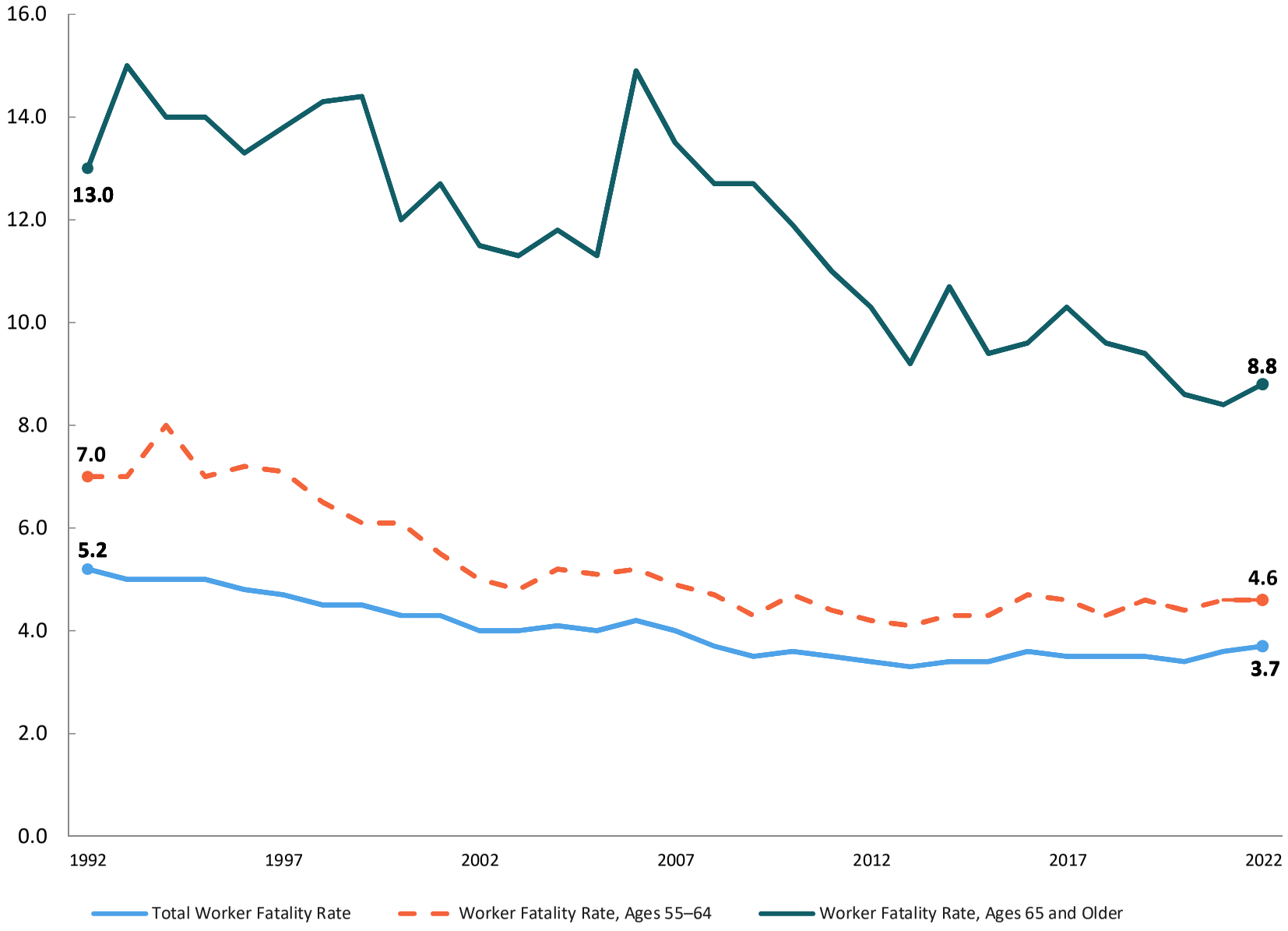
Workplace Injuries and Illnesses to Men Involving Days Away from Work, Job Transfer or Restriction, Private Industry, 2021–2022

Characteristic	Subcharacteristics	Number
Total		1,848,090
Leading Industries	Transportation and warehousing	283,720
	Retail trade	274,220
	Wholesale trade	162,270
Leading Occupations	Transportation and material moving	591,440
	Retail trade	282,370
	Installation, maintenance and repair	230,830
	Service	228,130
Leading Nature	Sprains strains tears	618,380
	Soreness, pain	274,780
	Cuts, lacerations, punctures	223,510
Leading Event or Exposure	Overexertion and bodily reaction	593,650
	Contacts with objects, equipment	534,260
	Falls, slips, trips	350,520
Leading Source	Containers	261,970
	Person, injured or ill worker	248,100
	Parts and materials	216,310
	Vehicles	192,420
Median Days Away from Work, Job Transfer or Restriction	Total cases	12
	Men	13

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

The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. The last single year DAFW estimates were for reference year 2020 that was pubilshed in November 2021. See bls.gov/iif/questions-and-answers.htm#accessingourdata.

Total Worker Fatality Rates Compared with Aging Worker Fatality Rates, 1992–2022[1]



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

[1]All rates per 100,000 workers.

RACIAL DISPARITIES

Black and Latino workers are dying on the job at alarming rates.

In 2022, 734 Black workers died on the job—up from 653 in 2021, 541 in 2020 and 634 in 2019—and the highest number in at least 20 years. Black workers' job fatality rate is the highest it has been in nearly 15 years—4.2 per 100,000 workers. This is now the fifth year in a row the fatality rate for Black workers is greater than the overall job fatality rate.

In 2022, similar to all other workers, transportation incidents (278) was the top cause of fatalities among Black workers. The industries where many Black workers died were truck transportation (166), administrative and support service (78) and food service and drinking places (55). Within the transportation and warehousing industry for Black workers, 166 died in truck transportation (138 in 2021, 116 in 2020, 120 in 2019); 25 in transit and ground passenger transportation (15 in 2021, 15 in 2020, 19 in 2019); 16 as couriers and messengers (17 in 2021, from 6 in 2020, 19 in 2019); 15 in support activities for transportation (21 in 2021, 21 in 2020, 12 in 2019); and 14 in warehousing and storage (12 in 2021, 3 in 2020). The number of Black worker deaths due to violence on the job (199) increased from 155 in 2021 and 125 in 2020, and exceeds the highest number in the past decade—160 in 2019. The third-leading cause of death was from exposure to harmful substances or environments.

In 2022, 111 Black workers died from exposure to harmful substances or environments, including 72 unintentional overdoses; 204 Latino workers died from exposure to harmful substances or environments, including 104 unintentional overdoses; and 480 White workers died from exposure to harmful substances or environments, including 313 unintentional overdoses. Compared with 2021, this is a 22% increase for Black workers, 11% increase for Latino workers and a 6% for White workers for whom these numbers have been high and on the rise for many years. White workers continue to make up 60% of all unintentional overdose deaths.

The job fatality rate for Latino workers—also higher than the overall job fatality rate—increased again, now 4.6 per 100,000 workers. This job fatality rate has increased 24% over the past decade and is 24% higher than the overall job fatality rate of 3.7 per 100,000 workers. The job fatality rate for Latino workers peaked in 2001 at 6.0 per 100,000 workers. In 2022, 1,248 Latino workers died on the job, an increase from 1,130 in 2021 and 1,072 in 2020—a 48% increase in the last 20 years. The No. 1 cause of fatalities among Latino workers was transportation incidents, followed by falls, slips or trips, then exposure to harmful substances. Latino workers continue to make up approximately 14% of total reported injury and illness cases.

The number of Latino worker fatalities continue to be greatest in California (252), Florida (104) and Texas (269).

Of the Latino workers killed on the job, 60% were born outside of the United States. The recent bridge collapse tragedy in Baltimore was responsible for the deaths of six Latino immigrant laborers who were doing roadwork on the bridge at the time of collapse. This incident underscores the dangerous work immigrants do every day to provide for people in the United States and the toll it takes on their families and communities when workplaces are not safe.

Another contributing factor to workers of color facing a disproportionate risk of dying on the job is workers having the ability to be able to speak out about unsafe working conditions without fear of retaliation by their employer.

A recent North Carolina study found that segregation by race into more dangerous industries and occupations played a substantial role in driving mortality rate disparities, particularly Latino workers in construction and Black workers in food manufacturing.[47] These disparities were greatest for workers 45 and older, and Latino workers who died on the job lost a median 47 life-years, compared with 37 among Black workers and 36 among White workers.

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. The Biden administration enhanced its website on worker rights and protections, and has developed a workers' 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. The administration also has taken more interagency initiatives to elevate equity issues and done more to accommodate language justice.[48, 49]

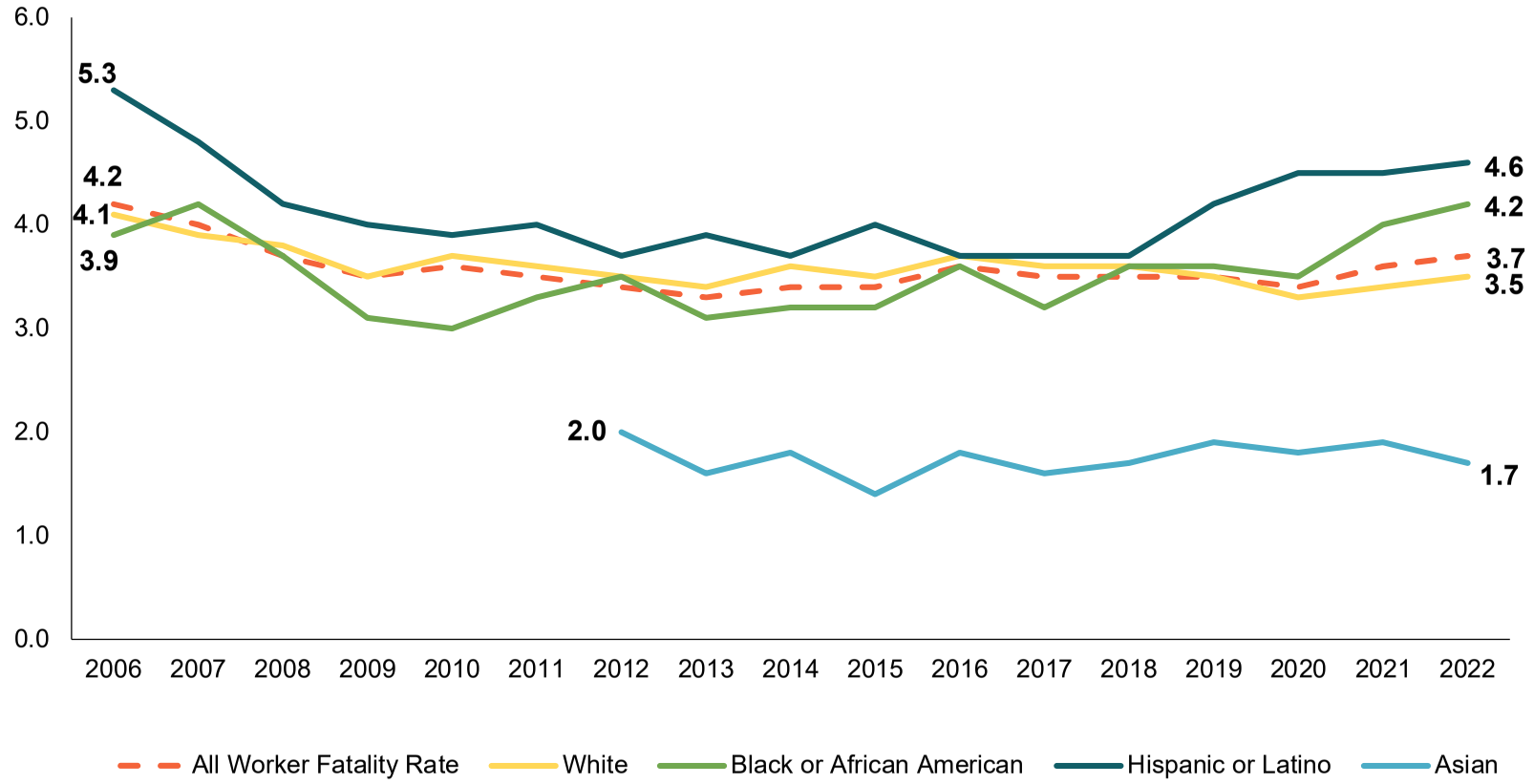
[47] McClure, E.S., A.T. Martin, S.I. Ranapurwala, et al. "Forty years of struggle in North Carolina: Workplace segregation and fatal occupational injury rates." *American Journal of Industrial Medicine*. April 12, 2024. *Available at* DOI.org/10.1002/ajim.23586.
[48] Occupational Safety and Health Administration. *Workers Have Rights!* OSHA publication 3850-09. 2016. *Available at* OSHA.gov/sites/default/files/publications/OSHA3850.pdf.
[49] Occupational Safety and Health Administration. *OSHA Worker Rights and Protections.* OSHA website, accessed April 22, 2023. *Available at* OSHA.gov/workers.

Fatal Work Injuries by Race, 2003–2022

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Fatalities	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	5,486
White	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	3,167
Black or African American	543	546	584	565	609	533	421	412	440	486	439	475	495	587	530	615	634	541	653	734
Hispanic or Latino	794	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088	1,072	1,130	1,248
Asian, Native Hawaiian or Pacific Islander	158	180	163	159	172	152	148	149	124	154	132	142	123	167	161	163	195	158	196	178
American Indian or Alaskan Native	42	28	50	46	29	32	33	32	30	37	35	34	36	38	38	42	30	32	41	35
Multiple Races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	14	22	14	—	16
Other Races/Not Reported	50	42	37	61	43	30	32	27	27	26	37	34	38	38	57	50	67	49	—	108

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

Workplace Fatality Rates[1] by Race, 2006–2022
(Hours-Based Rates)



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

[1]Fatality rate is an hours-based calculation using total hours worked figures that are annual average estimates of total persons at work multipled by average hours for civilians, 16 years of age and older, from the Current Population Survey.

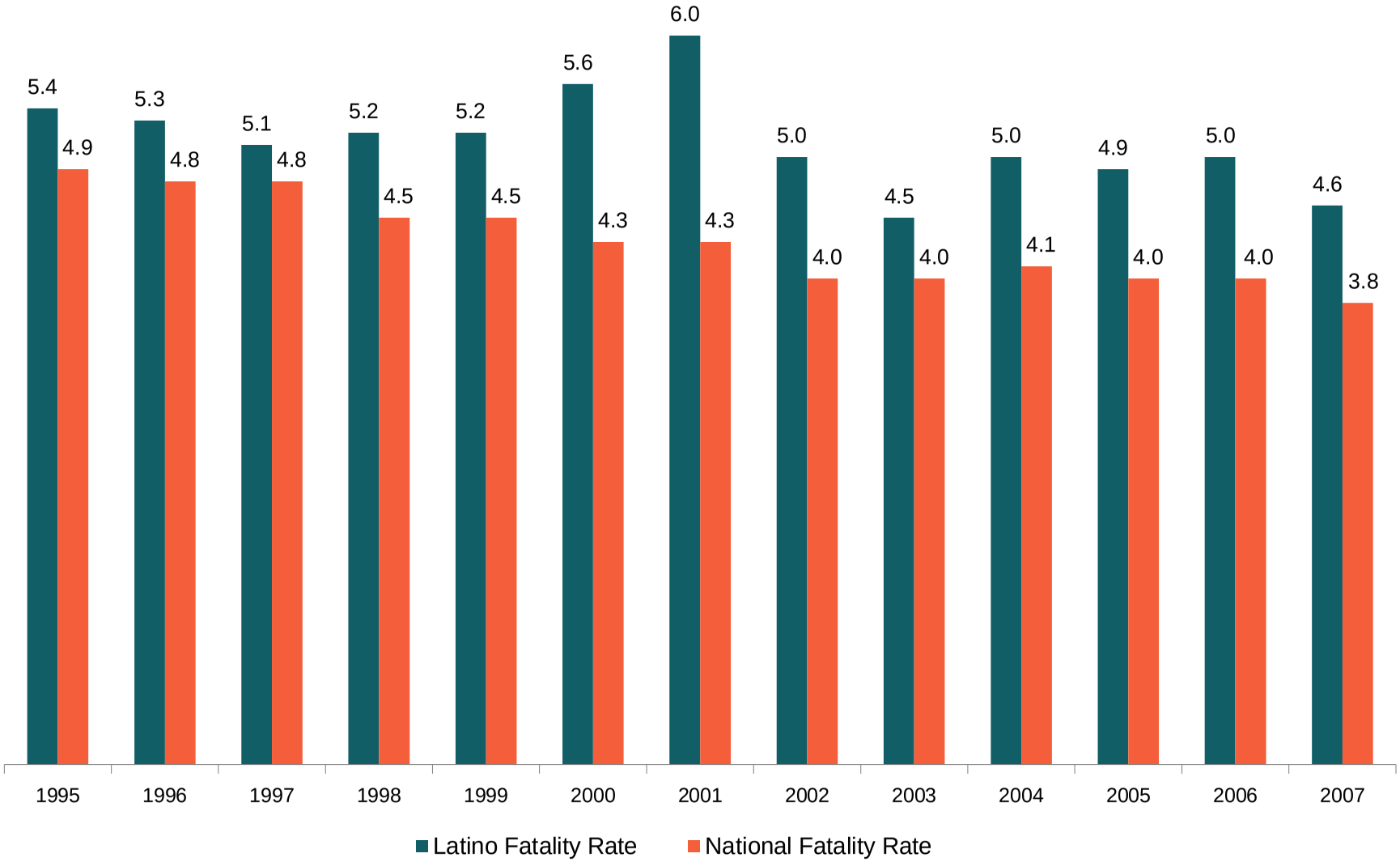
Profile of Black Worker Fatalities, 2022[1]

Characteristic	Subcharacteristics	Number
Total Fatalities		734
Birthplace Origin	Foreign-born	82
	Native-born	652
Employee Status[1]	Wage and salary workers	—
	Self employed	—
Gender[1]	Men	—
	Women	—
Leading Industries	Truck transportation	166
	Administrative and support service	78
	Food service and drinking places	55
Leading Occupations	Management occupation	14
	Other management occupation	10
	Food service managers	3
Leading Event or Exposure	Transportation Incidents	278
	Violence and other injuries by persons or animals	199
	Exposure to harmful subtances or environments	111
Leading Source	Vehicles	290
	Persons, plants, animals, and minerals	215
	Chemicals and chemical products	86
	Structures and surfaces	43

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

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

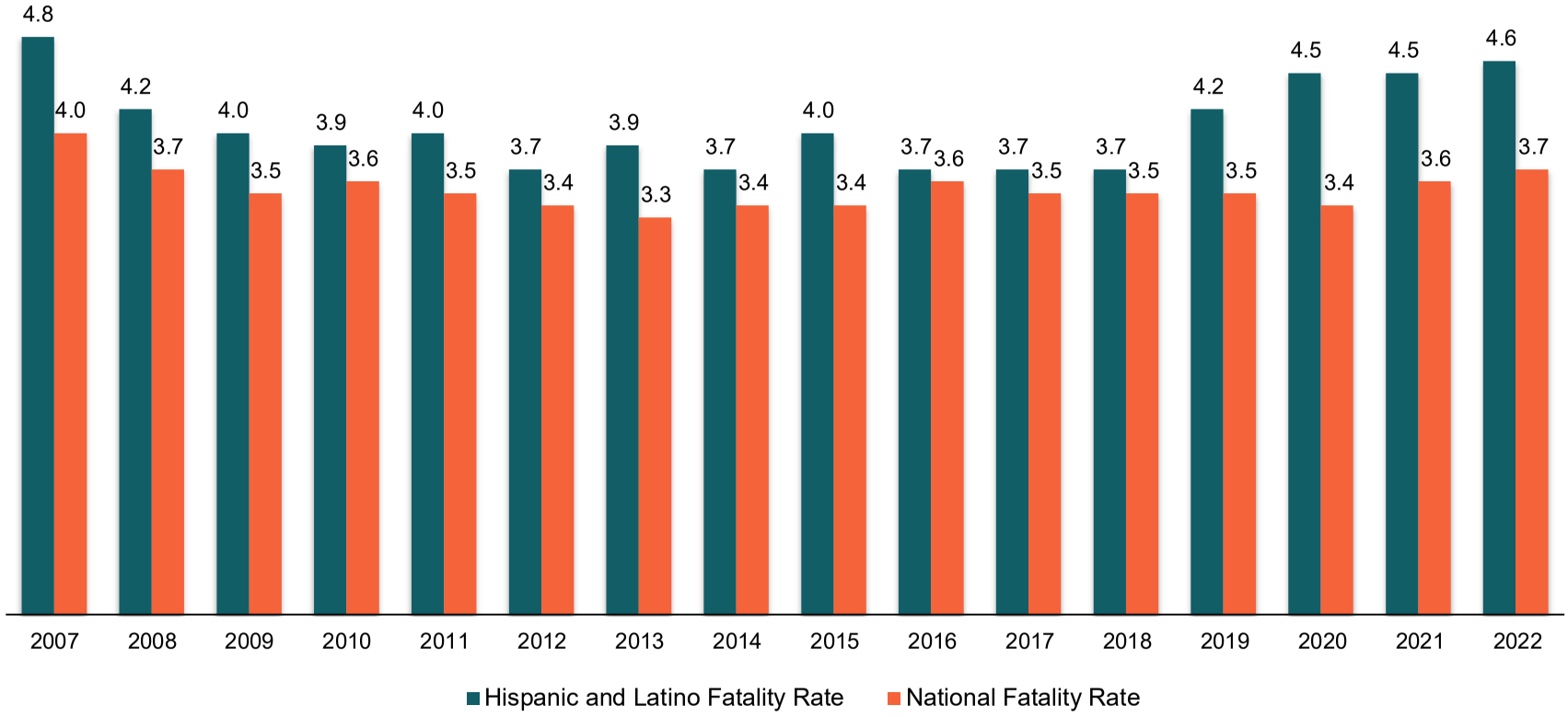
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2007[1]
(Employment-Based Rates)



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

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

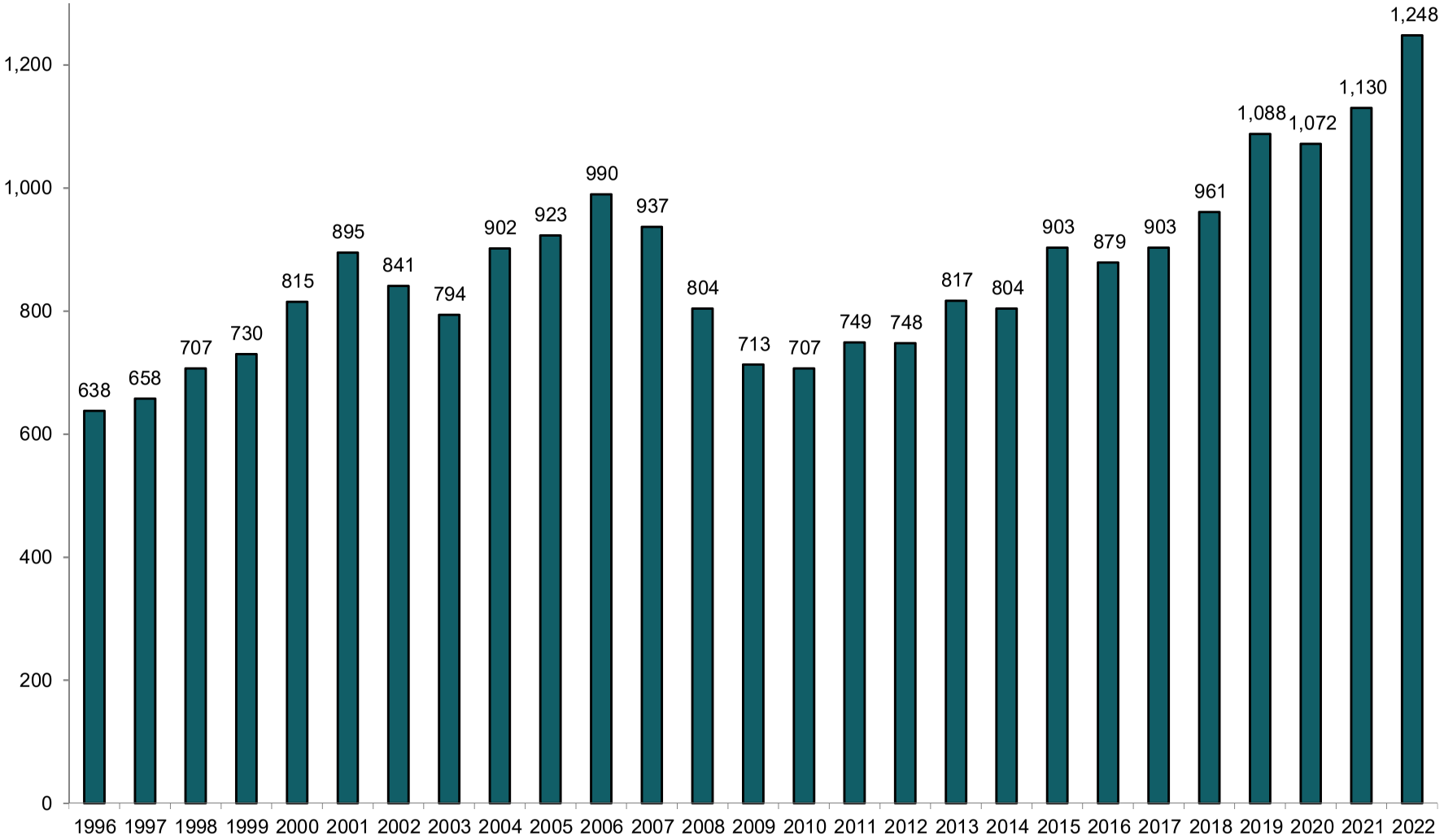
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 2007–2022[1]
(Hours-Based Rates)



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

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

Number of Fatal Occupational Injuries to Hispanic and Latino Workers, 1996–2022



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

Profile of Hispanic and Latino Worker Fatalities, 2022[1]

Characteristic	Subcharacteristics	Deaths
Total Fatalities		1,248
Birthplace Origin	Foreign-born	792
	Native-born	456
Leading Birthplace Countries[2]	Mexico	—
	United States	—
	El Salvador	—
Employee Status[2]	Wage and salary workers	—
	Self-employed	—
Gender[2]	Men	—
	Women	—
Leading Occupations	Construction trades workers	359
	Motor vehicle operators[3]	216
	Grounds maintenance workers	84
	Agricultural workers	69
Leading Industries	Specialty trade contractors	250
	Administrative and support service	151
	Construction	86
Leading Event or Exposure	Transportation incidents	439
	Fall, slip, trip	286
	Exposure to harmful substances or environment	204
	Contact with object/equipment	169

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

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

[2]In 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. For information on foreign-born fatalities in 2018 and prior, please see previous Death on the Job reports and BLS publications.

Hispanic and Latino Worker Fatalities by State, 2004–2022[1]

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alabama	6	9	6	5	5	—	5	3	5	6	—	3	5	8	4	9	—	—	—
Alaska	—	3	5	—	—	—	—	5	5	3	—	—	—	—	—	—	—	—	—
Arizona	25	36	36	26	30	22	18	21	16	25	31	18	21	30	30	39	41	28	34
Arkansas	5	8	3	5	9	—	6	7	3	6	9	10	4	6	7	6	7	—	9
California	188	190	231	179	180	161	142	154	137	194	130	178	148	173	190	211	214	234	252
Colorado	25	19	18	30	21	17	19	22	21	14	18	20	23	29	19	24	26	30	31
Connecticut	10	5	7	4	7	4	5	7	6	5	3	8	4	4	14	5	4	6	8
Delaware	—	—	—	—	—	—	—	—	—	3	3	—	—	—	3	—	4	3	—
Florida	119	113	95	111	73	49	38	53	54	68	60	78	91	81	104	109	82	96	104
Georgia	29	25	35	28	26	10	16	14	10	14	21	26	16	24	24	37	43	27	36
Hawaii	—	—	—	4	—	—	—	—	1	—	4	3	—	—	—	—	—	—	—
Idaho	6	3	7	—	5	4	5	—	—	6	5	5	6	8	10	12	3	4	—
Illinois	29	23	30	27	25	16	25	25	19	26	16	19	27	17	27	17	18	17	25
Indiana	7	5	7	7	14	3	3	8	8	8	13	6	3	8	6	11	14	15	12
Iowa	7	—	—	4	6	8	5	3	4	—	3	—	4	—	5	6	13	6	—
Kansas	11	10	4	5	9	8	4	10	8	6	10	12	7	12	6	14	9	11	5
Kentucky	—	6	7	6	7	3	—	3	6	—	8	5	7	—	6	8	6	—	10
Louisiana	9	8	10	11	5	11	7	8	13	15	8	9	10	12	5	12	10	13	17
Maine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	17	8	22	7	10	3	12	8	15	15	8	9	14	21	12	—	19	12	11

Hispanic and Latino Worker Fatalities by State, 2004–2022[1]

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Massachusetts	9	6	7	11	10	5	7	11	3	3	2	4	10	14	14	7	10	18	8
Michigan	6	8	12	7	8	4	10	4	4	3	6	12	7	10	8	7	11	5	7
Minnesota	3	6	4	—	—	—	3	—	—	—	4	—	6	5	—	—	4	3	6
Mississippi	4	3	3	7	7	4	5	—	—	—	—	7	—	3	3	—	—	3	4
Missouri	4	—	4	7	4	6	3	4	—	5	5	7	5	4	4	5	—	—	17
Montana	—	4	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Nebraska	4	—	—	4	5	—	3	3	5	3	9	4	--	4	7	—	—	9	4
Nevada	17	9	12	12	13	6	9	8	8	9	8	13	14	9	8	7	8	14	16
New Hampshire	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Jersey	34	30	28	23	25	25	20	26	15	20	31	22	26	11	22	23	20	37	33
New Mexico	12	19	30	21	10	16	17	23	22	20	22	13	16	11	19	19	18	18	30
New York	45	34	57	41	33	35	29	30	39	32	50	51	47	43	51	56	52	63	64
North Carolina	26	27	23	14	20	12	13	21	13	16	19	17	19	20	16	19	30	33	44
North Dakota	—	—	—	—	—	4	5	3	12	—	—	4	—	—	—	—	—	—	4
Ohio	5	5	8	6	4	4	8	1	8	2	3	11	10	15	11	9	9	11	8
Oklahoma	13	8	8	13	9	7	17	10	7	18	16	17	10	16	10	17	12	14	9
Oregon	4	6	11	6	—	8	6	6	—	9	8	5	12	5	8	11	13	13	7
Pennsylvania	6	11	14	16	11	10	13	14	13	4	13	17	7	9	10	13	11	21	16
Rhode Island	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
South Carolina	13	10	10	7	8	10	10	10	4	7	6	10	9	9	9	15	—	19	13

Hispanic and Latino Worker Fatalities by State, 2004–2022[1]

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
South Dakota	—	—	—	—	3	—	—	—	—	—	—	—	3	—	—	—	—	—	—
Tennessee	9	5	14	8	9	8	8	9	9	9	6	10	11	8	6	16	23	14	21
Texas	150	200	174	211	148	185	165	171	201	192	206	220	211	219	198	241	221	231	269
Utah	5	4	6	10	6	8	4	3	6	5	7	4	10	6	11	11	—	7	12
Vermont	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Virginia	13	24	13	18	16	7	9	14	15	22	9	9	20	12	30	17	18	18	27
Washington	14	7	7	10	8	7	14	5	12	4	8	14	13	9	16	13	24	16	24
West Virginia	—	4	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—
Wisconsin	—	9	3	5	—	5	4	4	7	7	5	7	4	7	7	11	12	4	13
Wyoming	3	—	—	8	—	—	—	—	3	—	3	4	4	3	4	3	4	3	—
Totals[2,3]	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088	1,072	1,130	1,234

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

[1]Hispanic and Latino includes both foreign-born and native-born. The foreign-born are persons residing in the United States who were not U.S. citizens at birth. That is, they were born outside the United States or one of its outlying areas such as Puerto Rico or Guam, to parents neither of whom was a U.S. citizen. The foreign-born population includes legally admitted immigrants, refugees, temporary residents such as students and temporary workers, and undocumented immigrants. The survey data, however, do not separately identify the number of persons in these categories. In 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/oshfaq1.htm#assessingourdata. For information on foreign-born fatalities in 2018 and prior, please see previous Death on the Job reports and BLS publications.

[2]Total includes six fatalities that occurred in the District of Columbia and 18 fatalities that occurred in Puerto Rico.

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

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

Number of Serious Injury and Illness Cases in Private Industry Among Hispanic and Latino Workers, 1995–2022[1]

Year	Number of Hispanic and Latino Worker Cases	Percent of Total Injury and Illness Cases
1995	191,665	9.4
1996	169,300	9.0
1997	187,221	10.2
1998	179,399	10.4
1999	182,896	10.7
2000	186,029	11.2
2001	191,959	12.5
2002[3]	180,419	12.6
2003	161,330	12.3
2004	164,390	13.1
2005	163,440	13.2
2006	159,440	13.5
2007	157,320	13.6
2008	145,870	13.5
2009	125,790	13.0
2010	122,970	13.2
2011	117,210	12.9
2012	118,940	13.1
2013	124,330	13.6
2014	124,280	13.6
2015	125,360	13.9
2016	127,490	14.3
2017	122,220	13.8
2018	123,390	13.7
2019	124,710	14.0
2020	161,890	13.8
2021–2022[2]	234,385	13.9

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

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

[2]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. For this table, the total number of 2021–2022 cases was divided in half to produce an annual average for the two years.

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 December 2023.

For OSHA, workplace violence in health care and social assistance, heat injury and illness prevention, process safety management, blood lead levels for medical removal and mechanical power presses update all remain in the pre-rule stage because proposals were not expected yet, and none have been issued to date. Proposed rules slated on the agenda included infectious diseases, cranes and derricks in construction, communication tower safety, emergency response, lock-out/tag-out, tree care, welding in construction confined spaces, personal protective equipment (PPE) in construction, powered industrial trucks design, walking working surfaces, silica medical removal protection and worker walkaround representatives. Significant final rules slated in the agenda included an update to the hazard communication standard, COVID-19 in health care, and tracking injuries and illnesses. The musculoskeletal disorder (MSD) column, table 1 for silica and powered industrial trucks all remain on the long-term agenda with no proposed date for completion. The MSD column refers to a column on OSHA injury and illness logs that has received little attention by the agency despite accounting for the largest percentage of all serious nonfatal workplace injuries this year (28%) and historically. 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.

For the Mine Safety and Health Administration (MSHA), final rules slated on the agenda included silica and surface mobile equipment, both which have been finalized. On April 18, the Mine Safety and Health Administration issued a final rule protecting mineworkers and construction workers in mines from silica exposure.

So far, this administration has issued final worker safety and health rules from several agencies: two from OSHA, two from MSHA (above) and two from EPA.

On April 4, 2024, OSHA finalized a rule clarifying workers' right to designate their own representation during OSHA inspections, i.e., walkaround representation. Further clarifying this right will help level the playing field to ensure workers have access to representation as employers do throughout an OSHA investigation. On July 21, 2023, OSHA issued a final rule on electronic injury reporting, which restored requirements for large employers to submit detailed injury log information to OSHA, which was revoked by the Trump administration in 2019 (other employers were already required to report). This year's deadline for employers to submit injury and illness data to OSHA was March 2, 2024, and they will report annually. The Injury Tracking Application with these data is now publicly available.[50, 51]

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[50] *See* OSHA.gov/Establishment-Specific-Injury-and-Illness-Data.

[51] *See* OSHA.gov/injuryreporting#:~:text=The%20deadline%20for%20timely%20submission,still%20must%20submit%20their%20data.&text=OSHA%20is%20aware%20of%20technical,Birth%20and%20Date%20of%20Hire.

In a significant move, the Environmental Protection Agency issued a final rule to ban and phase out current uses and imports of chrysotile asbestos in March 2024 after decades of efforts— this was the first rule issued under the amended Toxic Substances Control Act (TSCA). A final rule expected to ban and phase out methylene chloride is thought to be imminent; it just cleared review by the White House Office of Management and Budget on April 18, 2024.[52] In February 2024, the agency also reinstated the Risk Management Program rule that will protect communities near facilities that store, use or manufacture chemicals; this rule was repealed under the Trump administration and now includes improved worker participation and stop-work authority provisions that are critical to improving community safety.

This administration also has issued proposed OSHA rules on emergency response and PPE fit in construction, has completed the small business review for OSHA rules on workplace violence in health care and social assistance and heat, and has proposed and completed risk evaluation and risk management rules under EPA risk evaluation for different chemicals under the amended TSCA.

Regulatory Reform

Over the years, there have been processes to both improve the regulatory process and to weaken or decimate it. Regulatory "reform," or deform, bills have been a problem over the years, introduced by conservatives. Despite the name, these bills would make it more difficult or impossible for federal agencies to issue needed safeguards in a timely manner, if at all. The current Republican-controlled House has introduced and voted on a host of these bills this past year. Bills that have been passed include:

Bill Name	Bill Number	Passage Date	Final Vote
REINS Act	H.R. 277	June 14, 2023	221–210
Separation of Powers Restoration Act	H.R. 288	June 15, 2023	220–211
Ensuring Accountability in Agency Rulemaking Act	H.R. 357	Dec. 12, 2023	218–203
Stop Settlement Slush Funds Act	H.R. 788	Jan. 11, 2024	211–197

The Regulations from the Executive in Need of Scrutiny Act of 2023 (REINS Act, H.R. 277), creates a congressional approval process for a major rule and, if it became law, 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.[53] 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.

[52] *See* RegInfo.gov/public/do/eoDetails?rrid=374211.

[53] 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.

The regulatory process needs to be strengthened, not weakened, for effective regulations that make our communities safer. Understanding the weak areas of our current regulatory system, the Biden administration has issued an executive order, a rule for public comment and revisions to its Circular A-4 guidance to modernize the regulatory review process to improve public participation, transparency, efficiency and inclusivity in developing regulations.[54, 55] The Stop Corporate Capture Act (H.R. 6107) offers a comprehensive blueprint for modernizing, improving and strengthening the regulatory system to protect the public and workers more effectively.

[54] *See* WhiteHouse.gov/omb/information-regulatory-affairs/modernizing-regulatory-review/#:~:text=Executive%20Order%3A%20Modernizing%20Regulatory%20Review,Improving%20Regulation%20and%20Regulatory%20Review).
[55] *See* FederalRegister.gov/documents/2023/04/11/2023-07760/modernizing-regulatory-review.

Biden Administration's OSHA Regulatory Agenda, Fall 2023[1]

Regulatory Actions			
Title	**Stage**	**Date of Initial Action**	**Projected Date**
Process Safety Management and Prevention of Major Chemical Accidents	Prerule	12/9/2013	11/1/2023
Mechanical Power Presses Update	Prerule	7/18/2021	12/1/2023
Prevention of Workplace Violence in Health Care and Social Assistance	Prerule	12/7/2016	12/1/2023
Blood Lead Level for Medical Removal	Prerule	6/28/2022	12/1/2023
Heat Illness Prevention in Outdoor and Indoor Work Settings	Prerule	10/27/2021	1/1/2024
Infectious Diseases	Proposed rule	5/6/2010	6/1/2024
Amendments to the Cranes and Derricks in Construction Standard	Proposed rule	4/15/2015	3/1/2024
Communication Tower Safety	Proposed rule	4/15/2015	3/1/2024
Emergency Response	Proposed rule	7/30/2014	11/1/2023
Lock-Out/Tag-Out Update	Proposed rule	5/20/2019	8/1/2024
Tree Care Standard	Proposed rule	7/13/2016	2/1/2024
Welding in Construction Confined Spaces	Proposed rule	2/1/2024	2/1/2024
Personal Protective Equipment in Construction	Proposed rule	7/20/2023	11/1/2023
Powered Industrial Trucks Design Standard Update	Proposed rule	2/16/2022	11/1/2023
Walking Working Surfaces	Proposed rule	5/20/2021	11/1/2023
Occupational Exposure to Crystalline Silica: Revisions to Medical Surveillance Provisions for Medical Removal Protection	Proposed rule	1/1/2024	1/1/2024
Worker Walkaround Representative Designation Process	Proposed rule	8/30/2023	11/1/2023
Update to the Hazard Communication Standard	Final rule	2/16/2021	11/1/2023
Procedures for Handling of Retaliation Complaints Under the Whistleblower Protection Statutes	Final rule	2/1/2024	2/1/2024
Occupational Exposure to COVID-19 in Healthcare Settings	Final rule	6/21/2021	12/1/2023
Procedures for the Handling of Retaliation Complaints Under the Anti-Money Laundering Act	Final rule	4/1/2024	4/1/2024
Procedures for the Handling of Retaliation Complaints Under the Criminal Antitrust Anti-Retaliation Act	Final rule	2/10/2023	4/1/2024
Improve Tracking of Workplace Injuries and Illnesses	Final rule	3/30/2022	1/1/2024
Procedures for the Use of Administrative Subpoenas	Final rule	2/10/2023	11/1/2023

Long-Term Actions	
Title	**Start Action Date**
Occupational Injury and Illness Recording and Reporting Requirements—Musculoskeletal Disorders (MSD) Column	1/29/2010
Shipyard Fall Protection—Scaffolds, Ladders and Other Working Surfaces	9/8/2016
Powered Industrial Trucks	3/11/2019
Lock-Out/Tag-Out Update	5/20/2019
Occupational Exposure to Crystalline Silica; Revisions to Table 1 in the Standard for Construction	8/15/2019
COVID-19 Vaccination and Testing Emergency Temporary Standard Rulemaking	11/5/2021

Source: Office of Information and Regulatory Affairs. Issued on Dec. 6, 2023.
[1]Note: 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 2023[1]

Regulatory Actions			
Title	**Stage**	**Initial Date of Action**	**Projected Date**
Alternatives to Petitions for Modification: Non-Permissible Surveying Equipment Respirable Crystalline Silica	Proposed Rule	10/1/2024	10/1/2024
Respirable Crystalline Silica	Final Rule	8/29/2019	4/1/2024
Safety Program for Surface Mobile Equipment	Final Rule	6/26/2018	11/1/2023
Testing, Evaluation, and Approval of Electric Motor-Driven Mine Equipment and Accessories	Final Rule	11/19/2020	8/1/2024

Long-Term Actions	
Title	**Initial Date of Action**
Alternatives to Petitions for Modification: Non-Permissible Surveying Equipment	6/1/2024
Retrospective Study of Respirable Coal Mine Dust Rule	7/9/2018
Notification, Investigation, Reports, and Records of Accidents, Injuries, Illnesses, Employment, and Coal Production in Mines	TBD
Alternatives to Petitions for Modification: Oil and Gas Wells	TBD
Radon Progeny	TBD
Requirements for the Design, Construction, Operation, Maintenance, and Inspection of Mine Impoundments and Dams	TBD

Source: Office of Information and Regulatory Affairs. Issued on Dec. 6, 2023.

[1]Note: The 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.

[1]The COVID-19 ETS for Health care was issued on June 21, 2021. On December 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

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

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

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

[4]In 1998, beryllium was put on OSHA's regulatory agenda. A petition for an Emergency Temporary Standard for the carcinogen beryllium was submitted to OSHA in 1999 and again in 2001. In 2002, OSHA denied the petition for an ETS but kept beryllium on the regulatory agenda for normal rulemaking. In 2002, OSHA issued a Request for Information. In 2012, the United Steelworkers and Materion Brush jointly submitted a draft standard to OSHA. OSHA published the proposed rule in 2015 and the final rule on Jan. 9, 2017. According to the preamble of the final rule, reducing the permissible exposure limit for beryllium to 0.2 $\mu g/m^3$ will prevent 90 deaths and 46 cases of chronic beryllium disease each year (82 FR 2597). After a previous attempt to repeal the exposure monitoring, medical surveillance and other ancillary provisions of the beryllium standard for construction and maritime workers, on Aug. 31, 2020, the Trump adminstration issued a rule to revoke or otherwise alter the ancillary provisions for construction and maritime workers.

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 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 major workplace disasters. 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 186 years under current staffing and inspection records. This figure is a significant improvement from previous years, when OSHA did not conduct as many inspections during the COVID-19 pandemic. However, the agency still has not reached pre-pandemic levels and is worsening over time given the disparity between its responsibility and its resources.

In FY 2023, federal OSHA conducted 34,249 inspections, and the state OSHA programs combined conducted 34,894 inspections. This was a 7% increase for federal OSHA and 3% increase for state OSHA programs compared with the previous year.

In FY 2023, federal OSHA conducted 887 inspections in federal agencies, including 324 inspections at the Department of Defense, 116 at the Department of the Interior, 101 at the Veterans Administration, 88 at the Department of Agriculture and 73 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).[56]

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 2023, OSHA reported 63,273 EUs for inspections and investigations, compared with 59,686 EUs for inspections and investigations in FY 2022. These cannot be compared with the EWS EUs; however, a critical examination of the OWS EUs shows the difference is striking. Under the OWS, approximately half of EUs result from inspections related to the fatal four safety hazards—31,689 of 63,273 EUs in FY 2023. However, EUs resulting from inspections from ergonomics, heat, non-PEL (permissible exposure limit) overexposures and workplace violence combined only accounted for 972 of 63,273 EUs in FY 2023. This is a significant increase from FY 2022, largely due to a significant increase in heat inspections (164 EUs in FY 2022 to 824 EUs in FY 2023) and double the workplace violence inspections (48 EUs in FY 2022 to 96 EUs in FY 2023). 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 2023, federal OSHA received 8,993 formal complaints and 24,413 informal complaints, with workers filing 35% and 2% more complaints than FY 2022, respectively. Federal OSHA inspected the workplace in 40% of formal complaints and 20% of informal complaints. State OSHA plans received 9,741 formal

[56] *See* OSHA.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf. Effective Sept. 30, 2019.

complaints, inspecting 57%, and 22,908 informal complaints, inspecting 18%, an increase of 16% and a decrease of 10% 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 2023, federal OSHA received 4,249 referrals and responded with an inspection for 72% of cases after referral. State OSHA plans received 5,728 referrals and followed up with an inspection in 72% of those.

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 its findings with OSHA. In FY 2023, federal OSHA received 10,775 severe injury reports (SIRs) and conducted an inspection in 32% of cases, and OSHA state plans received 3,437 SIRs and conducted an inspection in 44% of cases. Federal OSHA received reports of 2,395 fatalities and catastrophes on the job in FY 2023 and investigated 48% of the cases. State OSHA plans combined received reports of 7,580 fatalities and catastrophes and investigated 45% 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. 11, 2024, increased the maximum penalty for serious violations to $16,131, and for willful and repeat violations to $161,323.[57, 58]

[57] 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.
[58] 89 FR 1810.

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 April 15, 2024, six state OSHA plans still have not adopted 2022 penalties: Indiana, Kentucky, Michigan, Tennessee, South Carolina and Puerto Rico. Indiana intends to wait on legislation before adopting the maximum penalties; it now is more than six years overdue.[59] State OSHA plans are not required to impose monetary penalties on state and local government employers.[60, 61]

In FY 2023, the average penalty for a serious violation under federal OSHA was $4,597, compared with an average penalty of $4,354 for serious violations in FY 2022. In FY 2023, the average penalty for a serious violation for state OSHA plans combined remained lower, at $2,406; in FY 2022, it was $2,221.

The number of willful violations cited by federal OSHA in FY 2023 was 544, an increase from FY 2022. The average penalty per willful violation was $68,306 in FY 2023, compared with $68,062 in FY 2022 and $61,750 in FY 2021. The average penalty per repeat violation was $19,174 in FY 2023, compared with $14,690 in FY 2022. In states with state-run OSHA plans, in FY 2023, there were 289 willful violations issued, with an average penalty of $47,790 per violation, and 1,911 repeat violations issued, with an average penalty of $6,662 per violation.

In FY 2023, federal OSHA issued 1,357 violations to federal agencies, including two willful violations and 112 repeat violations. Federal OSHA does not issue monetary penalties because of violations to federal agencies.

For FY 2023, federal OSHA reported that the agency brought 113 “significant” enforcement cases.[62] This is more than FY 2022 (94) and more than the first year of the Trump administration, FY 2017 (53).[63] 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 2023 was $14,063 for federal OSHA and the median current penalty was $7,000 for the state OSHA plans combined. This is an increase for federal OSHA from FY 2022, which had a median of $12,063, while state plans remained the same at $7,000. These data include enforcement cases that still are under contest, and some cases that still are open. Increased penalties in FY 2023 may be attributed to a combination of Congress tying maximum penalties to inflation annually and new enforcement initiatives described below.

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[59] *See* OSHA.gov/sites/default/files/2022-06/indiana-fy-2021-comprehensive-fame-report.pdf.
[60] 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.
[61] 87 FR 2328.
[62] 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.
[63] 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.

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 2023 was $20,996 for federal and state OSHA plans combined.

OSHA Enforcement Initiatives and Policies

Federal OSHA under the Biden administration has taken a strong enforcement approach, using various tools available to an agency with few resources to do its job. The agency has issued national emphasis programs (NEP) to enhance enforcement on certain targeted areas: combustible dust,[64] falls while working from heights in construction,[65] heat injury and illness,[66] and warehousing and distribution centers.[67] OSHA regions have issued their own local emphasis enforcement programs.[68] In August 2023, following mounting pressure about the epidemic of silica-related disease among engineered stone workers, the agency updated its silica NEP to better target these small countertop fabrication shops.[69] The Biden administration also had issued several enforcement directives and national emphasis programs to address urgent COVID-19 issues to help protect workers while the administration was considering other actions; these are still in effect.[70, 71, 72]

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 (SVEP), 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, discussed in the section of this report on unprogrammed enforcement activity.

In September 2022, OSHA expanded the SVEP criteria for inclusion to more employers—those with repeat violations and with more hazards.[73] According to OSHA, there are currently 175 cases on the SVEP log, dating back to 2012. This includes 16 cases added to the log in FY

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[64] *See* OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-008.pdf.
[65] *See* OSHA.gov/enforcement/directives/cpl-03-00-025.
[66] 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.
[67] *See* OSHA.gov/enforcement/directives/cpl-03-00-026.
[68] *See* OSHA.gov/enforcement/directives/lep.
[69] *See* OSHA.gov/enforcement/directives/cpl-03-00-023.
[70] 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.
[71] 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.
[72] COVID-19 Focused Inspection Initiative in Healthcare. March 2, 2022. *Available at* OSHA.gov/laws-regs/standardinterpretations/2022-03-02.
[73] *See* OSHA.gov/news/newsreleases/national/09152022.

2023.[74] The TWI helps prevent injuries and illnesses among temporary workers who are employed by staffing agencies but who work for different host employers. Under OSHA's temporary worker policy, both host employers and staffing agencies may be held jointly responsible for complying with safety and health rules. In FY 2023, OSHA conducted inspections at 155 host employers and 56 staffing employers under this initiative.

The new rule clarifying the rights of workers to choose their own representation during OSHA walkaround inspections demonstrates this administration's recognition that worker participation is essential to an accurate inspection. While this was an existing right for union workers, that right had been eroded in practice by employers. This rule clarifies this right for all workers—union and nonunion—so that inspections can be more thorough and so that workers can trust inspectors in the process. 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; a court required OSHA to undertake rulemaking to clarify this right, which it did.[75]

Understanding that penalties have been too low to be a deterrent for many egregiously behaved employers, the agency has used field directives. 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.[76] Under existing authority, OSHA has directed inspectors 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.

Through expanded use of corporatewide settlements, OSHA is addressing business practices that conflict with good health and safety practices, incentivizing companies to address the root causes of recurring hazards by seeking correction of recurring violations and hazards across all of the corporation's facilities.[77] As detailed above, OSHA overall has increased the number of OSHA inspectors since the rollbacks during the Trump administration, has increased inspections with more weight (more complex, more impactful), and has increased the issuance of willful and repeat violations.

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[74] OSHA Inspection Data in Response to AFL-CIO Data Request, FY 2023.
[75] 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.
[76] 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.
[77] *See* OSHA.gov/news/testimonies/09272023.

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.[78] 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.

The Biden administration also has improved transparency, providing information to the public that had been rolled back by the Trump administration, particularly on worker fatalities and significant enforcement cases. 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. The posting of this information, initiated in 2010, is used to honor fallen workers and provide information to help prevent workplace deaths. 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.

Vulnerable workers and equity have been a key area of emphasis for the Biden administration, including on working conditions. It has instituted equity considerations in its cost-benefit analysis when developing a regulation to ensure that women and vulnerable workers are treated equally with other regulated communities.[79] OSHA and the Wage and Hour Division at the Department of Labor have done more to work together on child labor violations and enforcement to prevent the exploitation of vulnerable workers and children in dangerous work settings. The administration has instituted status protections through prosecutorial discretion and certification of U and T visas for immigrant workers who are victims of workplace health and safety violations or crimes.[80, 81, 82]

The Biden administration also has begun important conversations on artificial intelligence to prevent it from undermining worker rights, worsening job quality, encouraging undue worker

[78] 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.
[79] See WhiteHouse.gov/wp-content/uploads/2023/11/CircularA-4.pdf.
[80] *See* DOL.gov/newsroom/releases/sol/sol20220706.
[81] *See* DHS.gov/news/2023/01/13/dhs-announces-process-enhancements-supporting-labor-enforcement-investigations.
[82] *See* Whistleblowers.gov/ut_visa.

surveillance, lessening market competition, introducing new health and safety risks, or causing harmful labor force disruptions.[83]

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.[84] 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.[85]

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 responsibilities without additional 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.[86] 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

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[83] *See* WhiteHouse.gov/briefing-room/statements-releases/2023/10/30/fact-sheet-president-biden-issues-executive-order-on-safe-secure-and-trustworthy-artificial-intelligence/.
[84] 87 FR 50766.
[85] U.S. Department of Labor. State plans. *Available at* OSHA.gov/stateplans/.
[86] 87 FR 23783.

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.[87]

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 (USSW-SEIU) 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.[88] On Dec. 7, 2023, USSW-SEIU filed a petition with federal OSHA to revoke the South Carolina OSHA plan for failure to maintain an effective enforcement program.[89]

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 137 cases have been referred for prosecution under the Act. During this time, there were approximately 435,000 workplace fatalities. DOL referred six cases for criminal prosecution in 2023, compared with 13 in FY 2022, nine cases in FY 2021, seven cases in FY 2020, four cases in FY 2019 and 11 cases in FY 2018.[90, 91, 92] There have been four cases referred so far in 2024.

By comparison, the Environmental Protection Agency opened 199 criminal cases in FY 2023 under federal environmental laws—and in 74% of the criminal cases charged, an individual defendant was prosecuted, and those prosecutions generated a total 100% conviction rate.[93] 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.

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[87] 88 FR 9796.
[88] *See* Drive.Google.com/file/d/10EYhlNS6VAu73rpvjSikIxMW49UhElJJ/view.
[89] *See* JordanBarab.com/confinedspace/wp-content/uploads/2023/12/SEIU-Petition-to-Revoke-SC-OSHA-State-Plan-FINALIZED.pdf.
[90] "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 2, 2024. The information for the early years of the statute is incomplete and may not include all cases prosecuted.
[91] 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.
[92] Information on criminal referrals provided by the U.S. Department of Labor, Office of the Solicitor of Labor.
[93] U.S. Environmental Protection Agency. Enforcement Annual Results for Fiscal Year 2023. *Available at* EPA.gov/enforcement/enforcement-and-compliance-annual-results-fiscal-year-2023.

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.[94, 95, 96] 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.[97] 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 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. In 2023, 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

[94] Goldsmith, A.D. "Worker Endangerment Initiative." PowerPoint presentation, American Bar Association, Occupational Safety and Health Committee, Miami Beach, Florida. February 2009.
[95] 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.
[96] 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.
[97] PBS. "Frontline: A Dangerous Business Revisited." March 2008.

pattern of unsafe behavior for months leading up to the fatal incident and for at least another month after the fatality.[98]

OSHA Coverage

For FY 2023, the OSHA law still did not cover 7.9 million state and local government employees in 23 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.[99] 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.

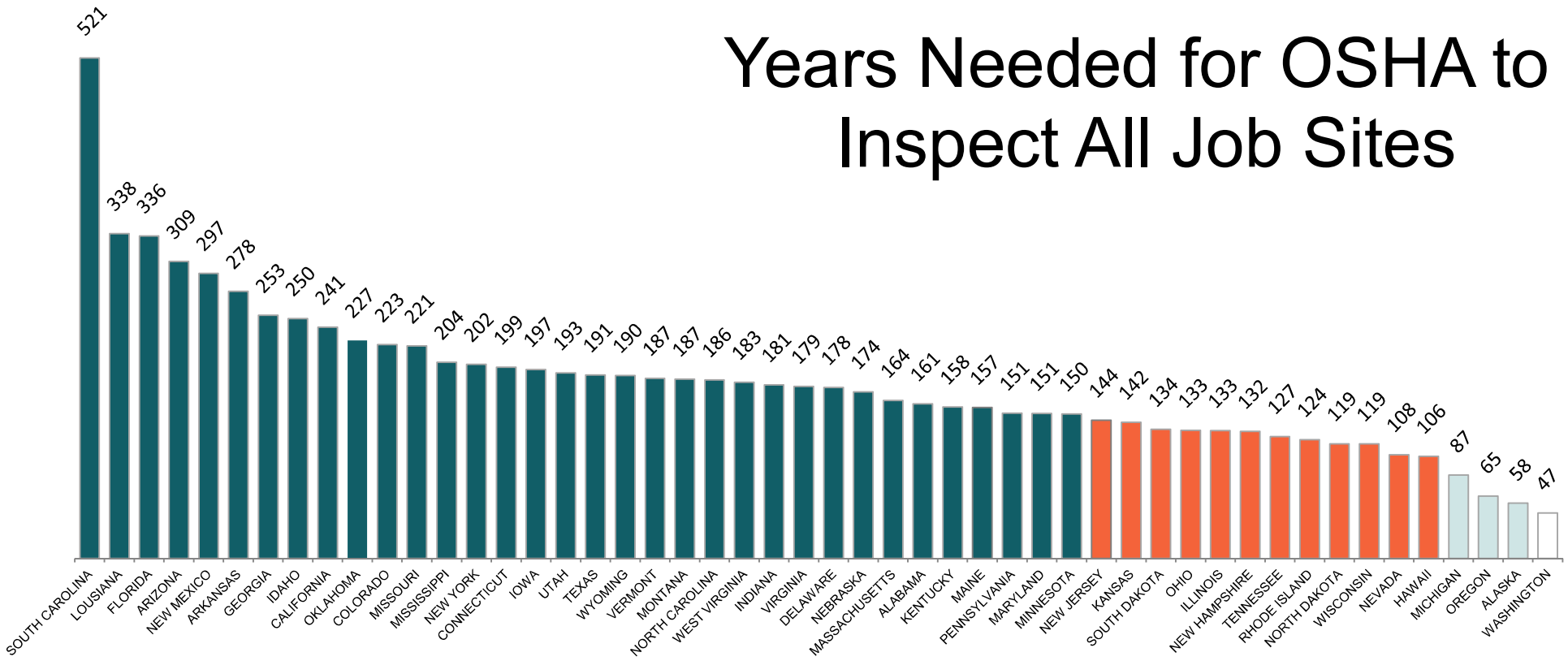
In 2013, OSHA coverage was extended to flight attendants when the Federal Aviation Administration rescinded a longstanding policy and ceded jurisdiction to OSHA on some key safety and health issues, in response to the FAA Modernization and Reform Act of 2012 (PL 112–95). This policy action was the culmination 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.[100]

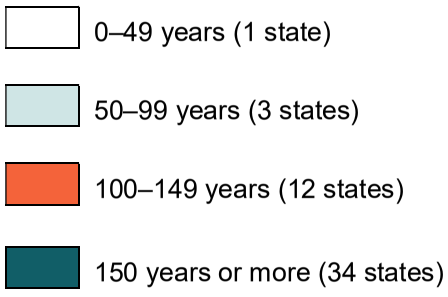
[98] Occupational Safety and Health Administration. "Facing Manslaughter Charges in Worker's 2021 Trench Collapse Death, Colorado Contractor Who Willfully Ignored Federal Law Surrenders to Police" (press release). 23-75-NAT. Jan. 26, 2023. *Available at* OSHA.gov/news/newsreleases/national/01262023-1.

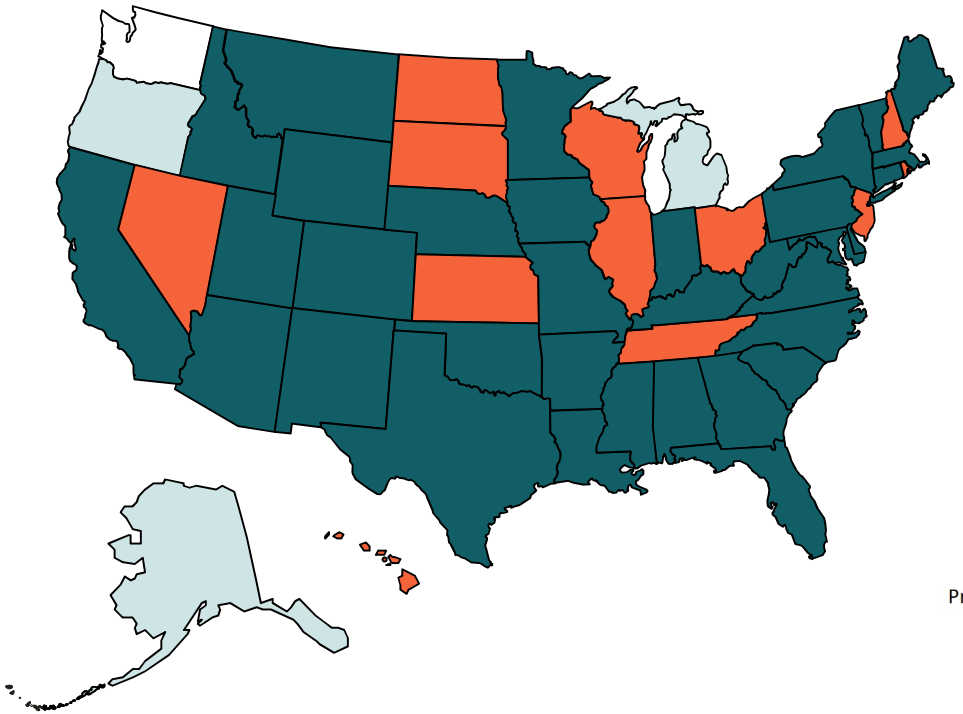
[99] Under the OSH Act, states may operate their own OSHA programs. Twenty-one states and one territory have state OSHA programs covering both public and private sector workers. Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York now have state programs covering state and local employees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

[100] 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.

Years Needed for OSHA to Inspect All Job Sites

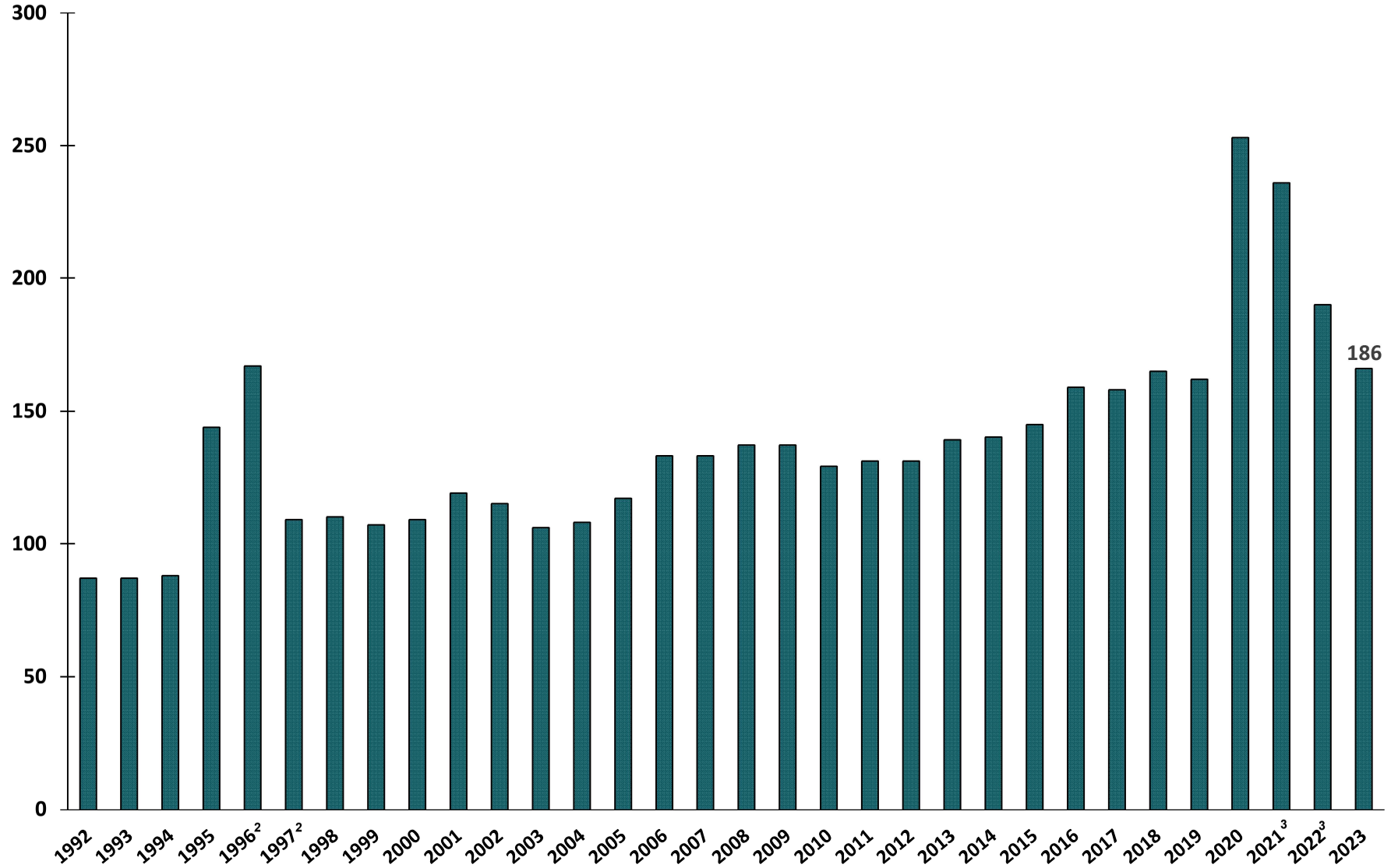






Prepared by the AFL-CIO

Years for Federal OSHA to Inspect Each Workplace Once FY 1992–2023[1]



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

Federal OSHA Inspection/Enforcement Activity, FY 2013–2023

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020[1]	FY 2021[1]	FY 2022	FY 2023
Inspections	39,178	36,167	35,822	31,948	32,396	32,020	33,401	21,674	24,355	31,886	34,249
Safety	31,920	29,343	28,903	25,704	26,607	26,453	27,890	17,558	19,948	25,388	28,114
Health	7,258	6,824	6,917	6,244	5,789	5,567	5,511	4,116	4,407	6,498	6,135
Complaints	9,503	9,577	9,037	8,870	8,254	7,510	7,408	4,581	4,954	6,795	8,253
Programmed	22,170	19,207	16,527	12,731	14,396	13,980	14,910	8,726	10,598	14,114	15,840
Construction	20,430	18,223	17,549	15,610	16,921	16,729	17,500	11,069	12,566	16,011	17,557
Maritime	411	370	357	297	292	274	275	211	180	233	316
Manufacturing	7,945	7,602	8,051	7,450	7,043	6,863	7,046	4,367	4,612	5,848	7,002
Other	10,392	9,972	9,863	8,591	8,140	8,154	8,580	6,027	6,997	9,794	9,374
Average Case Hours/Inspections											
Safety	22.5	22.0	22.3	21.0	20.21	19.26	18.40	23.91	23.02	18.58	19.15
Health	40.1	45.2	39.7	33.4	33.58	32.00	29.34	44.86	38.28	25.57	26.00
Violations – Total	78,037	67,556	65,044	59,856	51,273	50,910	50,638	40,313	31,529	38,979	48,461
Willful	316	433	527	524	319	341	364	385	360	477	544
Repeat	3,119	2,954	3,088	3,146	2,771	2,593	2,471	2,155	1,790	2,065	2,880
Serious	58,234	49,416	47,934	42,984	36,802	36,645	36,447	28,757	23,065	28,070	34,035
Unclassified	-	1	1	1	-	1	1	-	1	2	-
Other	16,260	14,597	13,016	11,895	11,300	11,265	11,280	8,984	6,302	8,334	10,981
FTA	77	155	107	152	81	65	75	32	11	31	21
Penalties – Total ($)	149,994,488	143,535,247	156,525,585	162,872,470	196,837,526	196,598,571	207,960,691	186,187,094	150,982,223	200,771,943	270,652,218
Willful	12,484,996	17,474,793	21,581,025	21,794,276	20,808,006	21,108,034	21,611,925	27,256,828	22,229,957	32,465,555	37,158,666
Repeat	19,563,867	20,407,958	24,042,251	27,277,061	31,447,412	29,823,210	34,862,762	33,058,548	23,765,289	30,333,990	55,221,828
Serious	110,326,980	97,427,404	102,971,432	103,234,454	130,767,703	131,173,038	135,482,837	112,819,262	102,864,726	122,229,386	156,456,369
Unclassified	-	-	4,200	-	-	5,432	1,037	-	2,000	7,770	-
Other	6,855,744	6,500,117	7,222,074	8,537,920	12,183,280	12,926,576	14,876,315	12,248,709	11,116,993	14,902,634	20,810,784
FTA	762,901	1,724,976	704,143	2,028,758	1,631,125	1,561,970	1,125,815	775,011	343,120	832,607	1,004,571
Average Penalty/ Violation ($)	1,922	2,125	2,406	2,721	3,839	3,862	4,107	4,619	4,789	5,151	5,585
Willful	39,509	40,357	40,951	41,592	65,229	61,900	59,373	70,797	61,750	68,062	68,306
Repeat	6,272	6,909	7,786	8,670	11,349	11,501	14,109	15,340	13,277	14,690	19,174
Serious	1,895	1,972	2,148	2,402	3,553	3,580	3,717	3,923	4,460	4,354	4,597
Unclassified	-	-	4,200	-	-	5,432	1,037	-	2,000	3,885	-
Other	422	445	555	718	1,078	1,148	1,319	1,363	1,764	1,788	1,895
FTA	9,908	11,129	6,581	13,347	20,137	24,030	15,011	24,219	31,193	26,858	47,837
Percent Inspections with Citations Contested (%)	6.0%	6.6%	7.4%	8.3%	8.5%	8.3%	8.0%	9.6%	8.7%	5.6%	6.1%

Sources: OSHA IMIS Inspection Reports, FY 2013, and OIS Federal Inspection Reports, FY 2013–FY 2023.

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

Federal OSHA and State Plan OSHA Inspection/Enforcement Activity, FY 2023

	FEDERAL OSHA	STATE PLAN OSHA
Inspections	34,249	34,894
Safety	28,114	26,158
Health	6,135	8,736
Complaints	8,253	9,520
Programmed	15,840	13,061
Construction	17,557	12,604
Maritime	316	83
Manufacturing	7,002	5,481
Other	9,374	16,726
Average Case Hours/Inspection	20.40	25.76
Safety	19.15	23.76
Health	26.00	21.95
Violations – Total	48,461	70,631
Willful	544	289
Repeat	2,880	1,911
Serious	34,035	33,995
Unclassified	-	23
Other	10,981	34,251
FTA	21	162
Penalties – Total ($)	270,652,218	122,218,589
Willful	37,158,666	13,811,174
Repeat	55,221,828	12,654,653
Serious	156,456,369	81,782,293
Unclassified	-	158,618
Other	20,810,784	12,549,262
FTA	1,004,571	1,262,589
Average Penalty/Violation ($)	5,585	1,730
Willful	68,306	47,790
Repeat	19,174	6,622
Serious	4,597	2,406
Unclassified	-	6,896
Other	1,895	366
FTA	47,837	7,794
Percent Inspections with Citations Contested	6.1%	15.7%

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

Federal OSHA and State Plan OSHA Unprogrammed Enforcement Activity, FY 2023

	FEDERAL OSHA	STATE PLAN OSHA
Complaints[1]	**33,406**	**32,649**
Formal Complaints	8,993	9,741
Phone/Fax Investigation[2]	5,314	3,574
Percent Phone/Fax Investigation	59%	37%
Inspection	3,553	5,581
Percent Inspection	40%	57%
Other/Unknown[3]	126	586
Percent Other/Unknown	1%	6%
Informal Complaints	24,413	22,908
Phone/Fax Investigation	19,298	16,988
Percent Phone/Fax Investigation	79%	74%
Inspection	4,850	4,214
Percent Inspection	20%	18%
Other/Unknown[3]	265	1,706
Percent Other/Unknown	1%	7%
Referrals[4]	**4,249**	**5,728**
Phone/Fax Investigation	1,102	1,387
Percent Phone/Fax Investigation	26%	24%
Inspection	3,064	4,109
Percent Inspection	72%	72%
Other/Unknown[3]	83	232
Percent Other/Unknown	2%	4%
Severe Injury Reports[5]	**10,775**	**3,437**
Rapid Response Investigation[6]	7,270	1,739
Percent Rapid Response Investigation	67%	51%
Inspection	3,398	1,525
Percent Inspection	32%	44%
Other/Unknown[3]	107	173
Percent Other/Unknown	1%	5%
Fatalities and Catastrophes[7]	**2,395**	**7,580**
Inspection	1,150	3,396
Percent Inspection	48%	45%
Other/Unknown[3]	1,245	4,184
Percent Other/Unknown	52%	55%

Source: Occupational Safety and Health Administration. OIS Inspection Reports. Federal OSHA data provided Jan. 4, 2024. State plan OSHA data provided March 12, 2024.

[1]A 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.

[2]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. 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.

[3]Unprogrammed activity was lableled 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.

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

[5]As 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.

[6]A 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.

[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.

Federal OSHA Unprogrammed Enforcement Activity, FY 2021–2023

	FY 2021	FY 2022	FY 2023
Complaints[1]	**25,746**	**30,655**	**33,406**
Formal Complaints	4,549	6,626	8,993
Phone/Fax Investigation[2]	2,594	3,603	5,314
Percent Phone/Fax Investigation	57%	54%	59%
Inspection	1,989	2,843	3,553
Percent Inspection	44%	43%	40%
Other/Unknown[3]	66	180	126
Percent Other/Unknown	1%	3%	1%
Informal Complaints	21,197	24,029	24,413
Phone/Fax Investigation	17,635	19,459	19,298
Percent Phone/Fax Investigation	83%	81%	79%
Inspection	3,344	4,293	4,850
Percent Inspection	16%	18%	20%
Other/Unknown[3]	218	277	265
Percent Other/Unknown	1%	1%	1%
Referrals[4]	**3,696**	**4,005**	**4,249**
Phone/Fax Investigation	1,252	1,072	1,102
Percent Phone/Fax Investigation	34%	27%	26%
Inspection	2,360	2,834	3,064
Percent Inspection	64%	71%	72%
Other/Unknown[3]	84	99	83
Percent Other/Unknown	2%	2%	2%
Severe Injury Reports[5]	**10,422**	**10,476**	**10,775**
Rapid Response Investigation[6]	7,159	7,027	7,270
Percent Rapid Response Investigation	69%	67%	67%
Inspection	3,155	3,314	3,398
Percent Inspection	30%	32%	32%
Other/Unknown[3]	108	135	107
Percent Other/Unknown	1%	1%	1%
Fatalities and Catastrophes[7]	**2,831**	**2,592**	**2,395**
Inspection	1,551	1,291	1,150
Percent Inspection	55%	50%	48%
Other/Unknown[3]	1,280	1,301	1,245
Percent Other/Unknown	45%	50%	52%

Source: Occupational Safety and Health Administration. OIS Inspection Reports. FY 2021–2023.

[1]A 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.

[2]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. 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.

[3]Unprogrammed activity was labeled as unknown 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.

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

[5]As 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. These data excludes fatalities.

[6]A 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.

[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 2016–2019[1]

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

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

[1]This data is based on OSHA's Updated Enforcement Weighting System (EWS), which was in effect Oct. 1, 2015, until Sept. 30, 2019. OSHA.gov/dep/enforcement/ews_memo_09302015.html. The OSHA Weighting System replaced the EWS and took effect beginning FY 2020 (Oct. 1, 2019); the OWS data are reflected in a separate table.

[2]These inspections resulted in either a 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 2020–2023[1,2,3]

		FY 2020	FY 2021	FY 2022	FY 2023
Total Inspections		21,674	24,355	31,886	34,249
Total Enforcement Units		43,217	48,271	59,686	63,273
	With Inspections				
Significant Case	Number of Inspections	1	48	65	85
EU Value: 7	Number of EUs	7	336	455	595
Process Safety Management	Number of Inspections	101	108	142	178
EU Value: 5	Number of EUs	505	540	710	890
Fatality/Catastrophe	Number of Inspections	1,508	1,411	1,140	957
EU Value: 5	Number of EUs	7,540	7,055	5,700	4,785
Falls, Caught in, Struck by, Electrical Hazards[4]	Number of Inspections	6,966	8,082	10,073	10,563
EU Value: 3	5(a)(1) Citation	334	169	189	110
	5(a)(1) HAL	116	59	54	74
	Emphasis Programs	6,516	7,854	9,830	10,273
	Number of EUs	20,898	24,246	30,219	31,689
National/Regional/Local Emphasis Program	Number of Inspections	707	622	956	1,001
EU Value: 2	Number of EUs	1,414	1,244	1,912	2,002
5(a)(1) Ergonomics[4]	Number of Inspections	13	14	14	24
EU Value: 2	5(a)(1) Citation	0	0	1	3
	HAL	13	14	13	21
	Number of EUs	26	28	28	48
5(a)(1) Heat[4]	Number of Inspections	29	12	82	412
EU Value: 2	5(a)(1) Citation	4	0	10	8
	HAL	25	12	72	404
	Number of EUs	58	24	164	824
5(a)(1) Non-PEL Overexposure[4]	Number of Inspections	2	1	1	2
EU Value: 2	5(a)(1) Citation	0	0	0	1
	HAL	2	1	1	1
	Number of EUs	4	2	2	4
5(a)(1) Workplace Violence[4]	Number of Inspections	15	14	24	48
EU Value: 2	5(a)(1) Citation	1	2	3	6
	HAL	14	12	21	42
	Number of EUs	30	28	48	96
Federal Agencies	Number of Inspections	164	177	312	341
EU Value: 2	Number of EUs	328	354	624	682
Personal Sampling	Number of Inspections	698	548	747	1,020
EU Value: 2	Number of EUs	1,396	1,096	1,494	2,040
All Other Inspections	Number of Inspections	11,744	13,318	18,330	19,618
EU Value: 1	Number of EUs	11,744	13,318	18,330	19,618

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

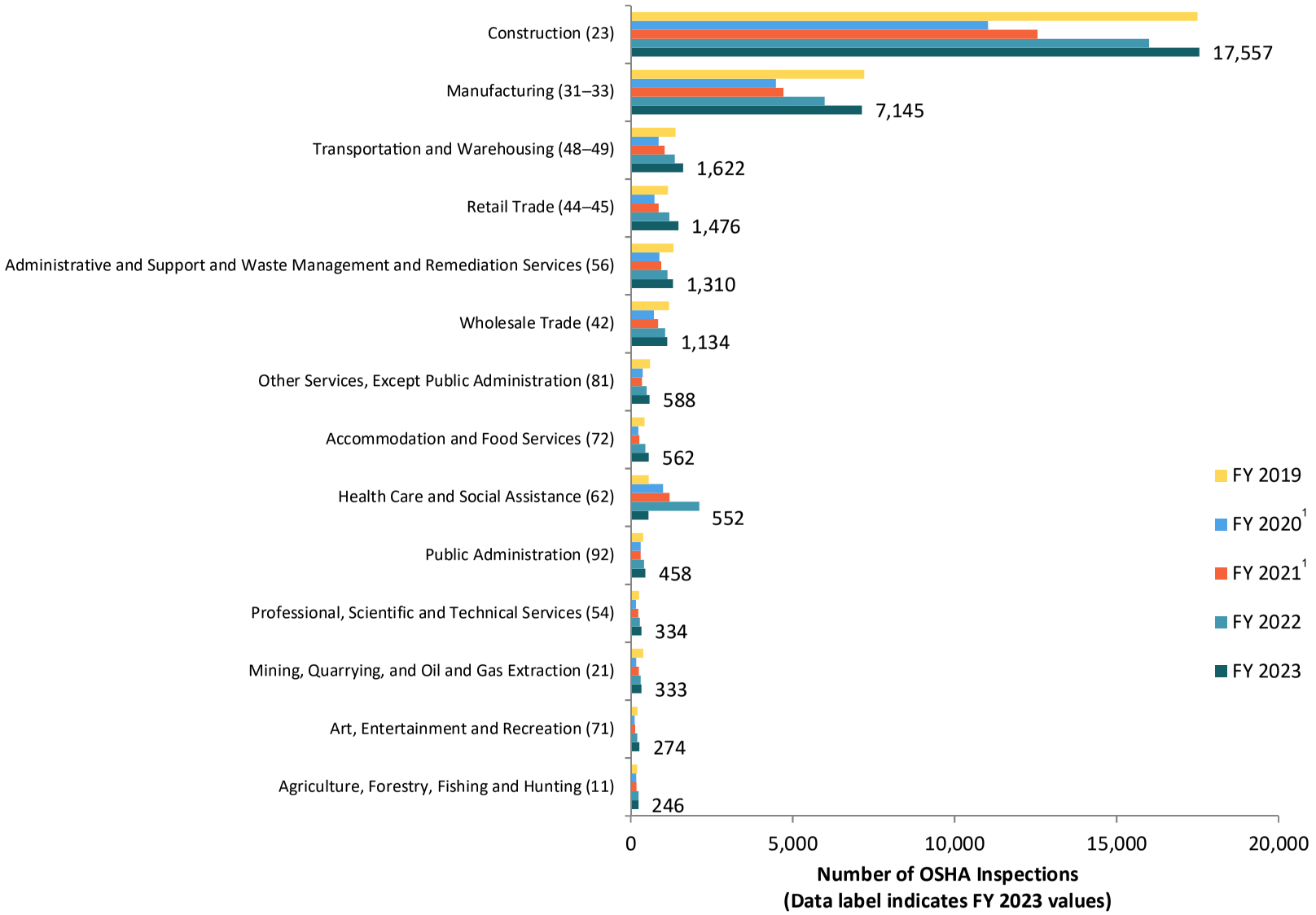
[1]OSHA replaced its Enforcement Weighting System (EWS) that was implemented in FY 2015 with the new OSHA Weighting System (OWS), which took effect beginning FY 2020 (Oct. 1, 2019). OSHA.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf. The OWS places less emphasis on significant inspections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

[2]When OSHA revised its weighting system, unprogrammed activity such as phone/fax complaints and rapid response investigations were moved into a category called "essential enforcement support functions." As of March 1, 2023, this category is still being developed, so there are no data to present.

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

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

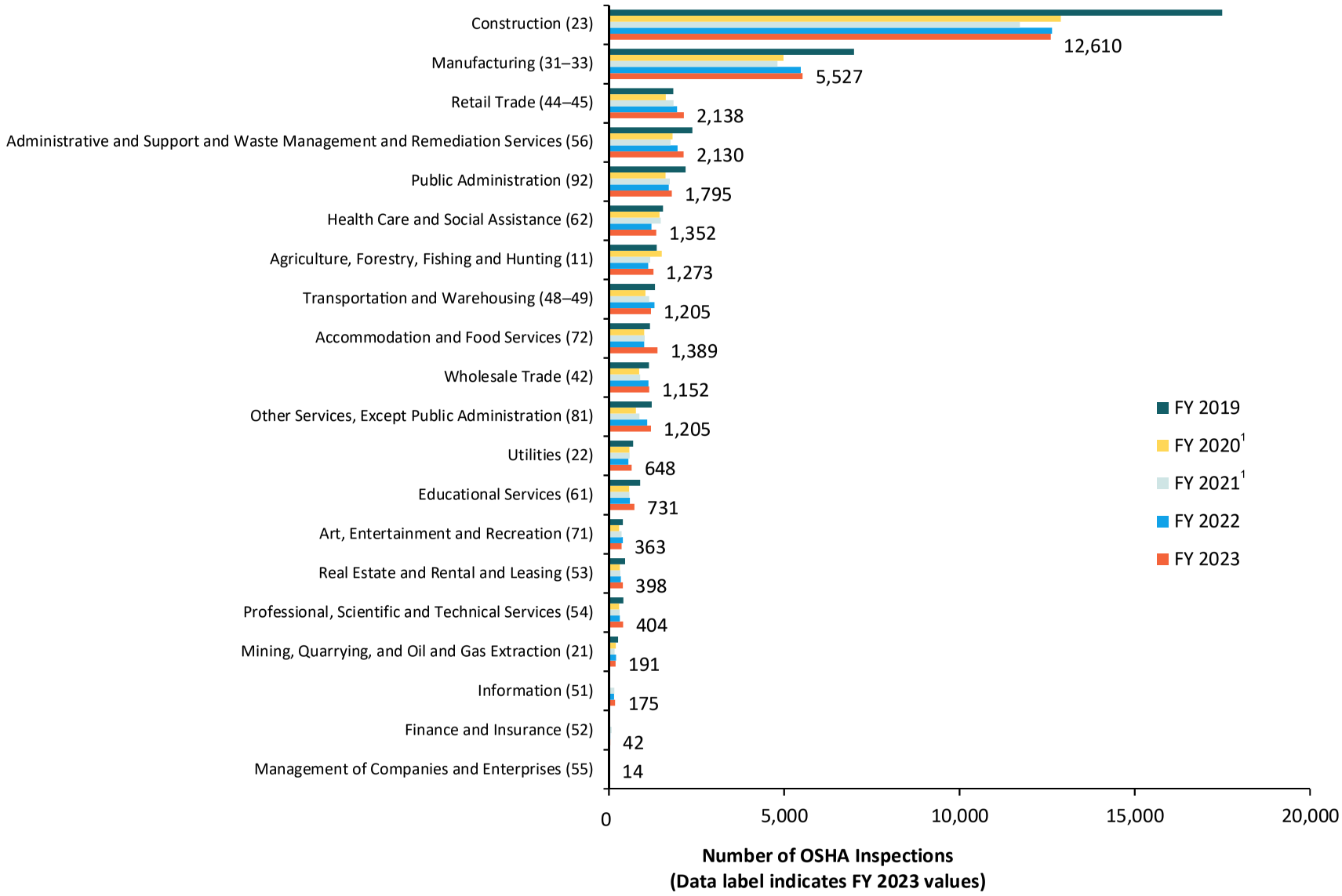
Number of Federal OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2019–2023



Source: OSHA OIS inspection reports, FY 2019–FY 2023. Most recent data received Jan. 29, 2024.

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

Number of State Plan OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2019–2023



Sources: OSHA OIS inspection reports, FY 2019–FY 2023. Most recent data received Jan. 4, 2024.

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

Federal OSHA Enforcement Activity Addressing Significant Hazards, FY 2021–2023

	Ergonomics			Heat Illness			Workplace Violence		
	FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
Inspections	20	37	62	48	114	1,066	33	64	89
Violations - Total[1]	0	2	12	17	16	30	3	6	8
Willful	—	—	—	1	—	—	—	—	—
Repeat	—	—	—	—	—	—	—	1	1
Serious	—	2	12	16	16	29	2	$ 5.00	7
Unclassified	—	—	—	—	—	—	—	—	—
Other[2]	—	—	—	—	—	1	1	—	1
FTA	—	—	—	—	—	—	—	—	—
Penalties - Total ($)	0	$16,150	$182,812	$203,827	$142,280	$186,995	$27,480	$63,762	$113,303
Willful	—	—	—	$81,919	—	—	—	—	—
Repeat	—	—	—	—	—	—	—	$4,000	—
Serious	—	$16,150	$182,812	$121,908	$142,280	$183,369	$24,554	$59,762	$100,251
Unclassified	—	—	—	—	—	—	—	—	$13,052
Other	—	—	—	—	—	$3,626	$2,926	—	—
FTA	—	—	—	—	—	—	—	—	—
Average Penalty/Violation ($)	0	$8,075	$15,234	$11,990	$8,893	$6,233	$9,160	$10,627	$14,163
Willful	—	—	—	$81,919	—	—	—	—	—
Repeat	—	—	—	—	—	—	—	$4,000	—
Serious	—	$8,075	$15,234	$7,619	$8,893	$6,323	$12,277	$11,952	$14,322
Unclassified	—	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	$3,626	$2,926	—	$13,052
FTA	—	—	—	—	—	—	—	—	—
HALs[3]	20	35	50	31	98	571	30	58	65

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

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

[2]In FY21, there was one recordkeeping violation for failure to report a fatality caused by workplace violence resulting in an other-than-serious violation.

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

Federal OSHA Inspection/Enforcement Activity in Federal Agencies, FY 2020–2023[1]

	FY 2020[2]	FY 2021[2]	FY 2022	FY 2023
Inspections	502	604	835	887
Safety	293	325	452	596
Health	209	279	383	291
Complaints	128	135	162	146
Programmed	223	289	406	528
Public administration	309	281	377	377
Health care and social assistance	71	99	158	158
Transportation and warehousing	27	50	40	40
Other	123	177	260	260
Average Case Hours/Inspection				
Safety	29.70	28.65	19.82	26.09
Health	43.39	36.08	27.37	21.40
Violations – Total	847	636	1,039	1,357
Willful	4	1	6	2
Repeat	69	68	68	112
Serious	577	399	657	893
Unclassified	0	1	0	0
Other	197	167	306	350
FTA	0	0	2	0
Inspections by Agency				
DHS	52	51	74	73
CBP	32	24	38	50
TSA	18	10	8	8
Other DHS	2	17	28	15
DOT	24	22	19	17
FAA	17	19	13	13
Other DOT	7	3	6	4
DOC	12	19	10	12
NOAA	12	17	6	4
Other DOC	--	2	4	8
DOD	269	160	248	324
DOE	10	1	3	5
DOI	132	68	112	116
DOJ	37	18	45	35
HHS	10	12	16	14
SSA	13	4	14	20
Treasury	--	6	6	5
USDA	92	60	67	88
USPS	2	35	24	39
VA	107	115	161	101
Other	21	26	36	39
Percent Inspections with Citations Contested	1.5%	0.4%	0.7%	0.6%

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

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

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

Average Total Penalty Per OSHA Fatality Inspection, FY 2016–2023

Fiscal Year	Number of Fatality Inspections Conducted	Total Current Penalties ($)	Average Total Penalty Per Inspection ($)
FY 2016			
Federal States	945	13,941,452	14,753
State Plan States	583	6,363,471	10,915
Nationwide	1,528	20,304,923	13,289
FY 2017			
Federal States	906	17,351,501	19,152
State Plan States	790	7,389,944	9,354
Nationwide	1,696	24,741,445	14,588
FY 2018			
Federal States	873	14,608,527	16,734
State Plan States	732	8,232,798	11,247
Nationwide	1,605	22,841,324	14,231
FY 2019			
Federal States	826	18,522,711	22,425
State Plan States	693	8,561,263	12,354
Nationwide	1,519	27,083,974	17,830
FY 2020			
Federal States	1,379	19,939,122	14,459
State Plan States	1,084	12,925,108	11,924
Nationwide	2,463	32,864,230	13,343
FY 2021			
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
FY 2022			
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
FY 2023			
Federal States	904	26,524,116	29,341
State Plan States	776	8,748,367	11,274
Nationwide	1,680	35,272,483	20,996

Source: OSHA OIS Fatality Inspection Reports, FY 2016–2023.

Significant OSHA Enforcement Cases Based on Total Penalty Issued, FY 2023[1]

Company Name	State	Inspection Number(s)	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
Miracapo Pizza Company LLC dba Little Lady Foods[3]	IL	1640500	6/9/2023	$2,812,658	$2,812,658
DG Retail LLC dba Dollar General[3]	ND	1631055	4/26/2023	$2,585,258	$2,585,258
Zwanenberg Food Group (USA) Inc.	OH	1627537	4/4/2023	$1,929,160	$1,929,160
Dollar General Corporation/Dolgencorp LLC	AL	1592570	10/26/2022	$1,850,030	$1,848,030
NOX US LLC	OH	1593763	10/27/2022	$1,232,705	$1,232,705
Parter Medical Products Inc.[2]	CA	1614467	02/03/2023	$838,800	N/A
Dollar General Corporation/Dolgencorp LLC	AL	1590571	10/6/2022	$820,426	$820,426
Dollar General Corporation/Dolgencorp LLC	FL	1620874	2/27/2023	$710,974	$710,974
ALJ Home Improvement Inc.	NJ	1612363	2/1/2023	$687,536	$687,536
City of Albuquerque[2]	NM	1656175	08/24/2023	$685,729	N/A
Dollar General Corporation/Dolgencorp LLC	GA	1599567	10/26/2022	$682,030	$682,030
Litana Development Inc.	NJ	1595046	10/13/2022	$660,164	$331,351
TopFlight Grain Cooperative Inc.	IL	1615096	2/8/2023	$629,946	$629,946
Cosmo Specialty Fibers Inc.[2]	WA	1593690	10/06/2022	$597,000	N/A
Guelsin Lima dba Extreme Roofing and Siding LLC[3]	NJ	1605947	12/30/2022	$584,333	$593,148
ZMDR LLC dba Republic Foods[3]	MO	1613747	2/3/2023	$573,913	$418,379
Young Corp.[2]	WA	1639371	05/15/2023	$566,720	N/A
Paramount Builders Ltd. dba Paramount Builders Inc.[3]	AS	1643378	7/5/2023	$553,879	$560,842
NOX US LLC	OH	1654822	8/24/2023	$545,853	$545,853
Paramount Builders Ltd.	AS	1643405	7/5/2023	$534,802	$541,507
CHS Inc. dba Agri-Service Center Roseland[3]	NE	1621850	3/8/2023	$531,268	$531,268
Hecto Able Hernandez dba Town City Construction[3]	WI	1596037	11/14/2022	$520,927	$352,121

Source: Occupational Safety and Health Administration.

[1]Significant cases include total proposed penalties at or greater than $250,000. In FY 2023, OSHA brought 113 federal and 28 state significant enforcement cases; there were no significant cases brought against federal agencies, although those carry no penalties.

[2]This significant case was issued under an OSHA state plan, which has different criteria for a significant case (greater than $180,000), but this case exceeds the federal threshold for a significant case.

[3]dba stands for "doing business as"

Largest-Ever OSHA Enforcement Cases Based on Total Penalty Issued

Company Name	Inspection Number(s)	Date Citations Issued	Total Penalty Issued	Penalty Amount Paid[1]
BP Products North America	311962674 308314640	10/29/2009	$81,340,000	$50,610,000 $14,567,000
BP Products North America	308314640 308314988	9/21/2005	$21,361,500	$205,000 (Formal settlements)
IMC Fertilizer/Angus Chemical	107607863 107607871	10/31/1991	$11,550,000	$10,000,000
Imperial Suger	310988712 311522858	7/25/2008	$8,777,500	$6,050,000 (Formal settlement)
O&G Industries Inc.	109179937 314295460	8/3/2010	$8,347,000	$1,000,000 (Formal settlement)
Samsung Guam Inc.	107329740 106196801	9/21/1995	$8,260,000	$1,829,000 (Formal settlement)
CITGO Petroleum	110416880	8/29/1991	$8,155,000	$5,800,000
Dayton Tire	109061648	4/18/1994	$7,490,000	$7,490,000
USX (aka U.S. Steel Corp.)	100504950 018252858 102873288	10/26/1989 11/2/1989	$7,275,300	$3,268,845 (Formal settlement)
Keystone Construction Maintenance	109179952 314295445	8/3/2010	$6,623,000	$250,000[2] (Formal settlement)
Phillips 66/Fish Engineering	106612443 107365751	4/19/1990	$6,395,200	$410,000 (Formal settlement)
Hercules Inc.	108662420 100490705	9/8/1993	$6,328,000	$100,000 (ALJ decision)
Arcadian	102281292 102281128	1/27/1993	$5,085,000	$5,085,000
E. Smalis Painting	108753690	6/31/1994	$5,008,500	$1,092,750 (OSHRC decision)
John Morrell	101456325	10/28/1988	$4,330,000	$990,000 (Formal settlement)
Bath Iron Works	101450336 101450294	11/4/1987	$4,175,940	$650,000 (Formal settlement)
Fraser Paper	102749868 102750395	9/17/1991	$3,982,500	$1,286,233 (Formal settlement)
Decoster Egg Farms (aka Maine Contract Farming LLC)	122375512	7/12/1996	$3,555,500	$1,887,500 (Formal settlement)
Arco Chemical Co.	110318540	1/3/1999	$3,481,300	$3,481,300
Sunfield Inc.	1117773 1128049	6/29/2016	$3,426,900	$2,497,200 (Formal settlement)

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]
The Budd Company	311962674 18252510	12/12/1989	$3,345,600	$1,528,000 (Formal settlement)
McCrory Stores	113919278	11/7/1991	$3,188,000	$500,000 (ALJ decision)
IBP	100059591	5/11/1998	$3,133,100	$532,030 (OSHRC decision)
BP North America Inc. and BP Husky Refining LLC	311611081	3/8/2010	$3,042,000	$3,042,000
Shell Oil Chemical Co.	103342093	11/22/1994	$3,017,000	$3,017,000
Miracapo Pizza Company LLC dba Little Lady Foods[3]	1640500	6/9/2023	$2,812,658	Violations under contest
Union Carbide	110398310	9/12/1991	$2,803,500	$1,496,500 (Formal settlement)
DG Retail LLC dba Dollar General[3]	1631055	4/26/2023	$2,585,258	Violations under contest
Ajin USA Alliance Total Solutions LLC Joynus Staffing Group	1156866 1165706 1165707	12/12/2016	$2,565,621	Violations under contest
Dover Greens LLC dba Olivet Management LLC[3]	945519	3/31/2014	$2,359,000	$700,000 (Formal settlement)
Republic Steel	942971 942968	3/31/2014	$2,086,000	$240,614
Gebbers Farms Operations LP	148209	12/18/2020	$2,038,200	$10,000 (Formal settlement)

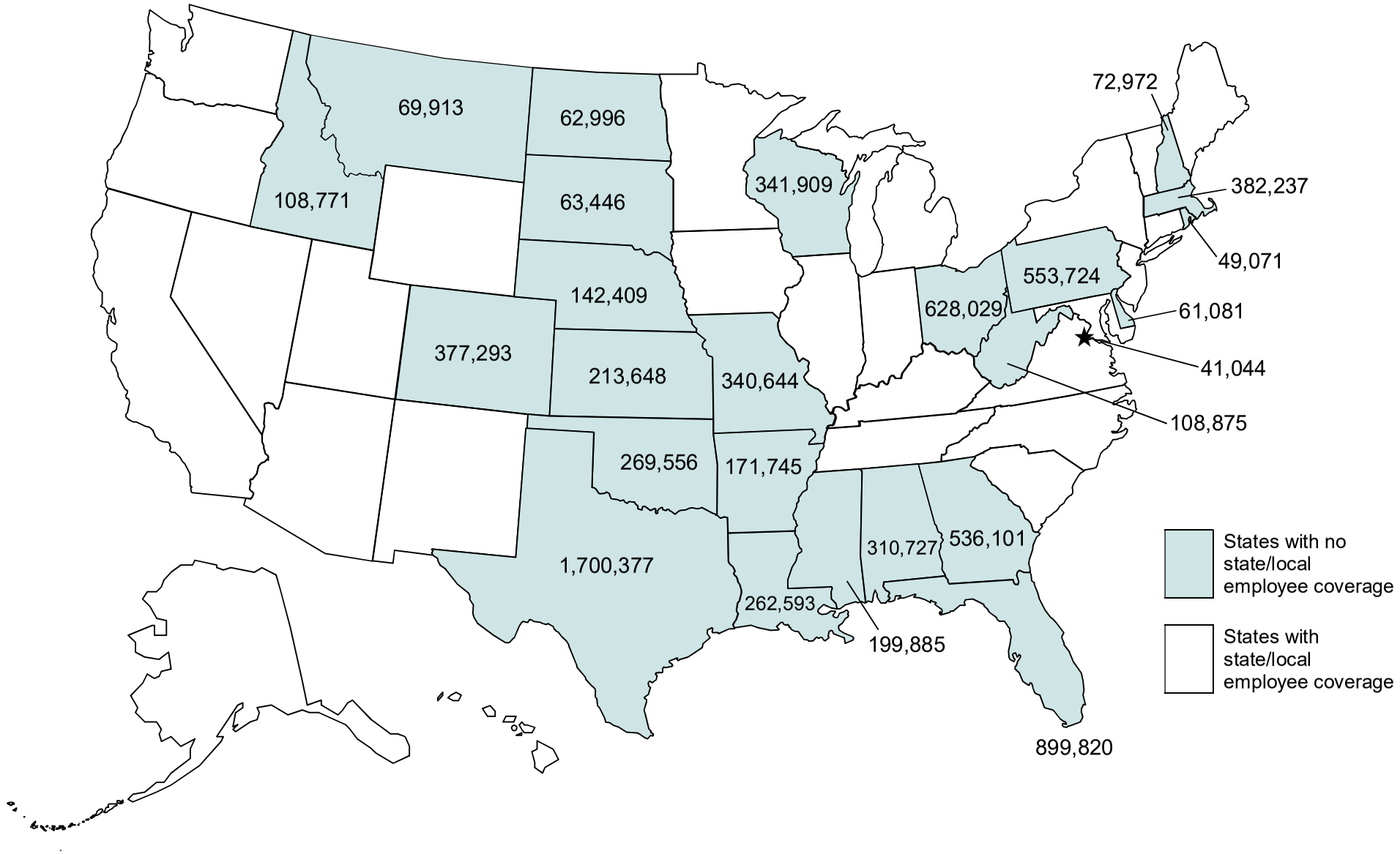
Source: Occupational Safety and Health Administration.

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

[2]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.

[3]dba stands for "doing business as"

7.9 Million State and Local Employees Lacked OSHA Coverage in 2022[1]



[1] Effective Aug. 18, 2022, federal OSHA granted the Massachusetts 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.[101] 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 2023 (3,243) were greater than those received in FY 2022 (2,755). In FY 2023, OSHA received a total of 2,308 cases and completed 2,686 cases under all federal statutes. This is similar to FY 2022, when the agency received 2,135 cases and completed 2,091 cases, and lower than the surge in complaints during the first year of the pandemic. Cases completed include cases from other fiscal years; not all cases received are completed in the same fiscal year. In FY 2023, 71% of the federal cases received (2,308 out of 3,243) were federal 11(c) complaints under the OSH Act. Workers also filed a large number of whistleblower cases under the Surface Transportation Assistance Act (361), the Federal Railroad Safety Act (134), the Sarbanes–Oxley Act (106), the FDA Food Safety Modernization Act (86) and the Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (64).[102]

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.[103] 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 personal protective equipment (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 offices, and centralizing management and supervision for the program at OSHA headquarters in

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[101] *See* Whistleblowers.gov/sites/wb/files/2021-06/Whistleblower_Statutes_Summary_Chart_FINAL_6-7-21.pdf.
[102] Occupational Safety and Health Administration. Whistleblower Investigation Data, Report Period: Oct. 1, 2022, to Sept. 30, 2023.
[103] 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/.

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.[104] In October 2023, the Department of Labor and the National Labor Relations Board signed an agreement to strengthen the agencies' partnership and outline procedures for information-sharing, referrals, training and outreach that explain federal anti-retaliation protections.[105]

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 largest 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

[104] 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.
[105] *See* DOL.gov/newsroom/releases/osha/osha20231031-0.

within a designated timeframe or declines to act at all. And the OSH Act does not provide for preliminary reinstatement, as other statutes such as the Mine Safety and Health Act do, which means that workers who are retaliated against for exercising their job safety rights have no remedy while final action on their cases is 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.[106] 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.[107] 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.

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[106] Fairfax, Richard E., 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.

[107] Stille, Kim, 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.

Disposition of Federal OSHA 11(c) Whistleblower Complaints, FY 2011–2023

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
2011	1,668	1,234	411	23	314	74	694	177	1,282
2012	1,745	1,653	400	18	294	88	977	340	1,717
2013	1,708	1,827	611	41	369	201	921	415	1,947
2014	1,751	1,794	483	13	309	161	957	426	1,866
2015	2,031	1,952	560	18	362	180	962	459	1,975
2016	2,030	2,035	581	29	342	210	1,043	472	2,096
2017	1,932	1,876	538	15	303	220	877	502	1,917
2018	1,870	1,740	510	20	269	221	870	377	1,757
2019	2,084	2,001	559	14	272	273	1067	392	2,018
2020	2,539	2,082	644	20	344	280	1082	411	2,137
2021	1,891	2,225	619	21	268	312	1,240	404	2,263
2022	2,135	2,091	527	17	282	228	1,160	404	2,091
2023	2,308	2,686	686	12	412	262	1,549	451	2,686

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

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

Disposition of OSHA State Plan 11(c) Whistleblower Complaints, FY 2011–2023

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit Finding	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
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	220	349	59	95	195	818	317	1,484
2022	1,540	1,395	357	50	88	219	799	264	1,420
2023	1,786	1,538	321	73	103	145	1,002	215	1,538

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

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

JOB SAFETY BUDGET AND RESOURCES

Appropriations

In March 2024, Congress passed legislation that appropriated OSHA a budget of $632 million for FY 2024, level funded from the previous year, but lower than the rate of inflation. Under OSHA's current budget, the agency has enough to spend $3.93 to protect each worker it is required to protect under the OSH Act.

Through the American Rescue Plan Act, Congress appropriated the U.S. Department of Labor $200 million for pandemic-related worker protection activities that had to be used by the end of FY 2023. Of these funds, OSHA was allocated $100.278 million and MSHA was allocated $13.245 million. Within OSHA, $10 million was designated for training grants, and not less than $5 million for enforcement activities related to COVID–19 at high-risk workplaces, including health care, meat and poultry processing facilities, agricultural workplaces and correctional facilities. According to the U.S. Department of Labor, OSHA spent $35.5 million of $43.4 million planned in FY 2021, $21.3 million of $44.8 million planned in FY 2022 and $11.3 million of $44.8 million planned in FY 2023—totaling $68.1 million of its $100 million—and MSHA spent $7 million in total of its $13 million.[108]

The Biden administration has requested a 3.5% increase in OSHA funding for FY 2025, including small increases to federal enforcement and federal compliance assistance.

Congress appropriated level funding of $388 million for MSHA in FY 2024 and the Biden administration requested a 5% budget increase for the mining agency in FY 2025. In FY 2020, the budget reorganized MSHA enforcement to combine the coal mine enforcement and metal and nonmetal mine enforcement into one program. 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 $363 million again for FY 2024, and was essentially level funded in the Biden administration's FY 2025 request.

OSHA Compliance Staffing

There are currently a total of 1,875 federal and state OSHA inspectors (not including supervisory inspectors) responsible for enforcing the safety and health law at more than 11.5 million workplaces, compared with 1,871 in 2022, 1,719 in 2021 and 1,798 in 2020.[109] However, there has been a shift, compared with last year—the number of federal inspectors decreased while the number of state plan inspectors increased.

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[108] U.S. Department of Labor. American Rescue Plan – FY 2022 Worker Protection Supplemental Appropriation. *Available at* DOL.gov/general/american-rescue-plan/FY2022-worker-protection-supplemental-appropriation.

[109] 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.

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. That number grew in the Biden administration to 900 inspectors in 2022. This increase was 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 was required due to a 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 needed for inspectors to gain experience. However, most recently, the number of federal OSHA inspectors decreased in 2023 to 853, while the number of state OSHA program inspectors increased to 1,022—an increase from the 971 inspectors in 2022 and 964 inspectors in 2021, and a return to the similar number of 1,024 inspectors in 2020.

The current level of federal and state OSHA inspectors provides one inspector for every 80,014 workers, compared with the benchmark of one labor inspector for every 10,000 workers recommended by the International Labor Organization for industrialized countries.[110] In 12 states, the ratio of inspectors to employees is greater than one per 100,000 workers, with Louisiana having the highest ratio at one inspector per 233,199 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 2024, there are 1,962 federal OSHA staff responsible for the safety and health of 150 million workers at more than 11.5 million workplaces, both of which are growing.

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 1,078 federal OSHA inspectors (including supervisors), or 6.7 inspectors per 1 million workers. This is the second 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, for years, the agency consistently has spent more than 10 times the amount of money on employer compliance assistance than it has on worker training.

[110] 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.

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 in 1989.[111] The agency requested public comment on a series of questions related to VPP; the docket closes Sept. 30, 2024.[112] Alliances can be made at the national, regional or state level, with more than 1,000 alliances having been created. Currently, OSHA has 40 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.[113] 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.[114]

[111] *See* OSHA.gov/vppmodernization.
[112] 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.
[113] *See* OSHA.gov/alliances.
[114] *See* OSHA.gov/alliances/nami/nami.

Job Safety and Health Appropriations, FY 2014–2025

CATEGORY	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020[3]	FY 2021[4]	FY 2022[4]	FY 2023[4]	FY 2024	*FY 2025 requested*
OSHA (in thousands of dollars)												
TOTAL	**552,247**	**552,787**	**552,787**	**552,787**	**552,787**	**557,787**	**581,787**	**591,787**	**612,015**	**632,309**	**632,309**	***655,000***
Safety and Health Standards	20,000	20,000	20,000	18,000	18,000	18,000	18,000	18,000	19,500	21,000	21,000	*21,000*
Federal Enforcement	207,785	208,000	208,000	208,000	208,000	209,000	221,711	228,711	236,000	243,000	243,000	*262,000*
Whistleblower Protection	17,000	17,500	17,500	17,500	17,500	17,500	18,564	19,064	21,500	22,500	22,500	*23,000*
State Enforcement	100,000	100,850	100,850	100,850	100,850	102,350	108,575	110,075	113,000	120,000	120,000	*120,000*
Technical Support	24,344	24,469	24,469	24,469	24,469	24,469	24,469	24,469	25,675	26,000	26,000	*26,000*
Federal Compliance Assistance	69,433	68,433	68,433	70,981	70,981	73,981	74,481	75,231	77,262	78,262	78,262	*81,000*
State Compliance Assistance	57,775	57,775	57,775	59,500	59,500	59,500	61,500	61,500	63,160	63,160	63,160	*63,000*
Training Grants	10,687	10,537	10,537	10,537	10,537	10,537	11,537	11,787	11,787	12,787	12,787	*13,000*
Safety and Health Statistics	34,250	34,250	34,250	32,900	32,900	32,900	32,900	32,900	34,500	35,500	35,500	*36,000*
Executive Administration	10,973	10,973	10,973	10,050	10,050	10,050	10,050	10,050	9,631	10,100	10,100	*10,000*
MSHA (in thousands of dollars)												
TOTAL	**375,887**	**375,887**	**375,887**	**373,816**	**373,816**	**373,816**	**379,816**	**379,816**	**383,816**	**387,816**	**387,816**	***407,000***
Coal Enforcement	167,859	167,859	167,859	160,000	160,000	160,000	258,913	260,500	264,500	265,774	265,774	*280,000*
Metal/Nonmetal Enforcement	91,697	91,697	91,967	94,500	94,500	94,500						
Standards Development	5,416	5,416	5,416	4,500	4,500	4,500	5,382	4,500	4,500	5,000	5,000	*5,000*
Assessments	6,976	6,976	6,976	6,627	6,627	6,627	7,445	7,445	6,627	7,191	7,191	*8,000*
Education Policy and Developme	36,320	36,320	36,320	39,320	39,320	39,320	38,559	39,320	39,320	39,820	39,820	*41,000*
Technical Support	33,791	33,791	33,791	35,041	35,041	35,041	34,079	35,041	35,041	36,041	36,041	*38,000*
Program Administration	15,838	15,838	15,838	15,838	15,838	15,838	16,355	16,355	15,838	16,000	16,000	*17,000*
Program Eval. and Info Resources	17,990	17,990	17,990	17,990	17,990	17,990	19,083	19,083	17,990	17,990	17,990	*18,000*
NIOSH (in thousands of												
TOTAL[1]	**332,363[2]**	**334,863**	**339,121**	**335,200**	**335,200**	**336,300**	**342,800**	**345,300**	**351,800**	**362,800**	**362,800**	***363,200***

Source: Budget of the U.S. Government, FY 2014–2025, and U.S. Department of Labor Congressional Budget Justification, FY 2014–2025.

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

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

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

[4]The 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.

Funding for OSHA Worker Safety Training Programs vs. Employer Compliance Assistance Programs, FY 2007–2025 ($ in thousands)

Fiscal Year	Worker Safety and Health Training	Employer Compliance Assistance (Federal and State)
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
FY 2024 Enacted	$12,787	$140,423
FY 2025 Requested	$12,787	$140,423

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

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

[2]The 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 1980–2024

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	2,005
2007	486,925,000	2,089
2008	486,001,000	2,037
2009	513,042,000	2,037
2010	558,620,000	2,189
2011	558,619,000	2,300
2012	564,788,000	2,239
2013[1]	535,246,000	2,226
2014	552,247,000	2,166
2015	552,787,000	2,132
2016	552,787,000	2,046
2017	552,787,000	2,011
2018	552,787,000	1,878
2019	557,233,000	1,808
2020	581,233,000	1,816
2021	591,233,000	1,736
2022	609,961,000	1,851
2023	632,309,000	2,060
2024	**632,309,000**	**1,962**[2]

Source: Occupational Safety and Health Administration.

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

[2]The number of full-time equivalent staff was estimated at the publication of this report and will be updated in the future.

Federal OSHA Safety and Health Compliance Staffing, 1980–2023

Year	Total Number of Federal OSHA Compliance Officers[1]	Employment (000)[2]	OSHA Compliance Officers Per Million Workers
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
2023	1,078	161,037	6.7

[1]Compliance officers for 1973 to 1989 from Twentieth Century OSHA Enforcement Data, A Review and Explanation of the Major Trends, U.S. Department of Labor, 2002; Compliance officers for 1990 to 2022 from OSHA Directorate of Enforcement Programs. Compliance officer totals include safety and industrial hygiene (health) officers and supervisory safety and industrial hygiene officers.

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

Federal OSHA Compliance Officers Per Million U.S. Workers, 1976–2023[1]

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

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

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

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3]		Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
		Federal	State		
Alabama	2,026,102	24	0	203	1/84,421
Alaska	313,959	2	9	31	1/28,542
Arizona	3,075,427	3	25	125	1/109,837
Arkansas	1,248,972	9	0	125	1/138,775
California	17,903,539	9	182	1,790	1/93,248
Colorado	2,814,975	26	0	281	1/108,268
Connecticut	1,642,536	14	6	164	1/82,127
Delaware	459,114	5	0	46	1/91,823
Florida	9,358,228	69	0	936	1/135,626
Georgia	4,705,337	45	0	471	1/104,563
Hawaii	619,985	4	10	62	1/44,285
Idaho	820,860	1	0	82	1/82,086
Illinois	5,918,832	66	9	592	1/78,918
Indiana	3,113,419	1	38	311	1/64,863
Iowa	1,536,997	1	24	154	1/61,480
Kansas	1,390,817	15	0	139	1/92,721
Kentucky	1,920,456	0	22	192	1/87,293
Louisiana	1,865,592	8	0	187	1/233,199
Maine	626,520	6	2	63	1/78,315
Maryland	2,641,021	4	40	264	1/60,023
Massachusetts	3,595,632	42	8	360	1/71,913

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

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Michigan	4,300,943	2	67	430	1/62,333
Minnesota	2,853,966	6	38	285	1/64,863
Mississippi	1,145,453	9	0	115	1/127,273
Missouri	2,821,194	22	0	282	1/128,236
Montana	496,227	6	0	50	1/82,705
Nebraska	983,968	10	0	98	1/98,397
Nevada	1,471,888	3	39	147	1/35,045
New Hampshire	670,645	10	0	67	1/37,065
New Jersey	4,134,620	44	10	413	1/76,567
New Mexico	832,863	0	11	83	1/75,715
New York	9,264,611	61	30	926	1/100,702
North Carolina	4,699,554	2	82	470	1/55,947
North Dakota	411,307	7	0	41	1/58,758
Ohio	5,392,612	55	0	539	1/98,047
Oklahoma	1,624,905	13	0	162	1/124,993
Oregon	1,950,774	3	79	195	1/23,790
Pennsylvania	5,863,233	64	0	586	1/91,613
Rhode Island	481,342	10	0	48	1/48,134
South Carolina	2,181,593	1	21	218	1/99,163
South Dakota	443,127	7	0	44	1/63,304
Tennessee	3,157,887	3	31	316	1/92,879
Texas	13,249,119	99	0	1,325	1/133,892

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

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Utah	1,651,243	0	15	165	1/110,083
Vermont	301,271	0	7	30	1/43,039
Virginia	3,958,628	2	40	396	1/94,253
Washington	3,512,268	3	133	351	1/25,826
West Virginia	673,782	7	0	67	1/96,255
Wisconsin	2,877,343	41	0	288	1/70,179
Wyoming	272,234	0	6	27	1/45,372
Totals[5,6]	150,025,655	1,875		15,003	1/80,014

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages, 2022.

[2]Includes only safety and industrial hygiene Compliance Safety and Health Officers who conduct workplace inspections and does not include supervisory CSHOs. Federal CSHOs provided by OSHA's Directorate of Enforcement Programs, CSHO Count By State as of December 2023. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2023 State Plan Grant Applications as of July 1, 2023. The number of "on board" CSHOs may not accurately reflect the true number of CSHOs actually hired and conducting enforcement inspections due to possible budgetary issues in any particular state.

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

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

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

[6]Total number of inspectors includes 853 federal OSHA inspectors and 1,022 state OSHA inspectors, including four inspectors in the Virgin Islands and 40 in Puerto Rico.

Number of U.S. Establishments and Employees Covered Per OSHA Full-Time Equivalent (FTE) Staff, 1980–2022

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	2,189	54,741	3,851
2011	129,411,095	9,072,796	2,300	55,422	3,886
2012	131,696,378	9,121,868	2,239	57,135	3,957
2013	133,968,434	9,205,888	2,226	60,183	4,136
2014	136,613,609	9,361,354	2,166	61,043	4,183
2015	139,491,699	9,522,775	2,132	62,721	4,282
2016	141,870,066	9,716,618	2,046	65,228	4,472
2017	143,859,855	9,835,104	2,011	71,536	4,891
2018	146,131,754	10,011,038	1,878	74,824	5,126
2019	147,329,051	10,167,267	1,808	81,487	5,623
2020	139,103,773	10,487,687	1,816	76,599	5,775
2021	143,780,068	10,909,076	1,736	82,823	6,284
2022	150,025,655	11,519,312	1,851	81,051	6,223

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

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

INFECTIOUS DISEASE EXPOSURES

Infectious disease exposures in the workplace have been a longstanding significant issue, exacerbated by the COVID-19 pandemic and by climate change.

COVID-19 Pandemic

Working-age adults were hit the hardest by the COVID-19 pandemic, particularly those in settings with individuals known to be infected (e.g., health care and nursing homes), indoor environments, poorly ventilated spaces and crowded conditions.

Since March 2020, there have been more than 775 million cases and more than 7 million deaths, including more than 6.9 million hospitalizations and nearly 2 million deaths in the United States alone.[115, 116] 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.

Major studies examining infections and deaths among non-health care (i.e., other essential) workers were few early on in the pandemic, based on industry, occupation and on household dependents of essential workers.[117, 118, 119] 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 health care access could mitigate working families' risks from COVID-19 and future pandemics.[120]

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

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

[116] Centers for Disease Control and Prevention. COVID Data Tracker. Accessed on April 13, 2024. *Available at* COVID.CDC.gov/covid-data-tracker/#datatracker-home.

[117] National Bureau for Economic Research. "Measuring the Virus Risk of Essential Workers and Dependents." Issue No. 3, March 2021. *Available at* NBERorg/digest/202103/measuring-virus-risk-essential-workers-and-dependents; 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.

[118] 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.

[119] 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.

[120] 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.

been and continue to be disproportionately impacted by the pandemic.[121, 122] 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 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.[123]

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

CDC Advisory Committee

The failure of governments and the corporate infectious disease community to recognize that SARS-CoV-2 and other viruses spread 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 and for other infectious diseases. Improved ventilation and other measures continue to be underlooked as a key effective measure to clean the air that workers breathe. Those at highest risk, particularly in health care settings, also continue to need strong respiratory protection, such as N95s, and other screening and isolation measures when confronting an aerosolized virus. 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.

The evidence of aerosol transmission causing COVID-19 disease is now overwhelming, with consensus in the scientific and public health communities.[124, 125, 126, 127] It also has been recognized at the highest levels of our national government, with the White House's Office of Science and

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[121] 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.

[122] 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.

[123] CDC COVID Data Tracker. "COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex." *Accessed* April 10, 2024. *Available at* COVID.CDC.gov/covid-data-tracker/#demographicsovertime.

[124] 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.

[125] 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* PubMed.ncbi.nlm.nih.gov/35104003/.

[126] 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.

[127] 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* Pubs.acs.org/doi/10.1021/acs.est.1c06531.

Technology Policy concluding the "…most common way COVID-19 is transmitted from one person to another is through tiny airborne particles of the virus…"[128]

However, the advisory committee charged with examining the science and providing key recommendations to the Centers for Disease Control and Prevention (CDC) on the development of the Guidelines to Prevent Transmission of Pathogens in Healthcare Settings—the Healthcare Infection Control Practices Advisory Committee (HICPAC)—continues to ignore the abundance of evidence of how aerosolized viruses behave and infect others, and ignore the widespread recommendations from industrial hygienists, public health experts and workers regarding the control measures necessary to combat aerosolized viruses in these settings. Further, until just recently, representation on the committee consisted only of hospital management and scientists who are connected with the hospital industry.

In January 2024, after mounting pressure from health experts, unions and policy makers, the CDC announced it would have the advisory committee revisit the guidelines and consider additional questions, including:[129]

- Should there be a category of Transmission-based Precautions that includes masks (instead of NIOSH Approved® N95® [or higher-level] respirators) for pathogens that spread by the air? Should N95 respirators be recommended for all pathogens that spread by the air?
- Can the workgroup clarify the criteria that would be used to determine which transmission by air category applies for a pathogen? For the category of Special Air Precautions, can you clarify if this category includes only new or emerging pathogens or if this category might also include other pathogens that are more established? Can you also clarify what constitutes a severe illness?
- Is the current guideline language sufficient to allow for voluntary use of a NIOSH Approved N95 (or higher-level) respirator? Should the document include a recommendation about healthcare organizations allowing voluntary use?
- Should there be a recommendation for use of source control in health care settings that is broader than current draft recommendations? Should source control be recommended at all times in healthcare facilities?

Also in January, the CDC appointed occupational physicians and aerosol experts to the working group. As of the publication of this report, there continue to be no workers or worker representatives on the advisory committee.

Meanwhile, other groups are coming out to support needed reforms to these guidelines. On April 18, 2024, the American Public Health Association and the American Industrial Hygiene Association issued a joint consensus statement to the HICPAC advisory committee to strengthen its draft guidance updates in response to CDC's questions, and to follow the science and protect

[128] 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/.
[129] *See* Blogs.CDC.gov/safehealthcare/draft-2024-guideline-to-prevent-transmission-of-pathogens-in-healthcare-settings/.

health care workers and patients; 57 organizations, including the AFL-CIO, and 499 individual experts signed on to the statement.[130]

Also on April 18, 2024, completely distinct from the joint consensus statement, the World Health Organization published a report, updating its definitions to more accurately reflect the state of science of disease transmission.[131] The new definitions reflect the difference between routes that involve direct contact through touching infected surfaces or other people and other routes that involve the air (through the air transmission); "through the air transmission" is divided into "direct deposition," referring to larger particles that strike the mucus membranes of the eyes, nose or mouth, and "airborne transmission/inhalation," which refers to smaller particles inhaled into the lungs. The updated guidelines no longer rely on droplet size or distance spread. This significant recognition by the WHO is the result of a multiyear, collaborative effort and reflects shared agreement on terminology between WHO and four major public health agencies: Africa Centres for Disease Control and Prevention, Chinese Center for Disease Control and Prevention, European Centre for Disease Prevention and Control *and the U.S. CDC.*

Regulating Other Infectious Diseases

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.[132, 133] 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.[134] 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

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[130] *See* NationalNursesUnited.org/sites/default/files/nnu/documents/0424_APHA-AIHA_workgroup_on_HICPAC_final_statement_with_endorsements_04182024.pdf.

[131] *See* WHO.int/publications/m/item/global-technical-consultation-report-on-proposed-terminology-for-pathogens-that-transmit-through-the-air.

[132] 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.

[133] 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.

agenda, and it is currently listed to be published in June 2024. OSHA recently scheduled a meeting of the Advisory Committee on Construction Safety and Health (ACCSH) for April 24, 2024, to specifically discuss the Infectious Diseases Rulemaking and Heat Injury and Illness Prevention in Outdoor and Indoor Work Rulemaking.[135] The Construction Safety Act and OSHA regulations require the assistant secretary of OSHA to consult with ACCSH before the agency proposes occupational safety and health standards affecting construction activities, so a proposal on infectious disease could be expected soon thereafter. The completion of this standard would ensure employers are better prepared for any infectious disease outbreak, including a pandemic, and could provide the essential, comprehensive framework needed for workplace infectious disease prevention plans.

The International Labor Organization is undertaking a multiyear effort to develop a global standard on biological hazards in the working environment, which should conclude in 2025.[136]

Future Pandemic Protections

During the COVID-19 pandemic, states like Washington 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.[137]

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.[138] 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.

Other Novel Transmissions and Outbreaks

In February 2023, there was a major industrial-setting fungal outbreak causing worker respiratory disease at the Billerud Paper Mill in Escanaba, Michigan, that escalated for several months. There were 21 confirmed and 76 probable cases of blastomycosis, 12 hospitalizations

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[134] Occupational Safety and Health Administration. "Infectious Diseases Rulemaking" (website). Accessed April 22, 2023. *Available at* OSHA.gov/infectious-diseases/rulemaking.
[135] 89 FR 23051.
[136] *See* ILO.org/ilc/ILCSessions/112/WCMS_861933/lang--en/index.htm.
[137] *See* LawFilesExt.Leg.WA.gov/biennium/2021-22/Pdf/Bill%20Reports/Senate/5115-S.E%20SBR%20FBR%2021.pdf?q=20210415090654.
[138] *See* DOL.NY.gov/ny-hero-act.

and one worker death.[139] 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. This facility is represented by the United Steelworkers (USW), which called for other paper mills to conduct proactive investigations to institute robust safeguards before cases appear.[140] The plant 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 conducted a Health Hazard Evaluation, which has not yet been published.[141] Some of its interim recommendations include:

- 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.

On April 1 2024, the Texas Department of State and Health Services reported a dairy worker infected by the highly pathogenic avian influenza (HPAI) H5N1 virus through cattle.[142] This case also highlights the need for communication to non-English speaking immigrant workers, to reach individuals with the greatest risk of exposure on dairy farms.[143] The CDC, Department of Agriculture and other agencies are monitoring the situation and the CDC has released preliminary recommendations to state health agencies on H5N1 in livestock, including some worker safety recommendations.[144]

Although not apparently in the workplace, there is an ongoing measles outbreak in the United States.[145] As of April 11, 2024, 121 measles cases were reported by 18 jurisdictions: Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, New York State, Ohio, Pennsylvania, Virginia and Washington. There have been seven outbreaks (defined as three or more related cases) reported in 2024, and 71% of cases (86 of 121) are outbreak-associated. This compares with four

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[139] *See* img1.wsimg.com/blobby/go/cd7dbdc8-ec6f-4e35-9fd9-ec1eaece8b47/Blastomycosis%20Press%20Release%204-14-23.pdf.
[140] *See* USW.org/news/media-center/releases/2023/usw-calls-on-paper-industry-to-institute-safeguards-against-deadly-fungal-infection.
[141] *See* UpperMichigansSource.com/2023/04/18/niosh-visit-escanaba-mill-second-time-collect-environmental-samples/.
[142] *See* DSHS.texas.gov/news-alerts/health-alert-first-case-novel-influenza-h5n1-texas-march-2024.
[143] *See* CIDRAP.UMN.edu/avian-influenza-bird-flu/tests-confirm-avian-flu-new-mexico-dairy-farm-probe-finds-cats-positive.
[144] *See* CDC.gov/media/releases/2024/p0401-avian-flu.html.
[145] *See* CDC.gov/measles/cases-outbreaks.html.

outbreaks reported in 2023, with 48% of cases (28 of 58) outbreak-associated. The majority of cases (69%) are in individuals 19 years old and younger—many younger than 5—and 57% of total cases across age groups have been hospitalized for isolation or symptom management. Measles is a highly contagious viral infection; 82% of cases nationwide are unvaccinated or have unknown vaccination status. Chicago has been hit particularly hard, with half of the U.S. cases.[146]

[146] *See* Chicago.gov/city/en/depts/cdph/supp_info/infectious/get-the-facts--measles.html#dashboard.

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 serious 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. In 2022, BLS reported 43 work-related fatalities from heat exposure, a 19% increase from 36 in 2021. There were 56 deaths in 2020, which was a 30% increase from 2019. More than half of occupational heat fatalities occur during a worker's first few days of working in hot conditions.[147] 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 the absence of a federal OSHA standard, several states have issued enforceable standards to protect indoor and outdoor workers from heat illness. Oregon's heat standard covers both indoor and outdoor workers, while California and Washington currently have an outdoor standard and are expected to develop an indoor standard soon, and Minnesota currently has an indoor standard only.[148, 149, 150, 151] In 2022, the Colorado Department of Labor and Employment issued a rule protecting agriculture workers from heat.[152] On March 26, 2024, Phoenix became the first locality to pass an ordinance to protect workers from heat.[153] The rest of the country's workers remain unprotected unless they have union contracts covering heat.[154] Worse, Texas and Florida have both instituted measures that preempt their localities from issuing requirements to protect workers from heat, like mandatory breaks for water, rest and shade.[155, 156] Maryland OSHA held stakeholder meetings in early 2024 to discuss a draft and is expected to issue a final standard in 2024.[157]

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[147] Occupational Safety and Health Administration. "Heat – Overview: Working in Outdoor and Indoor Heat Environments." *Available at* OSHA.gov/heat-exposure.
[148] *See* OSHA.oregon.gov/OSHARules/div2/div2J.pdf.
[149] *See* DIR.ca.gov/title8/3395.html.
[150] *See* LNI.wa.gov/safety-health/safety-training-materials/workshops-events/beheatsmart#requirements.
[151] *See* Revisor.mn.gov/rules/5205.0110/.
[152] Colorado Department of Labor and Employement. Division of Labor Standards and Statistics Agricultural Labor Conditions Rules. 7 CCR 1103-15. Adopted January 31, 2022, effective May 1, 2022. *Available at* CDLE.colorado.gov/sites/cdle/files/7%20CCR%201103-15%20Agricultural%20Labor%20Conditions%20Rules%20%5Baccessible%5D.pdf.
[153] *See* Phoenix.gov/cityclerksite/City%20Council%20Meeting%20Files/3-26-24%20Policy%20Agenda-FINAL.pdf.
[154] Occupational Safety and Health Administration. "Heat – Standards." *Available at* OSHA.gov/heat-exposure/standards.
[155] *See* Myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=79034.
[156] *See* Capitol.texas.gov/BillLookup/History.aspx?LegSess=88R&Bill=HB2127.
[157] *See* Labor.maryland.gov/labor/dliheatstressillnessprevstandarddraft.pdf.

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.[158] 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).

The NACOSH heat work group directed by President Biden consisted 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.[159, 160] The consensus work group presented its findings on task one at its Dec. 13, 2022, work group meeting and NACOSH moved the recommendations forward to the agency at its Jan. 10, 2023, meeting.[161] The consensus work group presented its findings on task two at its April 27, 2023, public meeting and NACOSH approved and moved the work group's report to OSHA on May 31, 2023.[162]

The federal advisory committee's work group report on task two included the following potential elements for OSHA to consider in a potential standard: written exposure control (heat illness prevention) plan, worker and supervisor training, environmental (exposure) monitoring, workplace control measures using the hierarchy of controls (engineering, administrative, work practice, PPE), acclimatization, worker participation and emergency response.

On April 12, 2022, federal OSHA initiated its National Emphasis Program (NEP)—a targeted enforcement program—for outdoor and indoor heat-related hazards that is in place for at least three years.[163] State plan OSHAs are strongly encouraged, but not required, to adopt NEPs. As of Jan. 19, 2024, 2024, only 17 state plan states had adopted the program, but some states already may have instituted their own heat enforcement schemes before the national program was issued.[164] Maryland is listed as intending to adopt one, since it is in the process of finalizing its own standard.

In FY 2023, federal OSHA conducted 1,066 heat illness inspections, a significant change from FY 2022 at 9.4 times the number of heat illness inspections. In FY 2021, before the NEP, OSHA conducted 48 heat illness inspections and in FY 2022, OSHA conducted 114 heat illness inspections. Among the FY 2023 inspections, OSHA issued 29 serious violations that resulted in an average penalty of $6,323 per violation, an increase from 16 serious violations in FY 2022 that resulted in an average penalty of $8,893. Federal OSHA has not issued a willful violation for

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[158] *See* WhiteHouse.gov/briefing-room/statements-releases/2021/09/20/fact-sheet-biden-administration-mobilizes-to-protect-workers-and-communities-from-extreme-heat/.
[159] *See* OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group.
[160] *See* OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group/membership.
[161] *See* Regulations.gov/docket/OSHA-2023-0003.
[162] *See* Regulations.gov/document/OSHA-2023-0003-0012.
[163] *See* OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf.
[164] *See* OSHA.gov/stateplans/adoption/directives/2022-04-08.

heat since FY 2021, when there was one. Federal OSHA also issued 571 hazard alert letters (HALs) on heat illness in FY 2023, compared with 98 HALs in FY 2022 and 31 HALs in FY 2021. HALs are warnings that do not result in an employer penalty.

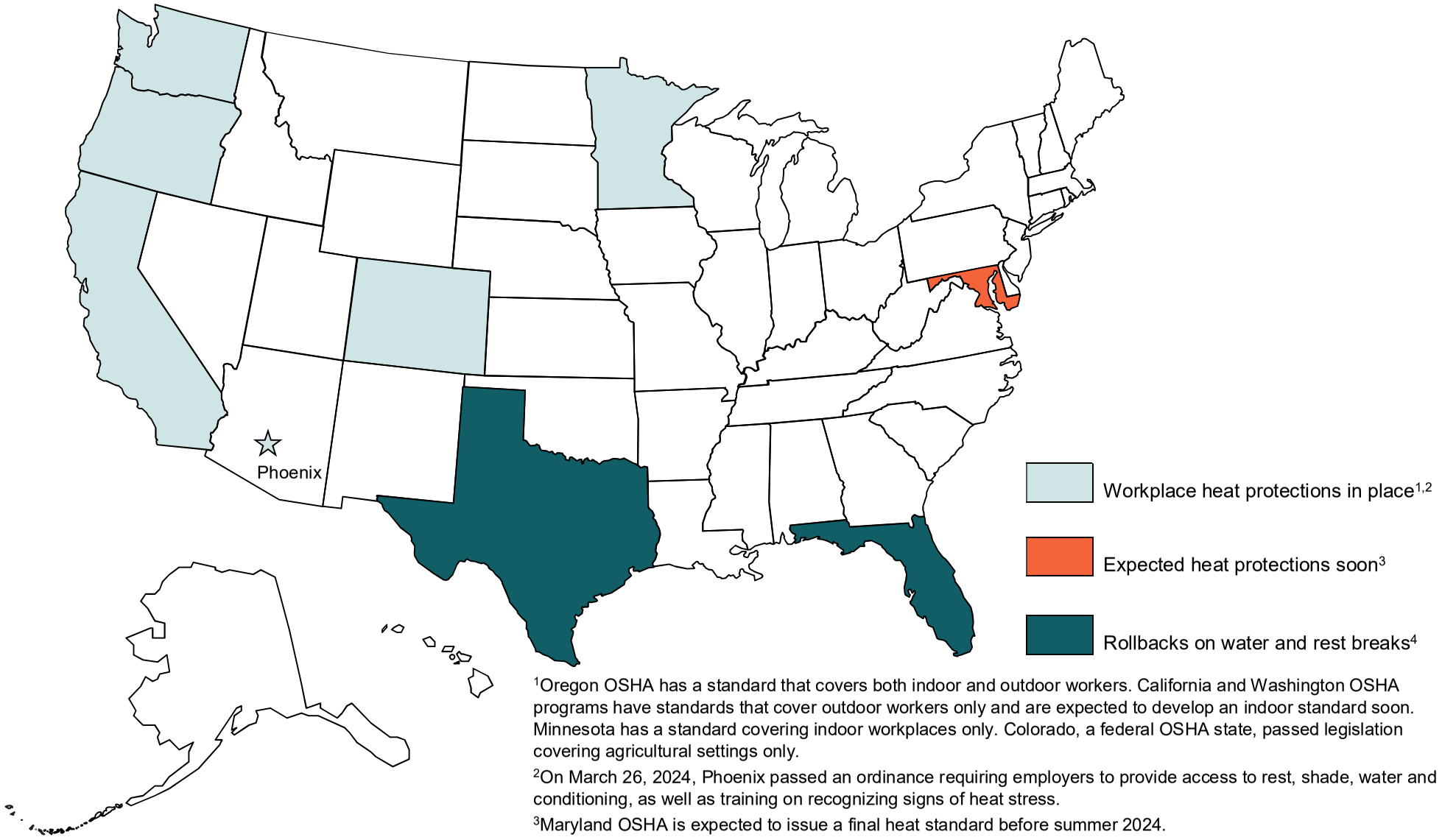
On Oct. 27, 2021, OSHA issued an advance notice of proposed rulemaking on "Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings" for a public comment period that closed in January 2022. The agency recently scheduled a meeting of the Advisory Committee on Construction Safety and Health (ACCSH) for April 24, 2024, to specifically discuss OSHA's Heat Injury and Illness Prevention in Outdoor and Indoor Work Rulemaking and the Infectious Diseases Rulemaking.[165] The Construction Safety Act and OSHA regulations require the assistant secretary of OSHA to consult with ACCSH before the agency proposes occupational safety and health standards affecting construction activities, so a proposal on heat could be expected soon thereafter.

In 2023, Rep. Judy Chu (Calif.) and Sen. Sherrod Brown (Ohio) introduced the Asunción Valdivia Heat Illness, Injury, and Fatality Prevention Act (H.R. 4897, S. 2501) to mandate OSHA to issue a heat stress standard requiring employers to develop a heat illness prevention plan for indoor and outdoor workers to prevent heat-related illnesses and fatalities. Under the bill, a proposed standard would be issued within two years of enactment, and then a final standard would be issued within 42 months of enactment. The standard also would require exposure limits that trigger action such as hydration, scheduled and paid rest breaks, an acclimatization plan, exposure monitoring and other prevention methods. The final standard must provide no less protection as the most protective state standard, currently California's Heat Illness Prevention Standard (8 CCR §3395) and consider the National Institute for Occupational Safety and Health's Criteria for a Recommended Standard: Occupational Exposure to Heat and Hot Environments. The standard would cover both outdoor and indoor workers who face exposure to heat levels that exceed the capacities of the body to maintain normal body functions and may cause heat-related injury, illness or fatality. The rule covers direct-hire employees, contracted and subcontracted employees, and temporary or leased employees employed at these covered facilities.

The completion of this standard would ensure employers are better prepared for the growing heat crisis and could provide the essential, comprehensive framework needed for workplace heat injury and illness prevention plans.

[165] 89 FR 23051.

U.S. Workplace Heat Protections, 2024



[1]Oregon OSHA has a standard that covers both indoor and outdoor workers. California and Washington OSHA programs have standards that cover outdoor workers only and are expected to develop an indoor standard soon. Minnesota has a standard covering indoor workplaces only. Colorado, a federal OSHA state, passed legislation covering agricultural settings only.

[2]On March 26, 2024, Phoenix passed an ordinance requiring employers to provide access to rest, shade, water and air conditioning, as well as training on recognizing signs of heat stress.

[3]Maryland OSHA is expected to issue a final heat standard before summer 2024.

[4]Texas and Florida have issued policies preempting localities from passing laws to protect workers from heat exposure.

Prepared by the AFL-CIO

Profile of Heat-Related Fatalities, 2022[1]

Characteristic	Subcharacteristics	Deaths
Total Fatalities		43
Employee Status	Wage and salary workers	38
	Self-employed	5
Race or Ethnic Origins	White	23
	Hispanic or Latino	11
	Other[2]	9
Leading Industries	Private sector construction	36
	Private sector other	20
	Government	5
Leading Location	Industrial place and premise	14
	Street and highway	4

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

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

[2]The Bureau of Labor Statistics did not report on the number of heat-related deaths in other racial categories.

WORKPLACE VIOLENCE

Workplace violence continues to be a significant and worsening problem in the United States. It is the third-leading cause of death on the job. 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; it is now at 4.3 per 10,000 workers.

In 2022, more than one in every six work-related deaths was attributed to workplace violence, for a total of 849—more than from contact with objects and equipment or fires and explosions. This is an increase from 761 in 2021 and 705 in 2020—when fewer people were at work due to the COVID-19 pandemic—and a continued increase from 841 in 2019, 828 in 2018 and 807 in 2017.

Reports of workplace violence increased during the COVID-19 pandemic, 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.[166]

Homicides and Suicides

Homicides account for the majority of workplace violence deaths: 524 in 2022, a continued increase from the past several years (481 in 2021, 392 in 2020, 454 in 2019 and 453 in 2018).

In 2022, 267 workers committed suicide at work, a 13% increase from 236 in 2021. 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 worker control over their work environments most likely have contributed to this growing problem. One study published by the National Institute for Occupational Safety and Health examined U.S. workplace suicides from 2003 to 2010.[167] In that time period, 1,719 people died by workplace suicide. According to the study

[166] 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.

[167] 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* AJPMonline.org/article/S0749-3797(14)00722-3/abstract.

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.

Many unions now have peer-to-peer model support programs that aim to improve mental health outcomes and prevent suicide. One such program is the MATES model, focused on suicide prevention, that has been implemented in the Australian construction industry since 2008.[168] A recent study in Australia found evidence of a decline in suicide rates among Australian construction workers over the last two decades (2001–2019).[169]

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. For 2021 and 2022 combined, 124,040 workplace violence incidents that led to injuries involving days away from work, job transfer or restriction in private industry were reported. Women workers experienced 66% of these serious injuries.

For 2021–2022 combined, the annualized rate of workplace violence injuries that led to days away from work was 4.3 per 10,000 workers in the private industry, an increase from 4.0 in 2020, and 7.1 for all ownerships. This is the first year that injuries that lead to job transfer or restriction were also reported; the combined rate for all injuries that lead to days away from work, job transfer or restriction was 6.2 per 10,000 workers in the private industry and 10.0 for all ownerships. 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, when there were 32, compared with 24 in 2018 and 31 in 2017.

Over time, nonfatal injury rates in health care and social services that lead to days away from work, job transfer or restriction (DART) have increased exponentially and continue to be well above the rate for all industries (6.2 per 10,000 workers). In 2021 and 2022 combined, the workplace violence DART rates were 46.3 per 10,000 workers for nursing and residential care facilities, 32.7 per 10,000 workers for hospitals, 8.7 per 10,000 workers for home health services, 15.3 per 10,000 workers for all social assistance and 20.6 per 10,000 workers for all health care and social assistance combined. These rates for psychiatric and substance abuse hospitals continue to be off the charts at 229.3 per 10,000 workers.

In the last 15 years of BLS data available, the workplace violence injury rate in private hospitals and home health services has increased more than 100%.

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[168] *See* MATES.org.au/how-mates-works.

[169] 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.

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,"[170] a comprehensive document outlining the contents of violence prevention programs using hazard assessments and the hierarchy of controls. Earlier, OSHA issued several guidance documents for other high-risk populations, including "Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments" and a fact sheet, "Preventing Violence against Taxi and For-Hire Drivers."[171, 172]

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.[173] 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.[174]

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

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[170] 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/osha3148.pdf.

[171] 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.

[172] 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.

[173] 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.

[174] 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.

developmental disability facilities (NAICS 623210), focused on workplace violence hazards.[175] This program has been renewed annually and now is effective through September 2024.

In FY 2023, OSHA conducted 89 workplace violence inspections. OSHA issued seven serious violations that resulted in a current median penalty of $13,563—11 of these involved a fatality or catastrophe.

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 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.

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 65 investigations in FY 2023, 58 in FY 2022, 30 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.

[175] 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.

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.[176] 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 of unions petitioned OSHA to develop a federal workplace violence standard for health care and social assistance workers.[177] Another union petition was filed seeking a standard in the health care sector.[178] 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 completed 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.[179] 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 was issued in May 2023.[180]

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

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[176] 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.
[177] "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.
[178] *See* NationalNursesUnited.org/press/national-nurses-united-petitions-federal-osha-workplace-violence-prevention-standard.
[179] U.S. Department of Labor, Occupational Safety and Health Administration. Workplace Violence SBREFA (website). *Available at* OSHA.gov/workplace-violence/sbrefa.
[180] *See* OSHA.gov/sites/default/files/OSHA-WPV-SBAR-Panel-Report.pdf.

workers.[181] 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.

New York passed a comprehensive workplace violence standard in 2006, but it only covers the public sector.[182] 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.

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.[183] This comprehensive standard, issued in response to a legislative mandate, protects health care workers in the public and private sectors from workplace violence.

In January 2024, California enacted a new workplace violence prevention law: California Senate

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[181] *See* Baldwin.senate.gov/news/press-releases/baldwin-courtney-introduce-bipartisan-legislation-to-safeguard-health-care-professionals-from-workplace-violence.

[182] 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.

[183] 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.

Bill 553 (SB 553) amended California Labor Code section 6401.7 and created section 6401.9. It requires nearly all California employers to develop and implement a written workplace violence prevention plan, provide annual training on the plan to employees and maintain a log of incidents of workplace violence. Employers have only until July 1, 2024, to develop and implement the plan as well as provide the first round of training.[184] This law is the first of its kind in the United States.

Meanwhile, 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. The Occupational Safety and Health Standards Board is required to adopt the standard no later than December 31, 2026.[185]

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.

[184] *See* DIR.CA.gov/dosh/Workplace-Violence.html.
[185] Ibid.

Profile of Workplace Homicides, 2022[1]

Characteristic	Subcharacteristics	Deaths
Total Homicides[2]		524
Gender	Men	444
	Women	80
Employee Status	Wage and salary workers	423
	Self-employed	101
Race	White	202
	Black	175
	Hispanic or Latino	92
Leading Primary Source	Assailant, suspect	221
	Co-worker or work associate	77
	Other client or customer	39
	Relative or domestic partner of injured or ill worker	33
Leading Secondary Source	Firearm	435
	Knives	44
Leading Worker Activity	Tending a retail establishment, waiting on customers	129
	Protective service activities	116
	Vehicular and transportation operations	66
Leading Location	Public building	237
	Home	63
	Restaurant, café	57
	Convenience store	39
Leading Occupations	Protective service occupation	121
	Management occupation	42
	Other management occupations	35
Leading Industries	Construction	26
	Specialty trade contractors	16
	Agriculture, forestry, fishing and hunting	7

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

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

[2]This does not include 267 workplace suicides.

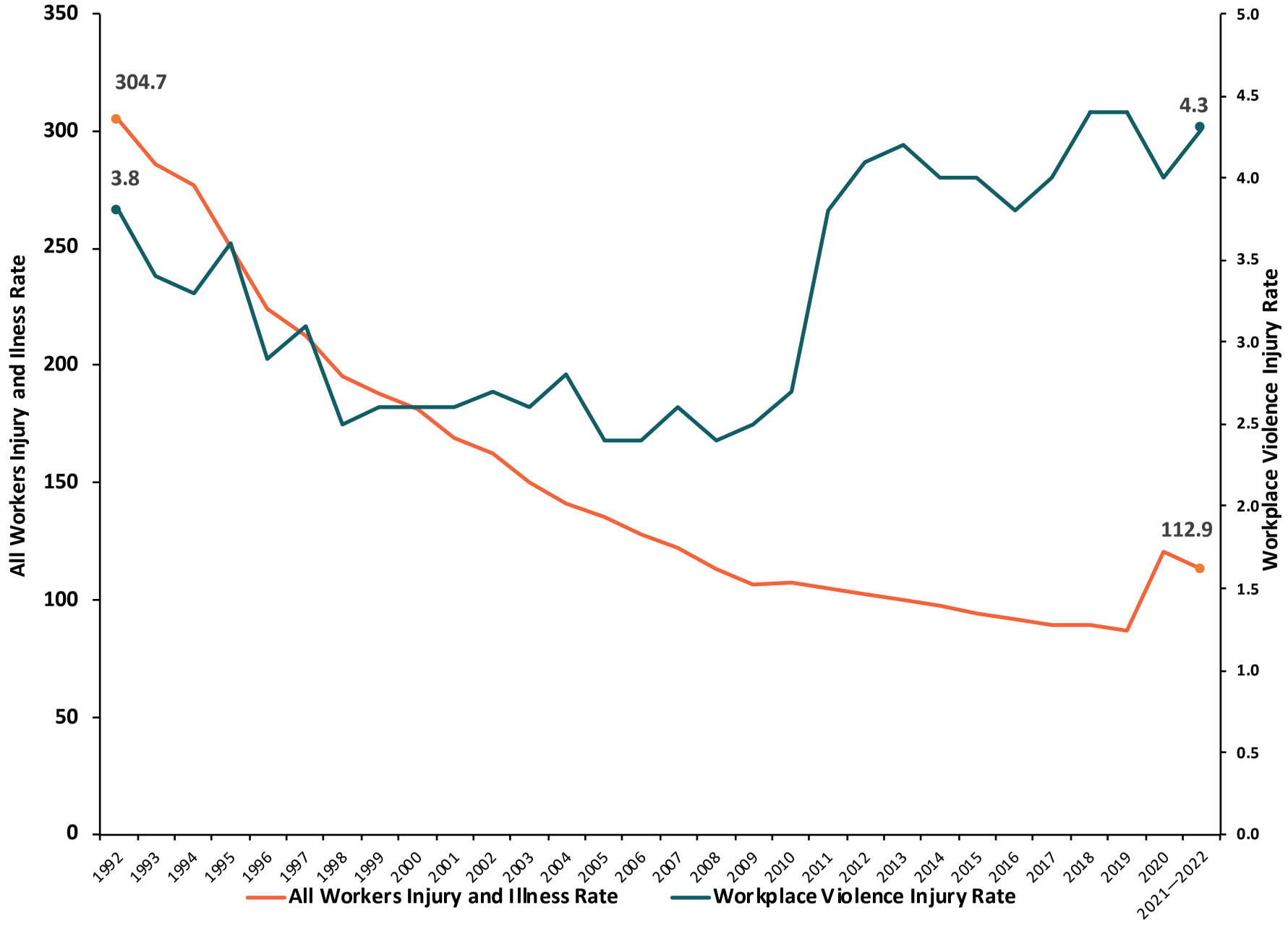
Number of Workplace Violence Events Leading to Injuries Involving Days Away, Job Transfer or Restriction from Work, Private Industry, 2021–2022[1]

Characteristic	Subcharacteristics	Number
Total Events		124,040
Gender	Women	81,820
	Men	41,490
Race	White	39,740
	Black or African American	14,520
	Hispanic or Latino	12,710
Leading Industries	Health care and social assistance	60,760
	Professional, scientific and technical services	15,010
	Retail trade	7,250
	Educational services	5,340
Leading Occupations	Service	54,720
	Health care practitioners and technical	26,120
	Educational instruction and library occupation	13,690
Leading Nature of Injury	Cuts, lacerations, punctures	28,280
	Sprains, strains, tears	26,700
	Soreness, pain	22,630
Leading Source	Patient	51,890
	Other client or customer	31,390
	Person, injured or ill worker	280
Median Days Away from Work, Job Transfer or Restriction	Overall, all injuries and illnesses	12
	Workplace violence	8

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

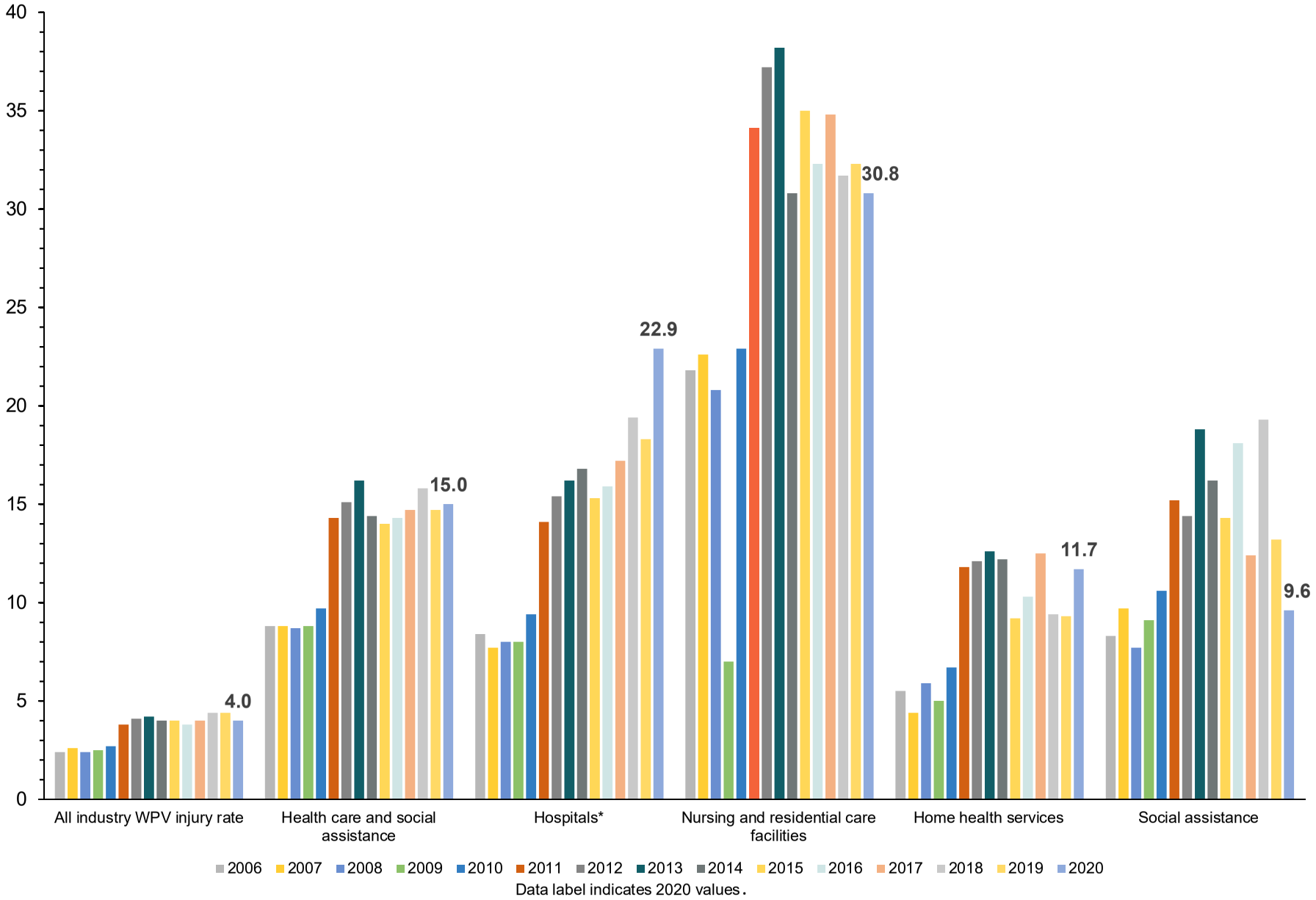
[1]Violence events in private industry include intentional and unintentional injury by person and intent unknown, and animal and insect–related incidents.

Total Injury and Illness Rates Compared with Workplace Violence Injury Rates, Private Industry, 1992–2022



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses. Rate of injuries and illnesses leading to days away from work, per 10,000 workers.

Workplace Violence (WPV) Rates for Injuries Leading to Days Away from Work in Selected Health Care Industries, Private Industry, 2006–2020[1]

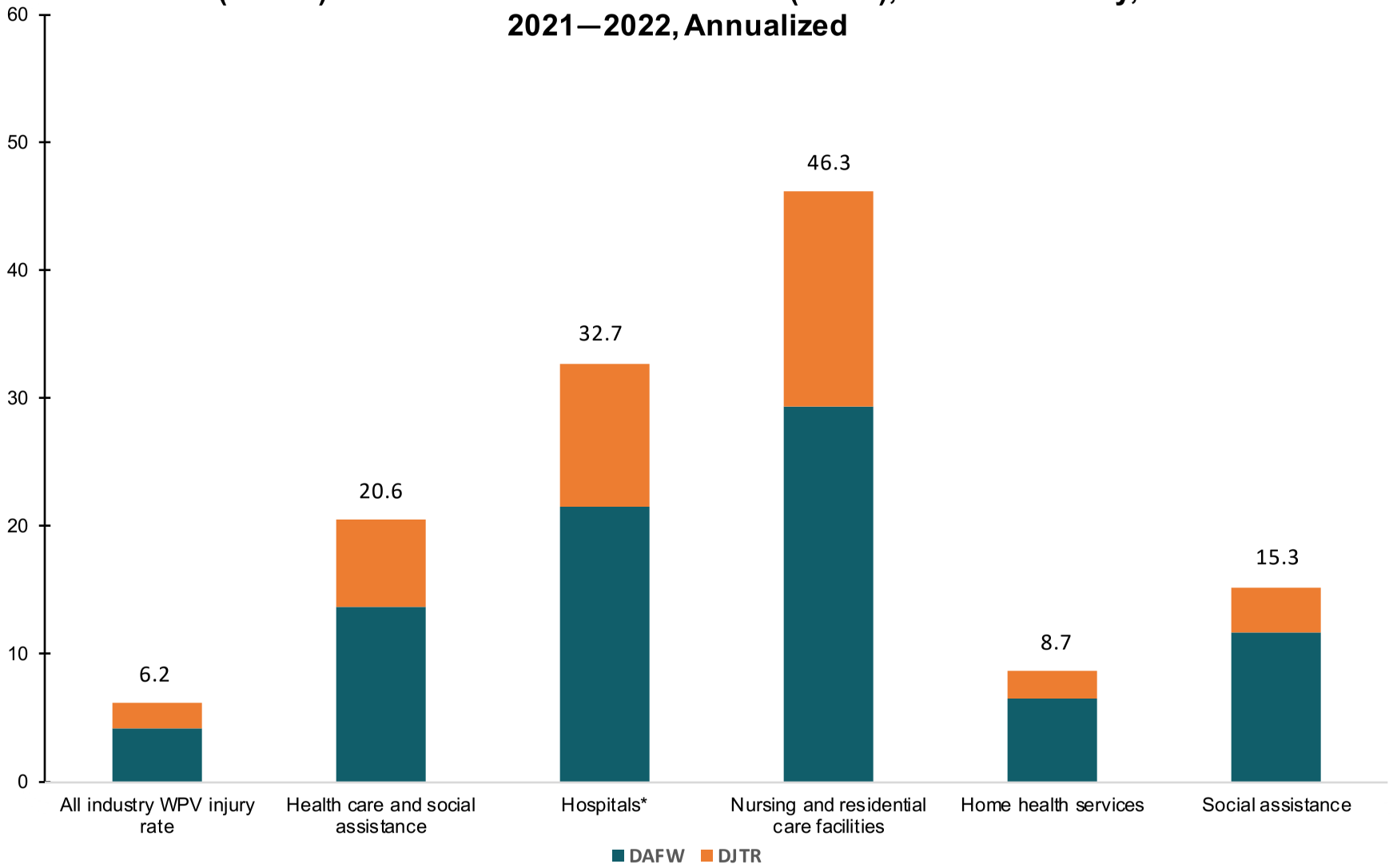


Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Rate per 10,000 workers.

*The subcategory "psychiatric and substance abuse hospitals" had a workplace violence injury rate of 164.7 per 10,000 workers in 2020; 152.4 in 2019; 175.0 in 2018; 181.1 in 2017; 123.6 in 2016; 133.4 in 2015; 170.2 in 2014; 134.6 in 2013; 111.7 in 2012; 117.6 in 2011; 77.0 in 2010; 77.9 in 2009; 70.2 in 2008; 60.1 in 2007; and 84.3 in 2006.

Workplace Violence (WPV) Rates for Injuries Leading to Days Away from Work (DAFW) and Job Transfer or Restriction (DJTR), Private Industry, 2021—2022, Annualized



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses. Numerical values are the total rate of DAFW and DJTR, or DART.

*The subcategory "psychiatric and substance abuse hospitals" had a workplace violence DART rate of 229.3 per 10,000 workers in 2021–2022.

MUSCULOSKELETAL DISORDERS

Musculoskeletal disorders (MSDs) continue to account for the largest portion of work-related injuries and illnesses. The total number of serious MSD cases, categorized as leading to days away from work, job transfer or restriction (488,040), accounts for 27.7% of all serious work-related injuries and illnesses in private industry (1,761,900). This report estimates the number of all MSD cases to be 775,122. After underreporting, the true toll is estimated to be approximately 2.3 million MSD cases in one year.

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 significant prevalence of retaliation against workers who report injuries, like food processing, which keeps certain industries from appearing in these data that are voluntarily reported by employers. Similar detailed reports are not collected for injuries and illnesses that do not involve lost work time or those that do not result in job transfer or restriction. Moreover, these figures do not include injuries suffered by public sector or postal workers.

The Biden administration has refocused its attention on ergonomic hazards. In FY 2023, federal OSHA issued 12 serious 5(a)(1) violations and 50 Hazard Alert Letters (HALs). These letters are issued in cases where OSHA identifies serious ergonomic hazards, but is not able to or does not want 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 any 5(a)(1) citations; it only issued HALs: 31 in FY 2019, 13 in FY 2020 and 20 in FY 2021.

Addressing ergonomic injuries in the warehousing industry, OSHA conducted several recent investigations in Amazon warehouse facilities throughout the nation. These investigations resulted in one serious citation and six HALs across seven warehouses.[186, 187, 188] 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 the Washington State Department of Labor and Industries that resulted in a $60,000 penalty that was upheld by the U.S. District Court for the Western District of Washington.[189, 190]

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[186] 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.

[187] 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.

[188] 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.

[189] 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.

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

In June 2023, OSHA announced a national emphasis program aimed at preventing workplace hazards in warehouses and distribution centers, which includes ergonomic hazards.[191] In March 2024, OSHA issued a hazard alert on severe injuries in the food-processing industry due to the "alarming number of serious preventable" injuries and deaths in poultry, meat and other food-processing establishments, including cleaning and maintenance shifts.[192]

An investigative piece on Amazon worker injuries examined the severe injury rates and extreme work pace seen at Amazon workplaces 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.[193]

[191] *See* OSHA.gov/news/newsreleases/national/07132023.
[192] *See* OSHA.gov/sites/default/files/publications/OSHA4407.pdf.
[193] 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/.

Estimated and Reported Cases of Musculoskeletal Disorders, Private Industry, 2000–2022[1,2]

Year	Total MSD Cases[1]	MSD Cases with Days Away from Work, Job Transfer or Restriction[3]	MSD Cases with Job Transfer or Restriction[4]	MSDs Involving Days Away from Work[5]	Percent of Cases Involving MSDs
2000	1,960,585	954,979	377,165	577,814	34.7%
2001	1,773,304	870,094	347,310	522,500	34.0%
2002	1,598,204	848,062	359,788	487,915	34.0%
2003	1,440,516	759,627	325,380	435,180	33.0%
2004	1,362,336	712,000	309,024	402,700	32.0%
2005	1,264,260	655,440	285,030	375,540	30.0%
2006	1,233,791	638,609	281,192	357,160	30.2%
2007	1,152,778	586,368	252,634	333,760	28.8%
2008	1,086,653	558,835	241,844	317,440	29.4%
2009	963,644	490,216	206,506	283,800	29.4%
2010	934,337	487,421	202,795	284,340	30.5%
2011	1,018,397	534,697	214,966	309,940	34.1%
2012	1,032,811	539,793	225,515	314,470	34.7%
2013	1,015,212	522,988	215,348	307,640	33.5%
2014	955,072	507,382	208,922	298,460	32.3%
2015	954,501	509,067	222,717	286,350	31.7%
2016	921,394	508,355	222,405	285,950	31.8%
2017	879,667	471,250	188,500	282,750	31.2%
2018	848,649	484,942	212,162	272,780	30.3%
2019	829,204	444,217	207,301	266,530	30.0%
2020[6]	552,383	342,859	95,239	247,620	21.1%
2021–2022[7]	775,122	488,040	326,850	251,190	27.7%

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

[1]For 2001–2020, total MSD cases are estimated based upon the percentage of MSD cases reported by BLS for the total days away from work, job transfer or restriction cases involving MSD in private industry.

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

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

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

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

[6]During the COVID-19 pandemic, the nature of work and work tasks changed significantly, which likely resulted in fewer reported musculoskeletal disorders.

[7]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. For this table, the total number of 2021–2022 cases was divided in half to produce an annual average for the two years.

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.[194, 195] 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.[196] Today there are between 7,700 and 84,000 chemicals in commerce, most of them unregulated.[197, 198]

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, 323,990 workers in the mining industry and many other agricultural workers on small farms are not afforded safety and health protections under the OSH

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[194] 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.

[195] 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.

[196] Leigh, J.P. "Economic Burden of Occupational Injury and Illness in the United States." *The Milbank Quarterly* 89, No. 4. December 2011. *Available at* 10.111/j.1468-0009.2011.00648.x.

[197] 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.

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

Act. Even where OSHA has coverage responsibilities, the agency is allocated so few resources compared with its mission that in FY 2023, it would have taken federal OSHA inspectors 186 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.[199] 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.[200] But largely, states have not taken stronger action than federal OSHA on workplace chemical regulation.

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. Seven months after Congress passed this legislation, the Frank R. Lautenberg Chemical Safety for the 21st Century Act" (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, influenced by the chemical corporations, derailed EPA's efforts to fulfill its legislative mandate, and protect workers and the public from dangerous chemical exposures: it 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. 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.

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

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 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.

Implementation of the Amended 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.

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

- Completed the final risk management rule to ban and phase out current uses and imports of chrysotile asbestos.
- Moved forward with and soon will issue the final risk management rule to ban and phase out methylene chloride in commercial settings[201] (it was already banned for personal use[202]).
- Issued proposed risk management rules for perchloroethylene, trichloroethylene and carbon tetrachloride.
- Finalized risk evaluation rules and will move toward risk management for 1-bromopropane, 1,4-dioxane, pigment violet-29 (revised risk determination), HBCD (revised risk determination) and NMP.[203]
- Proposed a risk evaluation to begin addressing exposures to legacy asbestos and its disposal.[204]
- Proposed new rules for five persistent, bioaccumulative and toxic (PBT) chemicals.[205]
- Initiated many efforts to reduce exposure to per- and polyfluoroalkyl substances (PFAS), including finalizing a rule requiring notice and EPA review before these chemicals can be used, and banning the import of certain PFAS chemicals without EPA review and approval. This rule will provide EPA, its partners and the public with the largest-ever dataset of PFAS manufactured and used in the United States.[206, 207]
- Issued scoping documents on its first set of 20 high-priority chemicals and began risk evaluations.[208]
- Identified a set of 20 low-priority chemicals for evaluation.[209]

Under the Federal Insecticide, Fungicide, and Rodenticide Act, EPA also recently proposed to reduce risk of ethylene oxide exposures for workers, including protections that will reduce risk when workers are involved in sterilization of health care and other equipment, and in the manufacturing of spices.[210]

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

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[201] The final methylene chloride rule cleared review by the Office of Management and Budget on April 18, 2024. *See* RegInfo.gov/public/do/eoDetails?rrid=374211.
[202] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/final-rule-regulation-methylene-chloride-paint-and.
[203] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/risk-management-existing-chemicals-under-tsca.
[204] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/risk-evaluation-asbestos-part-2-supplemental-evaluation.
[205] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/current-and-future-actions-pbt-rules#:~:text=Proposed%20Reconsideration%20Rule%20for%20PBT,chemicals%20to%20the%20extent%20practicable.
[206] *See* EPA.gov/pfas/key-epa-actions-address-pfas.
[207] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/tsca-section-8a7-reporting-and-recordkeeping.
[208] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/final-scope-documents-high-priority-chemicals.
[209] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/low-priority-substances-under-tsca.
[210] *See* EPA.gov/hazardous-air-pollutants-ethylene-oxide/actions-protect-workers-and-communities-ethylene-oxide-eto.

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. 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.[211] 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 (PPE), 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.[212] 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 29 general duty clause citations for airborne exposures of (existing, not new) chemicals—there is no OSHA PEL for 21 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.

[211] *See* EPA.gov/chemicals-under-tsca/important-updates-epas-tsca-new-chemicals-program.
[212] *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/. Aug. 27, 2020.

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

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

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

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

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

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

5(a)(1) Citations for Airborne Chemical Exposures 2011–2023, 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
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

5(a)(1) Citations for Airborne Chemical Exposures 2011–2023, Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
April 2, 2013 890719, NJ	Pouring food flavor chemical	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	0.094 ppm 15 minutes	0.02 STEL ACGIH
April 19, 2013 702499, TX	Spraying powder coat on metal part	TGIC[3] (No PEL)	Respiratory illness, sensitization, male reproduction	0.22 mg/m^3 8 hours	0.05 mg/m^3 TLV ACGIH
June 18, 2013 315840883, NV	Animal surgery	Isoflurance (No PEL)	Reproductive, central nervous system, liver, kidney	2.3 ppm (assume 60 minutes)	2 ppm (C) REL NIOSH
Sept. 19, 2013 897143, WI	Manual work with fiberglass molds	Styrene (100 ppm PEL)	Respiratory, skin and eye irritation, central nervous system, liver	65.2 ppm 10 hours	50 ppm REL NIOSH
Sept. 30, 2013 899582, FL	Disinfecting endoscopy equipment	Glutaraldehyde (no PEL)	Respiratory illness, skin and eye irritation, sensitization, asthma	0.13 ppm (assume 15 minutes)	0.05 ppm (C) TLV ACGIH
Feb. 3, 2014 925263, TX	Foam lamination for car seats	2,6-TDI[4] (No PEL)	Respiratory illness, asthma, sensitizer	0.08 mg/m^3 8 hours	0.036 mg/m^3 TLV ACGIH
March 21, 2014 947716, NV	Destruction of old munitions	TNT[5] (1.5 mg/m3 8 hour)	Respiratory, liver, kidneys, central nervous system, eyes, skin	0.17 mg/m^3 8 hours	0.1 mg/m^3 TLV ACGIH
Oct. 24, 2014 317376770, NV	Animal Surgery	Isoflurance (No PEL)	Reproductive, central nervous system, liver, kidney	Above REL (not posted)	2ppm (C) REL NIOSH
Dec. 1, 2015 1068107, NJ	Fragrance manufacturing	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	80.1 ppm 15 minutes	0.02 STEL ACGIH
April 13, 2015 1055558, NJ	Fragrance manufacturing	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	5.8969 ppm 15 minutes	0.02 ppm STEL ACGIH
Jan. 17, 2017 1125064, PA	Travel trailer and camper manufacturing	TGIC[3] (No PEL)	Respiratory illness, sensitization, male reproduction	0.866 mg/m^3 8 hour TWA	0.05 mg/m^3 TLV ACGIH 0.025 mg/m^3 Mfg STEL
Feb. 26, 2018 1260141, PA	Degreasing	1-Bromopropane (No PEL)	Nervous system damage, cancer, eye and respiratory irritation	88.53 ppm 8 hour TWA	0.1ppm TLV ACGIH 5.0ppm PEL CAL/OSHA

5(a)(1) Citations for Airborne Chemical Exposures 2011–2023, Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
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]
May 17, 2023 1635864, GA	Amusement and Recreation Industries	Freon R-123 Freon R-134a	Asphyxiation	1,400 pounds of a freon leak	N/A
May 19, 2023 1635820, NH	Plastics Material and Resin Manufacturing	1,5-Naphthalene diisocyanate (NDI)	Skin sensitization, respiratory irritation, asthma	0.34861 and 0.223394 mg/m^3	REL-ceiling[7] of 0.170 mg/m^3

Source: Occupational Safety and Health Administration.

[1]HDIH is hexamethylene diisocyante homopolmer.

[2]DMEA is dimethylethylamine.

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

[4]2,6–TDI is toluene diisocyanate.

[5]TNT is 2,4,6–trinitrotoluene.

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

[7]National Institute for Occupational Safety and Health (NIOSH)

MINE SAFETY AND HEALTH

Data from MSHA for 2023 show 40 overall fatalities in mining, an increase from previous years. There were 31 metal and nonmetal miner deaths, an increase from 19 fatalities in 2022, and nine coal miner deaths, a decrease from 11 fatalities in 2022. 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.[213] In January 2024, Don Blankenship announced his candidacy for West Virginia Senate.[214]

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 began several initiatives to improve mining safety.

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

[214] Associated Press. "Ex-coal CEO Don Blankenship couldn't win a Senate seat with the GOP. He's trying now as a Democrat." Jan. 26, 2024. *Available at* APNews.com/article/west-virginia-don-blankenship-senate-f4b1c533d6529759df3a21755a021dbf.

In February 2022, the Biden administration recognized the number of preventable mining injuries and announced a campaign to reinforce the importance of training.[215] The Miner Health Matters campaign was announced on Sept. 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.[216] 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.[217]

In 2023, there were 39,153 coal mine citations and orders issued and 56,579 citations and orders issued in metal and nonmetal mining. This is an increase compared with the year before. 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 2023, there were 178 impact inspections—93 in coal and 85 in metal/nonmetal that resulted in 2,676 total citations, 58 orders and 764 significant and substantial (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 2022, the first mine since 2014 was placed on the POV list (Weeks Island Mine and Mill), and in 2023 another was placed on the list (Gramercy Operation).[218] The renewed use of one of the agency's toughest enforcement actions shows a commitment to mining enforcement initiatives that hold mining owners accountable.

In 2023, MSHA filed 40 discrimination complaints on behalf of miners and sought 12 reinstatement cases. This was an increase in both complaints and reinstatements compared with 2022 and the highest number of discrimination complaints filed since 2016.

In December 2023, MSHA issued a final rule to protect miners from surface mobile equipment by requiring employers to have a written safety program for mobile and powered haulage

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[215] Mine Safety and Health Administration. "Take Time, Save Lives." February 2022. *Available at* MSHA.gov/take-time-save-lives.
[216] Mine Safety and Health Administration. "Miner Health Matters." *Available at* MSHA.gov/miner-health-matters.
[217] 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.
[218] Mine Safety and Health Administration. Mines issued POV Notifications. Accessed April 8, 2024. MSHA. *Available at* MSHA.gov/mines-issued-pov-notifications.

equipment at surface mines and surfaces of underground mines.[219] In 2023 alone, 26 mineworkers died from machinery and powered haulage.[220] In its proposal, in September 2021, MSHA 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.[221]

Silica

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.[222]

After decades, the final rule to address respirable crystalline silica exposures for miners was issued April 18, 2024.[223] This rule will save many lives and prevent debilitating, permanent lung disease in many workers at mine sites, including underground and surface mines in coal and metal/nonmetal settings, and for mineworkers and construction workers on mine sites. In 2023, MSHA proposed to lower the permissible silica exposure limit from 100 $\mu g/m^3$ to 50 $\mu g/m^3$ in both coal and nonmetal mine settings, and include other ancillary requirements to address the significant risk miners face even at the new limit. The standard was set to be lowered following the issuance of the OSHA silica rule in 2016, which reduced permissible exposures to 50 $\mu g/m^3$ for industries under OSHA's jurisdiction. However, even under massive pressure, the Trump administration opted to issue only a request for information on silica in 2019 when the agency had plenty of information to issue a proposal or direct final rule, and refused to take further action even in the face of the alarming increase in black lung disease (coal worker pneumoconiosis, or CWP) among miners. This 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 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.[224] In central Appalachia (Kentucky, Virginia and West Virginia), 20.6% of long-tenured miners have CWP; the national

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[219] 88 FR 87904.

[220] Mine Safety and Health Administration. "US Department of Labor announces final rule to protect miners from surface mobile equipment-related accidents, injuries, fatalities." Dec. 19, 2023. *Available at* MSHA.gov/news-media/news-releases/2023/12/19/us-department-labor-announces-final-rule-protect-miners-surface-mobile-equipment-related-accidents.

[221] 86 FR 50496.

[222] 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.

[223] *See* FederalRegister.gov/documents/2024/04/18/2024-06920/lowering-miners-exposure-to-respirable-crystalline-silica-and-improving-respiratory-protection.

[224] 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.

prevalence of CWP in miners with 25 years or more of tenure now exceeds 10%.[225] 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 permissible exposure limit for respirable dust and the NIOSH recommended exposure limit. Additionally, these exposures appear to be increasing in recent years in certain settings.[226] 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.[227]

[225] 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.

[226] 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.

[227] 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.

Profiles of Mine Safety and Health
2014–2023[1]

Coal Mines

	2014	2015	2016	2017	2018	2019	2020[4]	2021[4]	2022	2023
Number of coal mines	1,629	1,455	1,286	1,214	1,189	1,136	1,015	971	991	992
Number of miners	116,263	102,864	81,844	82,886	82,811	81,465	63,763	61,430	66,424	68,634
Fatalities	16	12	8	15	12	12	5	11	11	9
Fatal injury rate[2]	0.0149	0.0131	0.0115	0.0200	0.0156	0.0159	0.0091	0.0203	0.018	0.0139
All injury rate[2]	3.15	2.93	2.91	3.20	2.89	2.94	2.73	2.88	2.85	2.73
States with coal mining	26	26	26	25	26	26	23	24	24	25
Coal production (millions of tons)	1,000	897	728	775	756	706	535	578	595	578
Citations and orders issued[3]	62,436	49,320	40,498	46,754	46,704	43,580	28,662	29,675	36,756	39,153

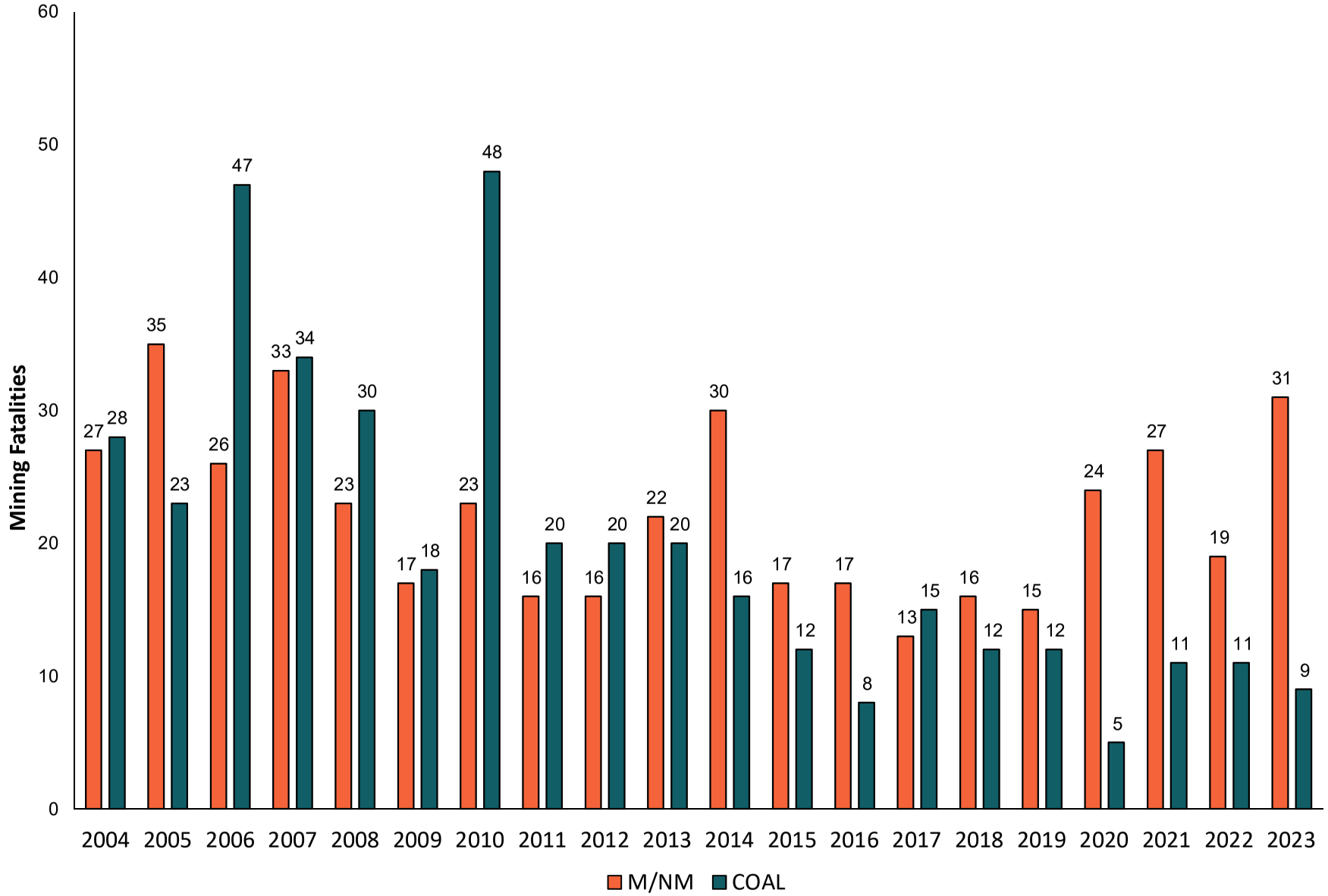
Metal and Nonmetal Mines

	2014	2015	2016	2017	2018	2019	2020[4]	2021[4]	2022	2023
Number of metal/nonmetal mines	11,994	11,868	11,824	11,901	11,890	11,861	11,740	11,637	11,611	11,597
Number of miners	250,809	247,528	237,409	238,688	249,442	250,517	233,691	240,242	248,576	255,356
Fatalities	30	17	17	13	16	15	24	27	19	31
Fatal injury rate[2]	0.0147	0.0084	0.0088	0.0066	0.0077	0.0072	0.0124	0.0136	0.009	0.0143
All injury rate[2]	2.11	2.03	1.94	1.79	1.75	1.73	1..60	1.66	1.59	1.56
States with M/NM mining	50	50	50	50	50	50	50	50	50	50
Citations and orders issued[3]	58,602	58,371	56,526	57,847	50,786	55,701	49,167	48,092	51,292	56,579

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

[1]Includes operator and contractor employees.
[2]All reported injuries per 200,000 employee hours.
[3]Citations and orders are those not vacated.
[4]Due to the COVID-19 pandemic, safety agencies conducted fewer field operations and less enforcement.

Coal and Metal/Nonmetal Mining Fatality Comparisons, 2004–2023



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

MSHA Impact Inspections, 2023[1]

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	Year Totals
Coal													
Number of Impact Inspections	7	11	6	7	7	11	8	8	5	9	8	6	93
Total # Citations Issued	78	202	71	113	87	93	144	119	53	155	92	56	1,263
# Orders[2] Issued	3	9	0	5	0	4	1	13	0	0	0	2	37
# S&S[3] Citations Issued	22	64	20	31	27	28	33	55	11	39	26	19	375
% S&S Citations	28%	32%	28%	27%	31%	30%	23%	46%	21%	25%	28%	34%	30%
Metal/Nonmetal													
Number of Impact Inspections	1	6	10	13	11	7	7	6	4	4	6	10	85
Total # Citations Issued	36	43	134	217	190	141	143	113	69	53	86	188	1,413
# Orders[2] Issued	2	2	1	0	2	4	0	1	1	0	7	1	21
# S&S[3] Citations Issued	14	13	32	61	56	43	49	39	6	11	27	38	389
% S&S Citations	39%	30%	24%	28%	29%	30%	34%	35%	9%	21%	31%	20%	28%

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

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

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

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

Coal Mining Fatalities by State, 2004–2023

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama	2	4	2	3	2	3	2		3	1	1	1	1	1	1					1
Alaska																				
Arizona			1					1												
Arkansas																				
California																				
Colorado				1				1	1					1						
Connecticut																				
Delaware																				
Florida																				
Georgia																				
Hawaii																				
Idaho																				
Illinois					1	2	2		1	4	1	3	1			1				1
Indiana	1			3	1		1		1	1	1				2				1	1
Iowa																				
Kansas																				
Kentucky	6	8	16	2	8	6	7	8	4	2	2	2	2	2	1	5	2	1	2	1
Louisiana						1														
Maine																				
Maryland			1	2																
Massachusetts																				
Michigan																				

Coal Mining Fatalities by State, 2004–2023

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Minnesota																				
Mississippi																				
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	4	1	1	5	1				2		3	1	1	3	2	1	1	2	1
Puerto Rico																				
Rhode Island																				
South Carolina																				
South Dakota																				
Tennessee	1					1			1											
Texas				1	1															1

Coal Mining Fatalities by State, 2004–2023

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Utah	2		1	10						1	1							1		
Vermont																				
Virginia	3		1		2	1		1	1		2	1								
Washington															1					
West Virginia	12	4	23	9	9	3	35	6	7	6	5	2	3	8	4	4	2	5	4	3
Wisconsin																				
Wyoming		1			1			1		2	2			1				1		
Total	28	23	47	34	30	18	48	20	20	20	16	12	8	15	12	12	5	10	10	9

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

Metal and Nonmetal Mining Fatalities by State, 2004–2023

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama		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				2		1							1						3	1
California			2	3	2	1	2		1	2		1		1			2			2
Colorado		2								2							1			1
Connecticut																				
Delaware																				
Florida		2	1				1	1	2		1	1	1					2		1
Georgia	1				1	1	1			2		1	1	1		1	2	2	1	4
Hawaii																				
Idaho							1	2			1			1				1		1
Illinois											1			1			1	1		
Indiana	2		1	1							1									1
Iowa	1				2	1		1			1	1	1	1	1		2			
Kansas					1		2			1	1						1			
Kentucky		3	1		1	2			1	4	1		1				1			1
Louisiana			1	1		1				1	1					1	3			
Maine																				
Maryland							1		1											
Massachusetts			1									1								2
Michigan	2	1	3										1		1		1			
Minnesota		1	3	2			1	2								1				1

Metal and Nonmetal Mining Fatalities by State, 2004–2023

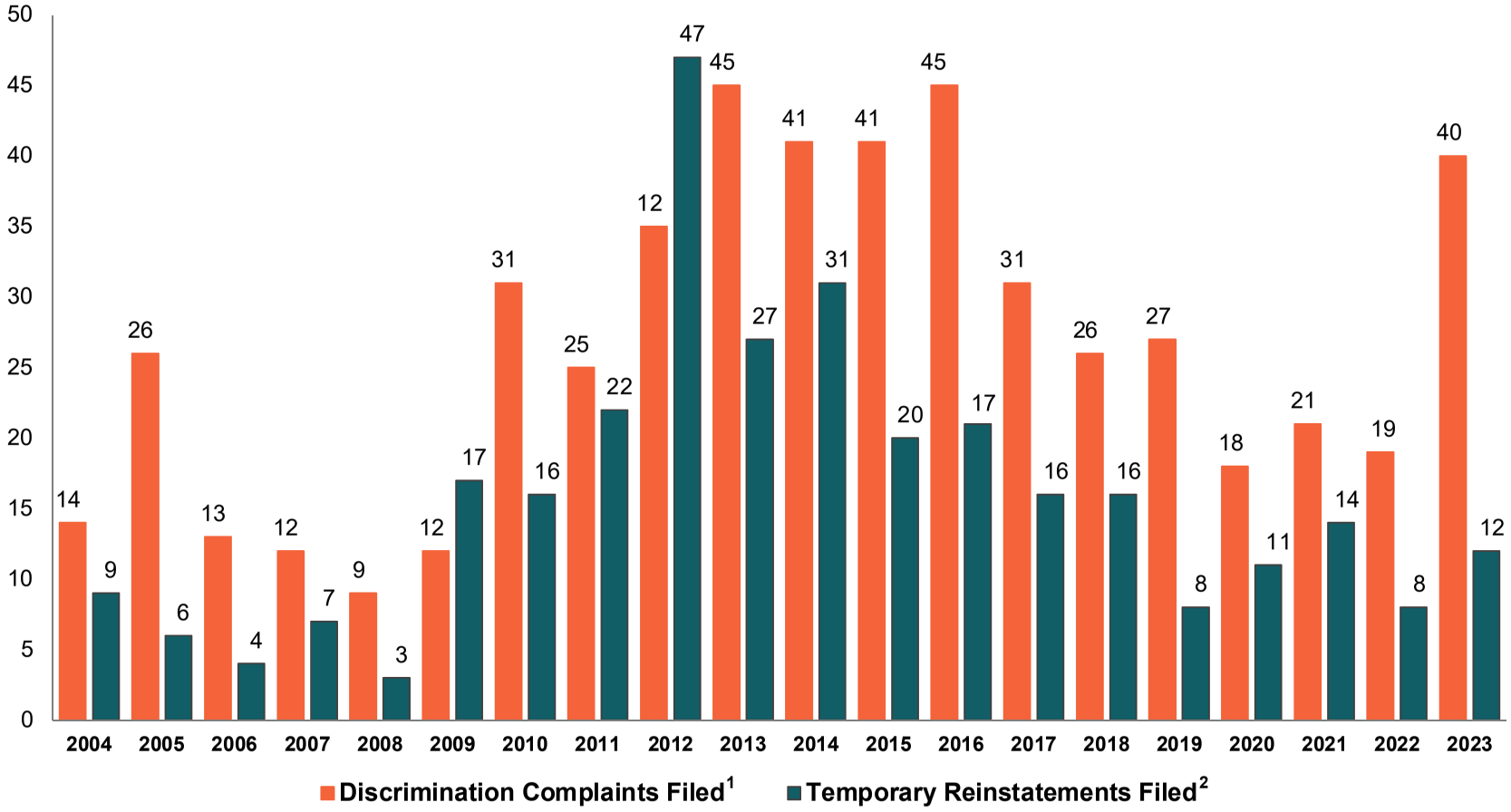
State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Mississippi		2											2			1				
Missouri	2	1		2	2	2				2	2	2					1	2	1	2
Montana		1		1				1	2		1				1			1		1
Nebraska		1		1					1			1						1		
Nevada	4	3		2	3	1	2	1	1	2	2	3	1	2	2		1	1	3	2
New Hampshire				1								1								
New Jersey		1															1			
New Mexico	1	2			1	1				1				1	1	1		1		
New York	1				1		1	1	3		2				1			1	1	
North Carolina	1			1				1	1				1	1						
North Dakota												1			1					
Ohio		2		2				1			1	1					1			
Oklahoma	2						3		1							1			1	1
Oregon	2	1	1	1										1						
Pennsylvania	2	1	2		2	1		1		1	2	1			1			1	1	1
Puerto Rico			1	1		1														
Rhode Island																			1	
South Carolina	1	1									2					1	1		1	
South Dakota																				1
Tennessee	1	1	2	1		1	1			1			1			2		3	1	2
Texas	3	2	1	2	3	2	2			1	5	1	2	1	3	3	2	5	2	4
Utah			1		1		1	1			2		1		1			1		1
Vermont																2				

Metal and Nonmetal Mining Fatalities by State, 2004–2023

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Virginia		1	1	1							2	1	1		1				1	
Washington		1	1	1			1	1					1				1			
West Virginia				1																
Wisconsin		1			1													1	1	1
Wyoming	1	1		1												1				
Total	27	35	26	33	23	17	23	16	16	22	30	17	17	13	15	15	24	27	19	31

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

MSHA Discrimination Complaints and Temporary Reinstatements Filed by the Department of Labor on Behalf of Miners, 2004–2023



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

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

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

STATE COMPARISONS

Profile of Workplace Safety and Health in the United States

State	Fatalities 2022[1]			Injuries/Illnesses 2022[2]		Penalties FY 2023[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	74	3.6	21	33,500	2.3	4,057	39	24	0	161	Federal
Alaska	20	5.1	39	6,500	3.3	3,814	41	2	9	58	State
Arizona	103	3.2	17	69,500	3.1	3,446	43	3	25	309	State
Arkansas	75	6.1	43	23,200	2.5	7,210	2	9	0	278	Federal
California	504	2.9	9	419,300	3.6	8,660	1	9	182	241	State
Colorado	89	3.1	14	54,800	2.8	5,029	15	26	0	223	Federal
Connecticut	34	2.0	2	35,700	3.2	4,277	34	14	6	199	Federal[5]
Delaware	17	3.7	25	8,300	2.6	5,550	9	5	0	178	Federal
Florida	307	3.1	14	N/A	N/A	4,934	18	69	0	336	Federal
Georgia	209	4.3	30	N/A	N/A	4,403	28	45	0	253	Federal
Hawaii	25	3.5	20	12,200	3.2	3,389	44	4	10	106	State
Idaho	39	4.4	34	N/A	N/A	4,633	22	1	0	250	Federal
Illinois	177	3.0	12	112,500	2.7	4,341	32	66	9	133	Federal[5]
Indiana	156	5.0	38	62,400	2.9	1,601	49	1	38	181	State
Iowa	56	3.6	21	35,500	3.3	5,476	10	1	24	197	State
Kansas	52	3.8	26	27,800	2.9	4,193	37	15	0	142	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2022[1]			Injuries/Illnesses 2022[2]		Penalties FY 2023[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	71	3.9	28	40,600	3.0	6,335	3	0	22	158	State
Louisiana	120	6.4	45	21,400	1.6	5,565	8	8	0	338	Federal
Maine	23	3.8	26	19,900	5.0	4,390	30	6	2	157	Federal[5]
Maryland	80	2.8	5	42,600	2.4	6,124	6	4	40	151	State
Massachusetts	81	2.4	3	67,400	2.7	4,600	24	42	8	164	Federal[5]
Michigan	139	3.2	17	83,600	2.8	1,340	50	2	67	87	State
Minnesota	81	2.8	5	73,100	3.7	6,261	4	6	38	150	State
Mississippi	78	6.9	48	N/A	N/A	4,224	35	9	0	204	Federal
Missouri	121	4.4	34	55,900	2.8	5,216	13	22	0	221	Federal
Montana	25	4.8	37	11,800	3.6	3,126	46	6	0	187	Federal
Nebraska	57	5.8	42	20,200	3.1	5,309	12	10	0	174	Federal
Nevada	60	4.3	30	34,600	3.4	4,407	27	3	39	108	State
New Hampshire	19	2.8	5	N/A	N/A	4,219	36	10	0	132	Federal
New Jersey	116	2.7	4	69,200	2.4	4,944	17	44	10	144	Federal[5]
New Mexico	57	6.8	46	12,400	2.3	4,393	29	0	11	297	State
New York	251	2.9	9	138,900	2.3	4,614	23	61	30	202	Federal[5]

Profile of Workplace Safety and Health in the United States

State	Fatalities 2022[1]			Injuries/Illnesses 2022[2]		Penalties FY 2023[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	217	4.6	36	74,300	2.2	3,611	42	2	82	186	State
North Dakota	37	9.8	49	N/A	N/A	5,652	7	7	0	119	Federal
Ohio	153	3.0	12	88,600	2.3	5,077	14	55	0	133	Federal
Oklahoma	70	4.0	29	30,500	2.8	4,134	38	13	0	227	Federal
Oregon	55	2.8	5	50,600	3.9	5,026	16	3	79	65	State
Pennsylvania	183	3.1	14	123,400	2.9	5,383	11	64	0	151	Federal
Rhode Island	7	1.4	1	N/A	N/A	4,388	31	10	0	124	Federal
South Carolina	132	6.1	43	34,100	2.3	1,849	47	1	21	521	State
South Dakota	27	5.6	40	N/A	N/A	4,524	25	7	0	134	Federal
Tennessee	173	5.7	41	55,400	2.4	4,456	26	3	31	127	State
Texas	578	4.3	30	178,800	1.9	4,341	32	99	0	191	Federal
Utah	57	3.6	21	27,500	2.5	1,729	48	0	15	193	State
Vermont	11	3.6	21	7,400	3.9	3,930	40	0	7	187	State
Virginia	144	3.4	19	61,200	2.3	3,327	45	2	40	179	State
Washington	104	2.9	9	89,600	3.9	4,662	21	3	133	47	State
West Virginia	48	6.8	46	14,800	3.3	6,173	5	7	0	183	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2022[1]			Injuries/Illnesses 2022[2]		Penalties FY 2023[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	125	4.3	30	58,900	3.0	4,721	20	41	0	119	Federal
Wyoming	34	12.7	50	5,100	3.0	4,861	19	0	6	190	State
Total or National Average:	**5,486**	**3.7**		**2.8 Million**	**2.7**	**3,502** [9]		**1,875** [10]		**166** [11]	

[1]The state fatality rates are calculated by BLS as deaths per 100,000 workers. The total number includes 15 fatalities in the District of Columbia.

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

[3]U.S. Department of Labor, OSHA, OIS Inspection Reports, FY 2023. 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, Massachusetts, New Jersey and New York, averages are based only on federal penalty data.

[4]Includes only safety and industrial hygiene Compliance Safety and Health Officers (CSHOs) who conduct workplace inspections and does not include supervisory CSHOs. Federal CSHOs provided by OSHA's Directorate of Enforcement Programs, CSHO Count By State as of December 2023. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2023 State Plan Grant Applications as of July 1, 2023. The number of "on board" CSHOs may not accurately reflect the true number of CSHOs actually hired and conducting enforcement inspections due to possible budgetary issues in any particular state.

[5]Under the 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 have state programs covering state and local employees only.

[6]Years to inspect is based on the number of establishments in 2022 and the number of OSHA inspections in FY 2023. The number of establishments in OSHA's jurisdiction includes private sector establishments (except mining) and federal establishments. For any state with a plan that covers public sector employees, state and local establishments also are included.

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

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

[9]National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $4,597 per citation; state plan OSHA states average $2,406 per citation.

[10]Total number of nonsupervisory CSHO inspectors includes 853 federal OSHA inspectors and 1,022 state OSHA inspectors, including four inspectors in the Virgin Islands and 40 in Puerto Rico.

[11]Frequency of all covered establishments for all states combined. Average inspection frequency of covered establishments for federal OSHA states is once every 186 years; inspection frequency of covered establishments for state OSHA plan states is once every 146 years. States with their own OSHA program for public employees only (Connecticut, Illinois, Maine, Massachusetts, 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, 2017–2022

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]				
	2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022	FY19	FY20	FY21	FY22	FY23
Alabama	4.3	4.5	4.2	4.2	5.5	3.6	2.5	2.7	2.5	2.6	2.4	2.3	3,577	4,117	4,614	4,501	4,057
Alaska	10.2	9.9	14.1	10.7	6.2	5.1	3.8	3.6	3.5	3.5	3.3	3.3	3,591	5,113	3,501	3,421	3,814
Arizona	3.0	2.5	2.7	3.1	2.1	3.2	2.9	3.0	3.0	3.0	2.8	3.1	916	1,379	1,029	1,181	3,446
Arkansas	6.1	6.3	5.0	5.4	5.8	6.1	2.5	2.2	2.1	2.8	2.4	2.5	4,120	5,409	6,568	5,539	7,210
California	2.2	2.3	2.5	2.9	2.8	2.9	3.2	3.3	3.2	3.2	3.2	3.6	7,785	7,372	9,569	8,423	8,660
Colorado	2.8	2.6	2.9	2.9	3.4	3.1	N/A	N/A	N/A	N/A	N/A	2.8	2,882	3,422	4,057	4,067	5,029
Connecticut	1.9	2.8	1.4	1.8	1.4	2.0	3.2	3.2	3.1	3.0	3.0	3.2	3,211	3,107	3,678	4,240	4,277
Delaware	2.4	1.6	4.1	1.7	2.8	3.7	2.3	2.4	2.3	2.2	2.2	2.6	6,541	5,910	5,254	5,432	5,550
Florida	3.3	3.5	3.2	3.2	3.4	3.1	N/A	N/A	N/A	N/A	N/A	N/A	4,032	4,198	4,728	4,775	4,934
Georgia	4.1	3.8	4.3	4.3	4.0	4.3	2.6	2.5	2.5	N/A	N/A	N/A	3,862	4,094	5,070	4,680	4,403
Hawaii	2.2	3.4	4.1	2.9	2.2	3.5	3.8	3.3	3.2	3.0	3.3	3.2	3,964	3,498	2,974	3,084	3,389
Idaho	4.8	5.8	4.1	4.1	3.3	4.4	N/A	N/A	N/A	N/A	N/A	N/A	3,624	4,521	3,467	3,661	4,633
Illinois	2.8	3.1	2.7	2.6	3.1	3.0	2.6	2.7	2.5	2.7	2.6	2.7	3,554	3,910	3,897	4,634	4,341
Indiana	4.5	5.6	4.7	5.4	5.2	5.0	3.3	3.2	3.2	3.1	3.1	2.9	1,170	1,519	1,282	1,418	1,601
Iowa	4.7	4.9	4.7	4.0	3.3	3.6	3.5	3.3	3.2	3.3	3.3	3.3	3,785	3,892	4,237	5,156	5,476
Kansas	5.2	4.5	6.0	4.2	4.6	3.8	3.0	3.1	3.0	2.9	2.7	2.9	3,976	3,371	3,442	3,910	4,193
Kentucky	3.8	4.2	4.2	5.4	5.2	3.9	3.1	3.2	3.0	3.2	3.1	3.0	3,922	3,790	3,888	3,841	6,335
Louisiana	6.3	5.1	6.2	5.9	7.7	6.4	1.9	1.8	1.7	1.8	1.9	1.6	3,355	4,049	3,854	4,713	5,565
Maine	2.7	2.5	3.0	3.1	2.9	3.8	4.8	4.7	4.8	4.3	4.7	5.0	3,786	4,041	5,243	4,328	4,390
Maryland	3.0	3.4	2.6	2.2	2.8	2.8	2.6	2.8	2.6	2.5	2.7	2.4	692	754	862	865	6,124
Massachusetts	3.2	2.7	2.4	2.3	2.9	2.4	2.7	2.6	2.6	2.4	2.4	2.7	3,792	3,724	4,226	4,049	4,600
Michigan	3.4	3.4	3.6	3.1	3.3	3.2	3.1	3.0	2.8	3.1	3.0	2.8	1,336	1,292	1,217	1,227	1,340

Workplace Safety and Health Statistics by State, 2017–2022

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]				
	2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022	FY19	FY20	FY21	FY22	FY23
Minnesota	3.5	2.7	2.6	2.4	2.8	2.8	3.2	3.2	3.1	3.4	3.3	3.7	950	1,114	1,330	1,407	6,261
Mississippi	6.2	6.7	5.2	4.2	3.5	6.9	N/A	N/A	N/A	N/A	N/A	N/A	4,624	4,206	4,594	4,937	4,224
Missouri	4.4	5.1	3.7	4.0	5.4	4.4	2.6	2.8	2.7	2.8	2.6	2.8	3,883	4,040	4,501	4,735	5,216
Montana	6.9	5.5	7.8	6.0	8.0	4.8	4.3	3.9	3.8	3.4	3.4	3.6	3,363	1,733	2,729	2,001	3,126
Nebraska	3.6	4.7	5.4	5.2	4.1	5.8	3.0	3.2	3.0	2.9	3.0	3.1	3,982	3,787	3,663	3,553	5,309
Nevada	2.4	2.8	2.8	3.0	3.3	4.3	3.7	3.5	3.5	3.2	3.3	3.4	2,115	3,696	4,670	4,221	4,407
New Hampshire	1.6	2.9	1.5	2.2	3.2	2.8	N/A	N/A	N/A	N/A	N/A	N/A	3,804	3,877	3,527	3,628	4,219
New Jersey	1.6	2.0	1.8	2.2	2.7	2.7	2.6	2.6	2.5	2.9	2.6	2.4	4,002	4,491	4,776	5,155	4,944
New Mexico	4.7	4.7	6.2	4.6	6.2	6.8	2.7	2.8	2.5	2.6	2.8	2.3	1,886	2,417	5,180	3,997	4,393
New York	3.5	3.1	3.1	2.9	2.9	2.9	2.2	2.2	2.2	2.2	2.2	2.3	3,557	4,231	4,569	4,547	4,614
North Carolina	3.9	3.8	4.0	4.4	3.9	4.6	2.3	2.4	2.3	2.1	2.2	2.2	1,703	1,854	1,892	1,956	3,611
North Dakota	10.1	9.6	9.7	7.4	9.0	9.8	N/A	N/A	N/A	N/A	N/A	N/A	4,258	4,971	6,089	5,438	5,652
Ohio	3.3	3.0	3.1	2.4	3.4	3.0	2.6	2.4	2.4	2.4	2.2	2.3	4,354	4,193	4,574	4,835	5,077
Oklahoma	5.5	5.2	4.2	4.6	5.1	4.0	N/A	N/A	N/A	2.7	2.8	2.8	3,905	3,537	4,836	3,836	4,134
Oregon	3.2	3.1	3.5	3.4	3.3	2.8	3.8	3.6	3.9	3.4	3.8	3.9	579	599	615	631	5,026
Pennsylvania	3.0	3.0	2.6	2.7	2.9	3.1	3.1	3.2	3.2	3.0	2.9	2.9	3,969	3,977	4,387	4,972	5,383
Rhode Island	1.6	1.8	1.8	1.1	1.0	1.4	N/A	N/A	N/A	N/A	N/A	N/A	3,494	3,236	4,246	4,616	4,388
South Carolina	4.2	4.6	4.8	4.8	5.0	6.1	2.5	2.4	2.4	2.1	2.2	2.3	1,131	1,510	1,586	2,008	1,849
South Dakota	7.3	6.9	4.7	7.8	4.7	5.6	N/A	N/A	N/A	N/A	N/A	N/A	2,586	3,524	2,908	3,877	4,524
Tennessee	4.4	4.1	4.0	5.1	4.4	5.7	2.9	2.8	2.7	2.7	2.5	2.4	1,628	1,672	2,083	1,900	4,456
Texas	4.3	3.8	4.7	3.9	4.2	4.3	2.2	2.0	2.1	2.0	2.1	1.9	3,600	3,724	3,387	3,742	4,341
Utah	2.9	3.4	3.5	3.4	3.4	3.6	3.0	2.8	2.9	2.6	2.6	2.5	1,250	1,337	1,496	1,462	1,729

Workplace Safety and Health Statistics by State, 2017–2022

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]				
	2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022	FY19	FY20	FY21	FY22	FY23
Vermont	7.0	3.5	3.2	2.8	3.3	3.6	4.6	4.7	4.6	3.6	3.8	3.9	2,737	3,192	3,553	3,496	3,930
Virginia	2.9	3.5	4.3	3.0	3.2	3.4	2.4	2.5	2.3	2.1	2.1	2.3	2,395	2,573	3,258	3,112	3,327
Washington	2.5	2.4	2.3	2.5	2.1	2.9	4.0	4.0	3.8	3.5	3.5	3.9	1,725	1,592	1,723	1,870	4,662
West Virginia	7.4	7.9	6.4	6.6	5.2	6.8	2.9	3.0	2.8	2.9	2.9	3.3	4,004	4,257	5,109	5,327	6,173
Wisconsin	3.5	3.8	3.8	4.1	3.4	4.3	3.6	3.6	3.3	3.1	3.2	3.0	3,758	3,805	4,358	4,709	4,721
Wyoming	7.7	11.5	12.0	13.0	10.4	12.7	3.5	3.2	3.1	3.0	2.9	3.0	3,429	3,987	3,562	3,872	4,861
National Average[4]	3.5	3.5	3.5	3.4	3.6	3.7	2.8	2.8	2.8	2.7	2.7	2.7	$2,819	$2,973	$3,315	$3,225	$3,502

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

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

[3]U.S. Department of Labor, OSHA OIS inspection reports for FY 2017 through FY 2023. 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, Massachusettes, New Jersey and New York—states that operate their own state plan for public employees only—averages are based only on federal data.

[4]National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $4,597 per citation; state plan OSHA states average $2,406 per citation.

State-by-State OSHA Fatality Investigations, FY 2023

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	22	3,018,303	137,196	17,441	15,625	Federal
Alaska	5	--	--	--	--	State
Arizona	9	111,384	12,376	10,938	10,938	State
Arkansas	26	1,232,715	47,412	20,667	15,878	Federal
California	208	2,946,465	14,166	13,563	12,788	State
Colorado	27	267,322	9,901	6,875	7,000	Federal
Connecticut	10	204,471	20,447	3,349	2,512	Federal[2]
Delaware	2	45,314	22,657	35,270	22,657	Federal
Florida	101	2,301,074	22,783	15,625	14,063	Federal
Georgia	53	1,479,778	27,920	12,725	7,813	Federal
Hawaii	6	205,306	34,218	26,949	26,949	State
Idaho	12	88,829	7,402	9,432	8,944	Federal
Illinois	34	3,379,668	99,402	18,407	15,625	Federal[2]
Indiana	43	115,050	2,676	7,000	4,200	State
Iowa	24	203,414	8,476	8,702	7,324	State
Kansas	17	303,235	17,837	8,706	4,911	Federal
Kentucky	36	372,000	10,333	7,000	7,000	State
Louisiana	26	367,151	14,121	11,115	9,588	Federal
Maine	7	41,493	5,928	3,349	1,675	Federal[2]
Maryland	27	52,619	1,949	3,000	3,000	State
Massachusetts	14	718,344	51,310	15,515	11,250	Federal[2]

State-by-State OSHA Fatality Investigations, FY 2023

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]
Michigan	38	474,200	12,479	14,000	14,000	State
Minnesota	21	498,840	23,754	28,900	28,900	State
Mississippi	16	462,867	28,929	17,553	15,068	Federal
Missouri	24	778,751	32,448	14,291	13,621	Federal
Montana	10	201,723	20,172	4,844	2,288	Federal
Nebraska	13	225,569	17,351	26,119	18,750	Federal
Nevada	19	390,834	20,570	15,057	15,057	State
New Hampshire	9	77,037	8,560	893	450	Federal
New Jersey	31	807,330	26,043	18,082	12,278	Federal[2]
New Mexico	6	69,180	11,530	15,543	14,770	State
New York	65	1,864,305	28,682	15,625	11,095	Federal[2]
North Carolina	77	1,249,809	16,231	12,937	12,700	State
North Dakota	7	40,069	5,724	3,349	3,349	Federal
Ohio	53	604,100	11,398	14,733	10,548	Federal
Oklahoma	17	351,906	20,700	12,500	12,000	Federal
Oregon	47	58,420	1,243	825	825	State
Pennsylvania	51	1,206,904	23,665	15,625	15,625	Federal
Rhode Island	1	3,349	3,349	3,349	3,349	Federal
South Carolina	27	162,180	6,007	4,150	4,150	State
South Dakota	6	273,701	45,617	31,975	25,565	Federal
Tennessee	43	458,475	10,662	5,450	5,250	State

State-by-State OSHA Fatality Investigations, FY 2023

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]
Texas	196	3,557,562	18,151	10,938	8,200	Federal
Utah	19	415,750	21,882	2,500	2,500	State
Vermont	6	45,954	7,659	14,502	10,151	State
Virginia	45	375,824	8,352	14,270	14,270	State
Washington	33	484,350	14,677	9,000	9,000	State
West Virginia	12	198,299	16,525	19,532	15,000	Federal
Wisconsin	25	1,907,952	76,318	5,625	5,625	Federal
Wyoming	5	31,448	6,290	4,846	4,846	State
National Median State Plan States				**8,000**	**7,000**	
National Median Federal States				**15,625**	**14,063**	
Total or National Average[3]	**1,680**	**35,272,483**	**20,996**			

Source: OSHA OIS Fatality Inspection Reports, issued March 19, 2024, and March 22, 2024.

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

[2]Under the OSH Act, states may operate their own OSHA programs. Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York have state programs covering state and local employees only; for these six states, only federal plan data are listed. Twenty-two states and one territory have state OSHA programs covering both public and private sector workers; for these 22 states, only state plan data are listed.

[3]National fatality investigations for all federal OSHA and state OSHA plan states combined. Federal OSHA average is $29,341 per fatality investigation; state plan OSHA average is $11,274 per fatality investigation. Total investigations, total penalties and national average penalty per investigation includes two investigations in the District of Columbia, seven in Puerto Rico, two each in Guam and the Virgin Islands, one in American Samoa and zero in the Northern Mariana Islands; it also includes some federal investigations in state plan states.

Comparison of Workplace Fatality and Injury Rates by State, 2022

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	3.6	2.3	Indiana	5.0	2.9	Nebraska	5.8	3.1	South Carolina	6.1	2.3
Alaska	5.1	3.3	Iowa	3.6	3.3	Nevada	4.3	3.4	South Dakota[4]	5.6	N/A
Arizona	3.2	3.1	Kansas	3.8	2.9	New Hampshire[4]	2.8	N/A	Tennessee	5.7	2.4
Arkansas	6.1	2.5	Kentucky	3.9	3.0	New Jersey	2.7	2.4	Texas	4.3	1.9
California	2.9	3.6	Louisiana	6.4	1.6	New Mexico	6.8	2.3	Utah	3.6	2.5
Colorado[4]	3.1	2.8	Maine	3.8	5.0	New York	2.9	2.3	Vermont	3.6	3.9
Connecticut	2.0	3.2	Maryland	2.8	2.4	North Carolina	4.6	2.2	Virginia	3.4	2.3
Delaware	3.7	2.6	Massachusetts	2.4	2.7	North Dakota[4]	9.8	N/A	Washington	2.9	3.9
Florida[4]	3.1	N/A	Michigan	3.2	2.8	Ohio	3.0	2.3	West Virginia	6.8	3.3
Georgia[4]	4.3	N/A	Minnesota	2.8	3.7	Oklahoma	4.0	2.8	Wisconsin	4.3	3.0
Hawaii	3.5	3.2	Mississippi[4]	6.9	N/A	Oregon	2.8	3.9	Wyoming	12.7	3.0
Idaho[4]	4.4	N/A	Missouri	4.4	2.8	Pennsylvania	3.1	2.9	National Average	**3.7**	**2.7**
Illinois	3.0	2.7	Montana	4.8	3.6	Rhode Island[4]	1.4	N/A			

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

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

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

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

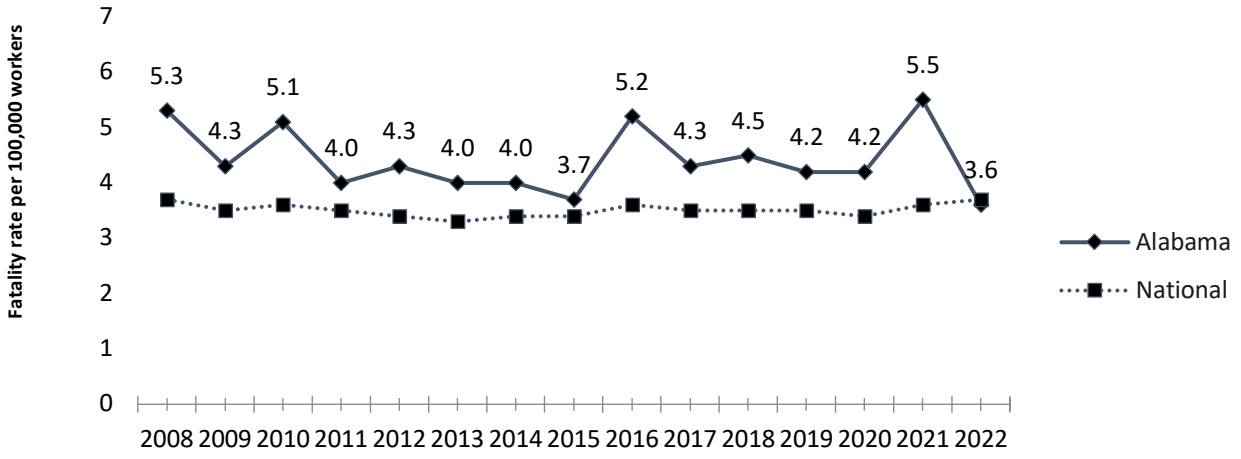
[4] Not all states participate in the Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses. Participation is voluntary, even in states where the fatality rate may be high.

STATE PROFILES

ALABAMA

Worker Safety and Health

Number of employees:[1]	2,026,102
Number of establishments:[1]	148,979
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	310,727
Number of workplace fatalities, 2022:[3]	74
Rate per 100,000 workers:[4]	3.6
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	21
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	33,500
Rate per 100 workers:	2.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	22,100
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	24
Years it would take for OSHA to inspect each workplace once:	161
Number of workplace safety and health inspections conducted, FY 2023:[9]	893
Construction:	403
Nonconstruction:	490
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,057
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$137,196
National average:	$20,996

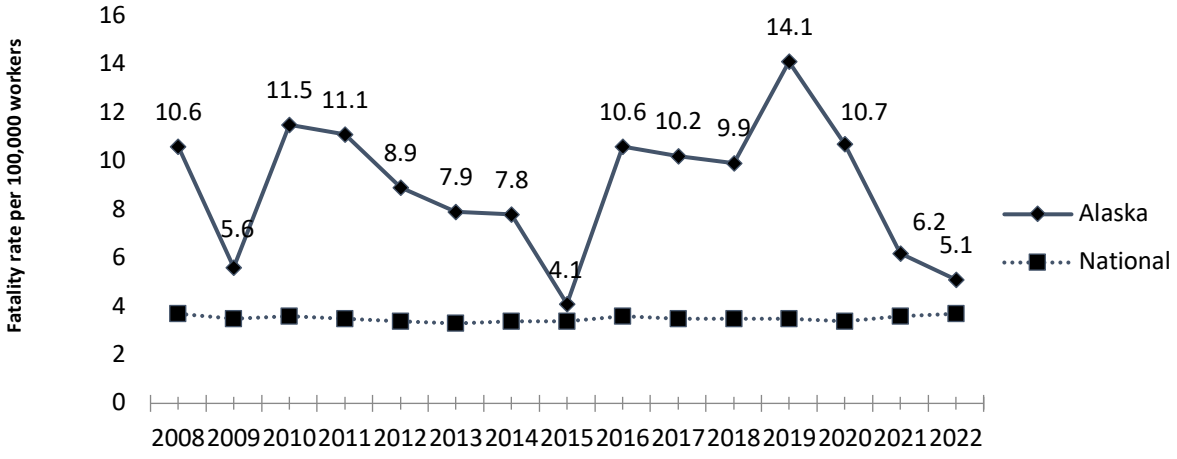


Prepared by AFL-CIO Safety and Health, April 2024

ALASKA

Worker Safety and Health

Number of employees:[1]	313,959
Number of establishments:[1]	24,304
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	20
Rate per 100,000 workers:[4]	5.1
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	39
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	6,500
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, 2022:[7]	3,900
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	11
Years it would take for OSHA to inspect each workplace once:	58
Number of workplace safety and health inspections conducted, FY 2023:[9]	421
Construction:	135
Nonconstruction:	286
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,814
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$0
National average:	$20,996

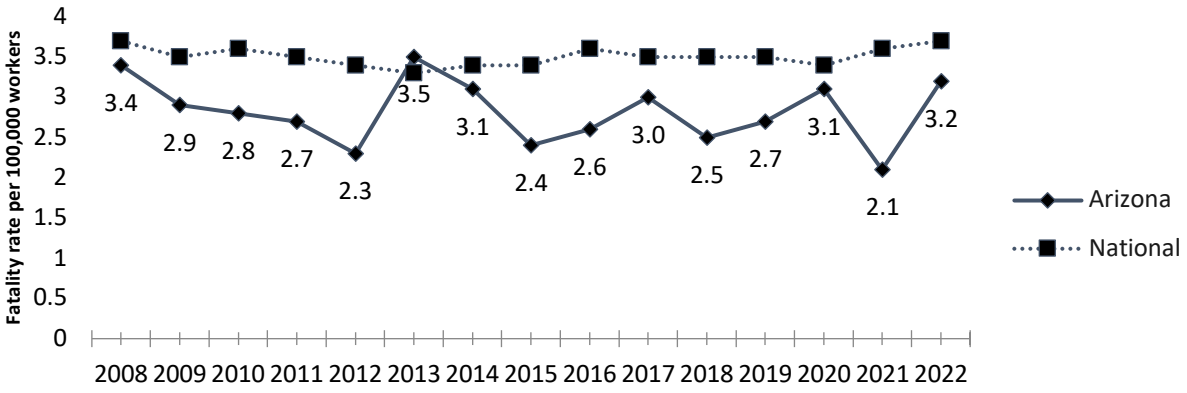


Prepared by AFL-CIO Safety and Health, April 2024

ARIZONA

Worker Safety and Health

Number of employees:[1]	3,075,427
Number of establishments:[1]	206,036
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	103
Rate per 100,000 workers:[4]	3.2
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	17
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	69,500
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, 2022:[7]	40,300
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	28
Years it would take for OSHA to inspect each workplace once:	309
Number of workplace safety and health inspections conducted, FY 2023:[9]	666
Construction:	172
Nonconstruction:	494
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,446
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$12,376
National average:	$20,996

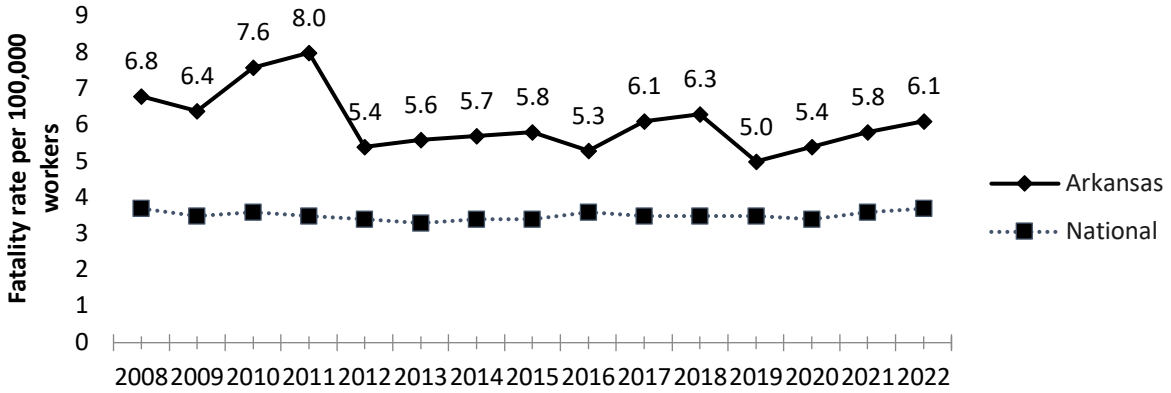


Prepared by AFL-CIO Safety and Health, April 2024

ARKANSAS

Worker Safety and Health

Number of employees:[1]	1,248,972
Number of establishments:[1]	99,083
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	171,745
Number of workplace fatalities, 2022:[3]	75
Rate per 100,000 workers:[4]	6.1
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	43
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	23,200
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, 2022:[7]	14,900
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	9
Years it would take for OSHA to inspect each workplace once:	278
Number of workplace safety and health inspections conducted, FY 2023:[9]	345
Construction:	141
Nonconstruction:	204
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$7,210
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$47,412
National average:	$20,996

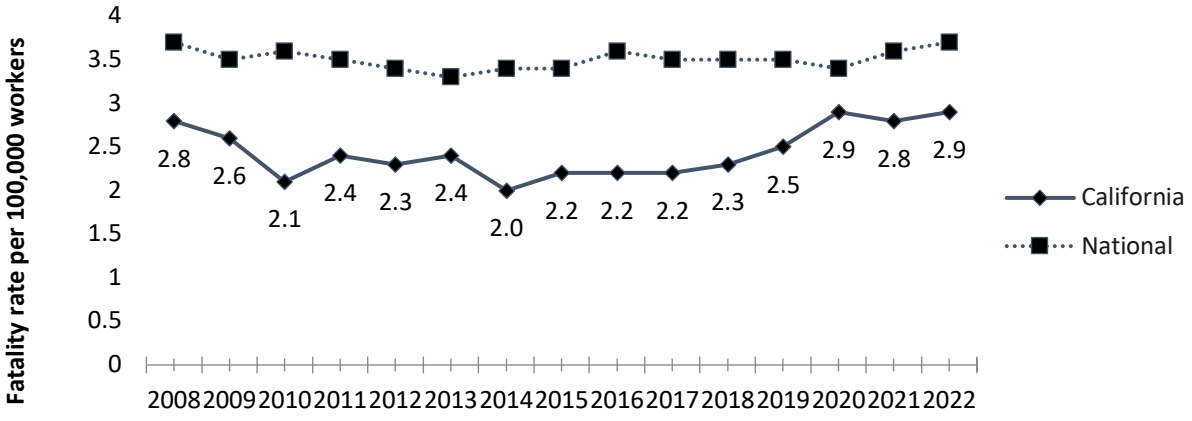


Prepared by AFL-CIO Safety and Health, April 2024

CALIFORNIA

Worker Safety and Health

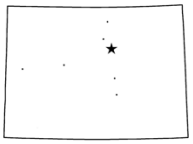
Number of employees:[1]	17,903,539
Number of establishments:[1]	1,706,672
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	504
Rate per 100,000 workers:[4]	2.9
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	9
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	419,300
Rate per 100 workers:	3.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	295,200
Rate per 100 workers:	2.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	191
Years it would take for OSHA to inspect each workplace once:	241
Number of workplace safety and health inspections conducted, FY 2023:[9]	7,086
Construction:	1,985
Nonconstruction:	5,101
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$8,660
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$14,166
National average:	$20,996



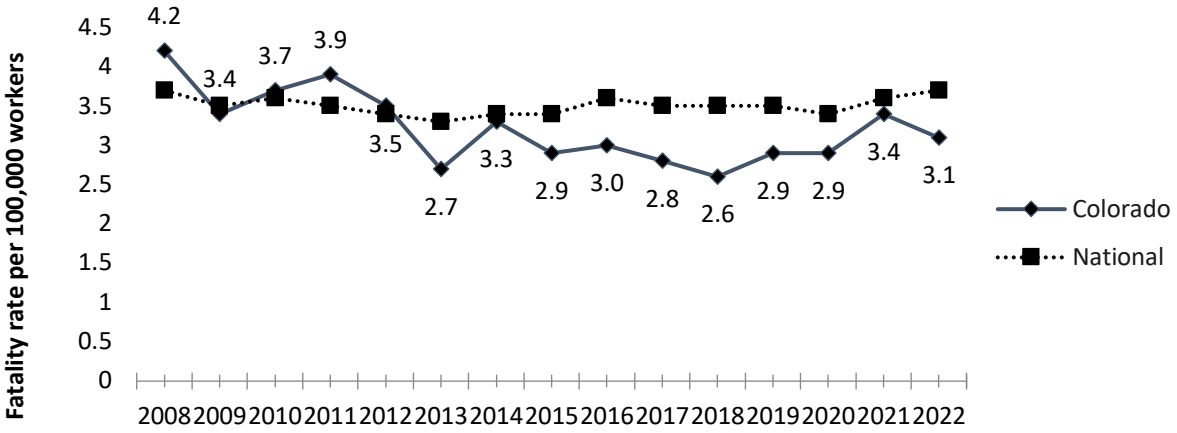
Prepared by AFL-CIO Safety and Health, April 2024

COLORADO

Worker Safety and Health



Number of employees:[1]	2,814,975
Number of establishments:[1]	245,462
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	377,293
Number of workplace fatalities, 2022:[3]	89
Rate per 100,000 workers:[4]	3.1
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	14
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	54,800
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, 2022:[7]	34,600
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	26
Years it would take for OSHA to inspect each workplace once:	223
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,092
Construction:	554
Nonconstruction:	538
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,029
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$9,901
National average:	$20,996

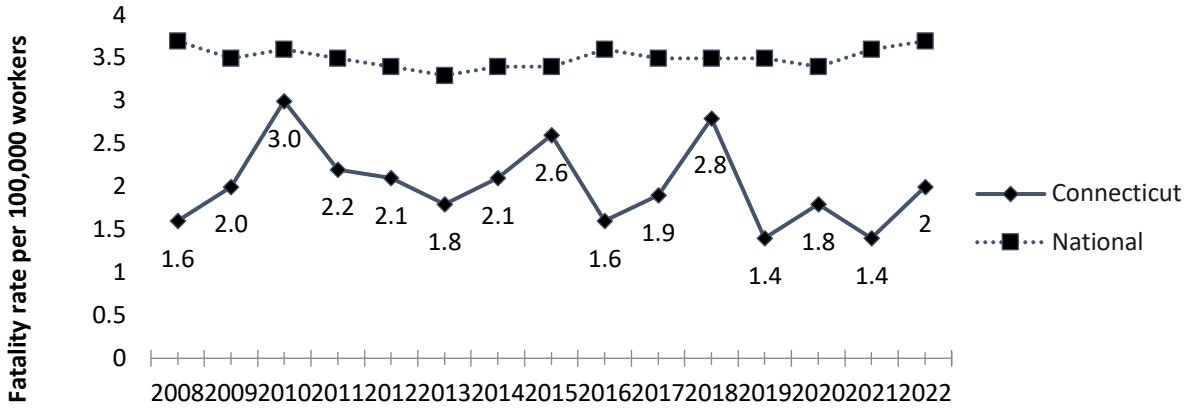


Prepared by AFL-CIO Safety and Health, April 2024

CONNECTICUT

Worker Safety and Health

Number of employees:[1]	1,642,536
Number of establishments:[1]	139,569
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2022:[3]	34
Rate per 100,000 workers:[4]	2.0
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	2
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	35,700
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, 2022:[7]	23,400
Rate per 100 workers:	2.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	20
Years it would take for OSHA to inspect each workplace once:	199
Number of workplace safety and health inspections conducted, FY 2023:[9]	701
Construction:	240
Nonconstruction:	461
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,277
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$20,447
National average:	$20,996

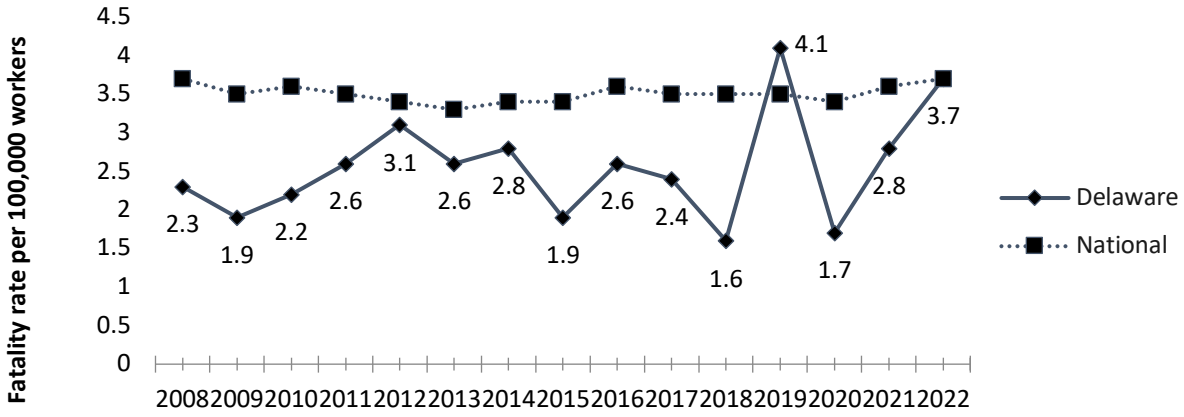


Prepared by AFL-CIO Safety and Health, April 2024

DELAWARE

Worker Safety and Health

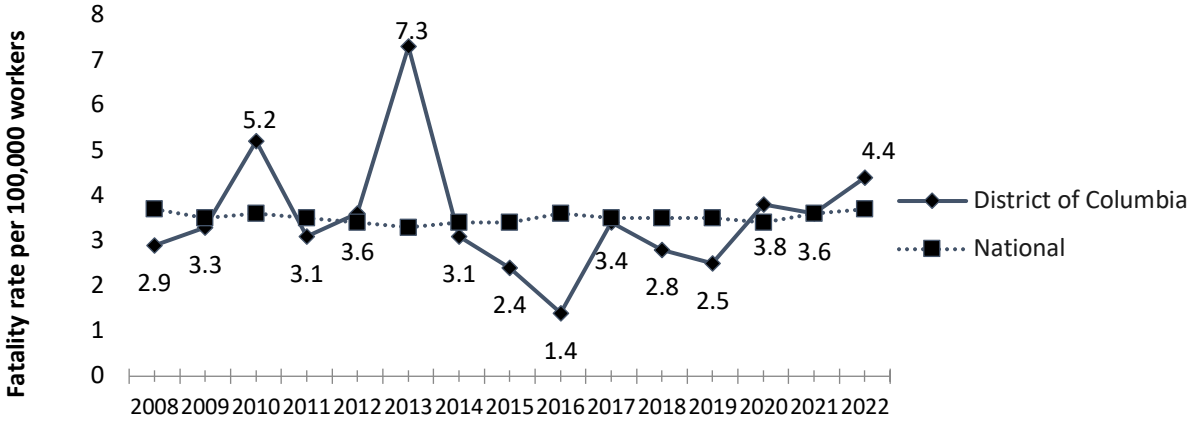
Number of employees:[1]	459,114
Number of establishments:[1]	40,783
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	61,081
Number of workplace fatalities, 2022:[3]	17
Rate per 100,000 workers:[4]	3.7
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	25
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	8,300
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, 2022:[7]	5,300
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	5
Years it would take for OSHA to inspect each workplace once:	178
Number of workplace safety and health inspections conducted, FY 2023:[9]	227
Construction:	135
Nonconstruction:	92
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,550
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$22,657
National average:	$20,996



Prepared by AFL-CIO Safety and Health, April 2024

DISTRICT OF COLUMBIA
Worker Safety and Health

Number of employees:[1]	748,737
Number of establishments:[1]	48,564
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	41,044
Number of workplace fatalities, 2022:[3]	15
Rate per 100,000 workers:[4]	4.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	N/A
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	4,800
Rate per 100 workers:	1.1
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	2,600
Rate per 100 workers:	0.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	N/A
Years it would take for OSHA to inspect each workplace once:	232
Number of workplace safety and health inspections conducted, FY 2023:[9]	209
Construction:	169
Nonconstruction:	40
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,337
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$14,119
National average:	$20,996

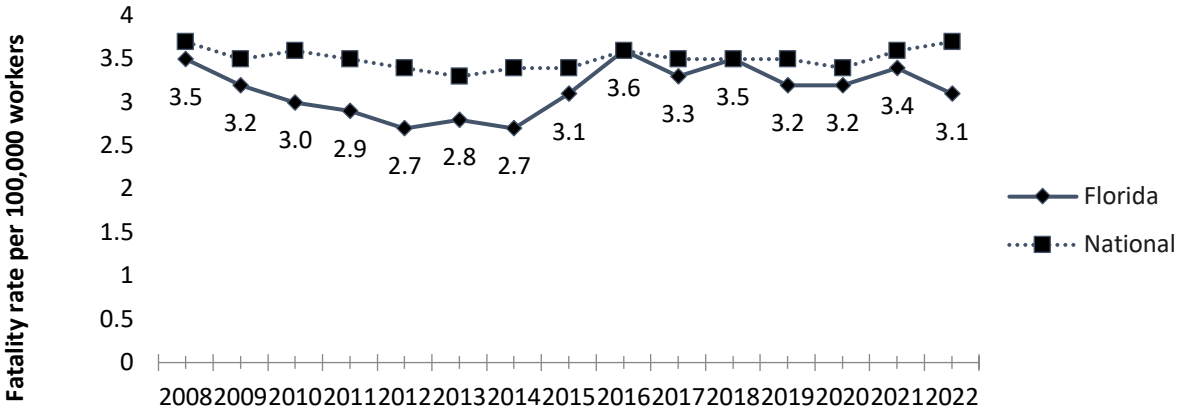


Prepared by AFL-CIO Safety and Health, April 2024

FLORIDA

Worker Safety and Health

Number of employees:[1]	9,358,228
Number of establishments:[1]	851,834
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	899,820
Number of workplace fatalities, 2022:[3]	307
Rate per 100,000 workers:[4]	3.1
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	14
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	69
Years it would take for OSHA to inspect each workplace once:	336
Number of workplace safety and health inspections conducted, FY 2023:[9]	2,524
Construction:	1,292
Nonconstruction:	1,232
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,934
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$22,783
National average:	$20,996

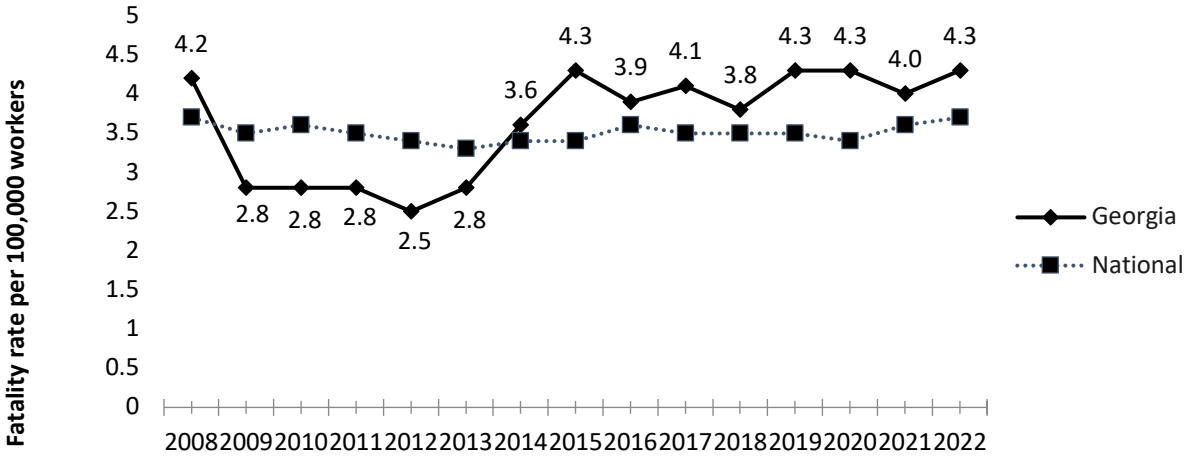


Prepared by AFL-CIO Safety and Health, April 2024

GEORGIA

Worker Safety and Health

Number of employees:[1]	4,705,337
Number of establishments:[1]	379,261
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	536,101
Number of workplace fatalities, 2022:[3]	209
Rate per 100,000 workers:[4]	4.3
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	45
Years it would take for OSHA to inspect each workplace once:	253
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,471
Construction:	690
Nonconstruction:	781
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,403
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$27,920
National average:	$20,996

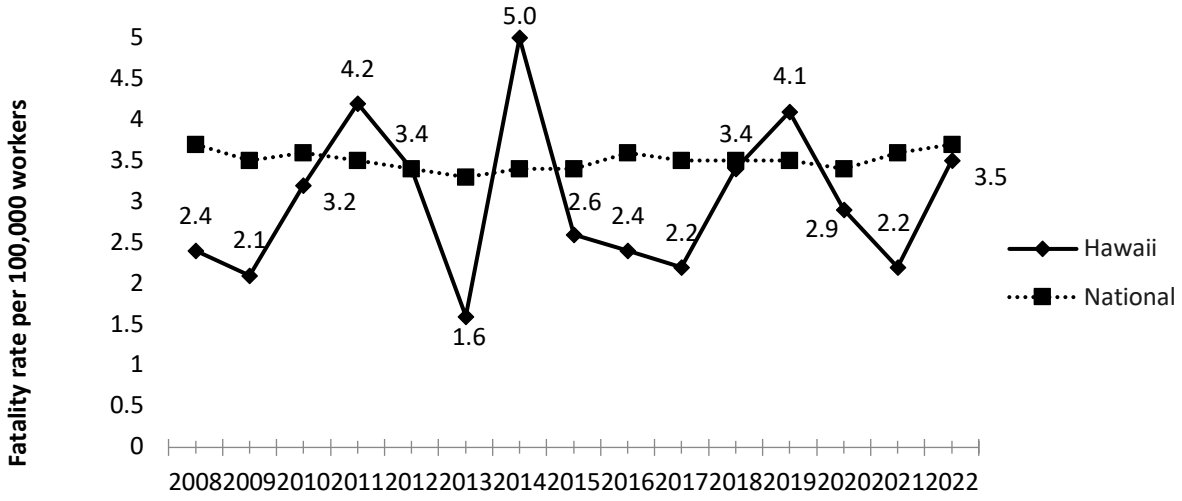


Prepared by AFL-CIO Safety and Health, April 2024

HAWAII

Worker Safety and Health

Number of employees:[1]	619,985
Number of establishments:[1]	52,277
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	25
Rate per 100,000 workers:[4]	3.5
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	20
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	12,200
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, 2022:[7]	8,000
Rate per 100 workers:	2.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	14
Years it would take for OSHA to inspect each workplace once:	106
Number of workplace safety and health inspections conducted, FY 2023:[9]	492
Construction:	182
Nonconstruction:	310
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,389
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$34,218
National average:	$20,996

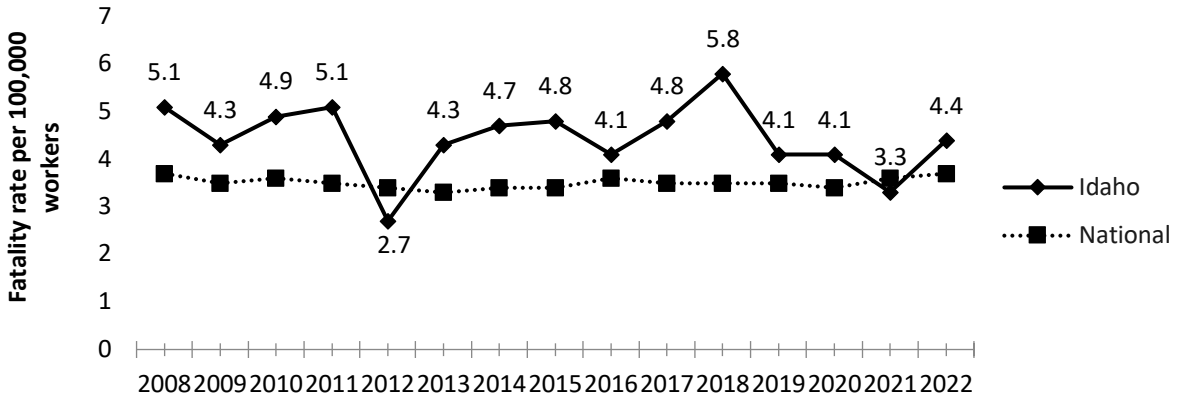


Prepared by AFL-CIO Safety and Health, April 2024

IDAHO

Worker Safety and Health

Number of employees:[1]	820,860
Number of establishments:[1]	86,960
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	108,771
Number of workplace fatalities, 2022:[3]	39
Rate per 100,000 workers:[4]	4.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	34
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	1
Years it would take for OSHA to inspect each workplace once:	250
Number of workplace safety and health inspections conducted, FY 2023:[9]	339
Construction:	241
Nonconstruction:	98
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,633
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$7,402
National average:	$20,996

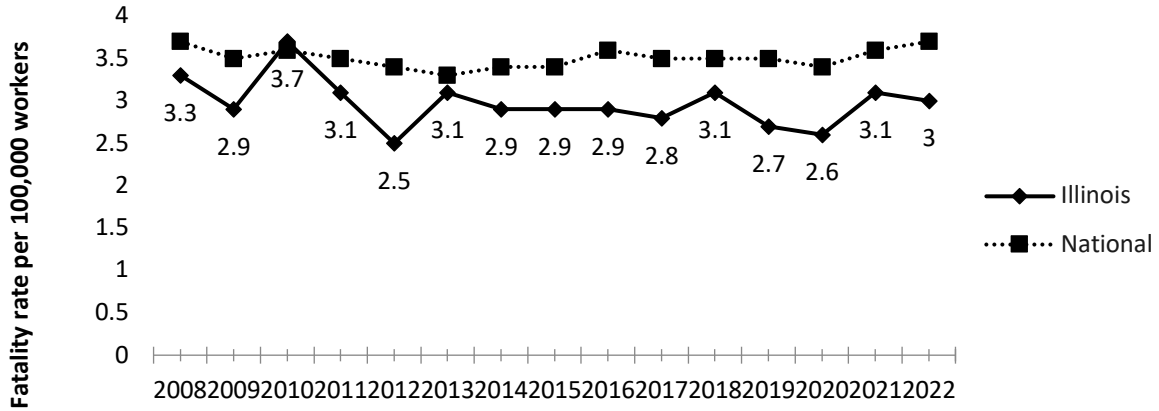


Prepared by AFL-CIO Safety and Health, April 2024

ILLINOIS

Worker Safety and Health

Number of employees:[1]	5,918,832
Number of establishments:[1]	396,328
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2022:[3]	177
Rate per 100,000 workers:[4]	3.0
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	12
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	112,500
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, 2022:[7]	73,500
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	75
Years it would take for OSHA to inspect each workplace once:	133
Number of workplace safety and health inspections conducted, FY 2023:[9]	2,975
Construction:	1,474
Nonconstruction:	1,501
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,341
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$99,402
National average:	$20,996

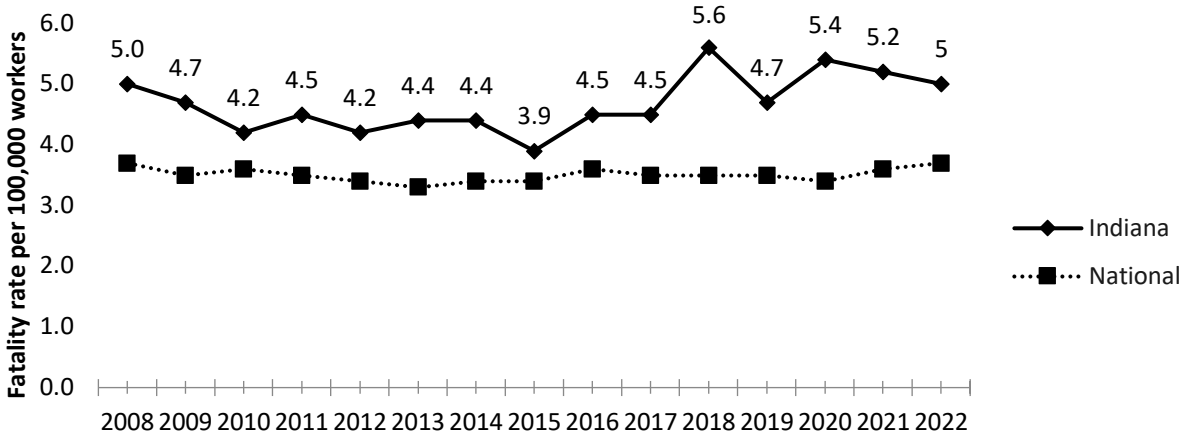


Prepared by AFL-CIO Safety and Health, April 2024

INDIANA

Worker Safety and Health

Number of employees:[1]	3,113,419
Number of establishments:[1]	186,186
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	156
Rate per 100,000 workers:[4]	5.0
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	38
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	62,400
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, 2022:[7]	35,300
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	39
Years it would take for OSHA to inspect each workplace once:	181
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,029
Construction:	459
Nonconstruction:	570
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$1,601
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$2,676
National average:	$20,996



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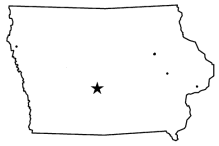
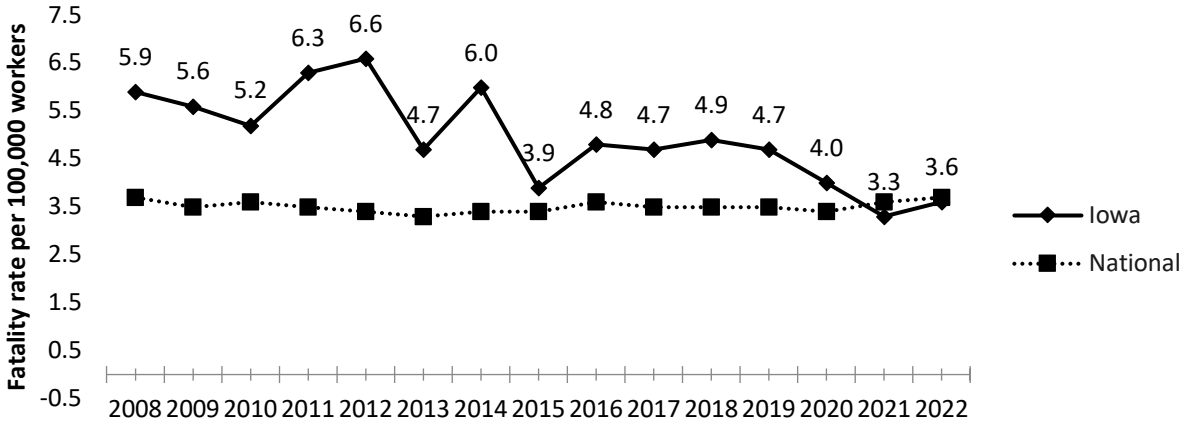
IOWA

Worker Safety and Health



Number of employees:[1]	1,536,997
Number of establishments:[1]	110,664
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	56
Rate per 100,000 workers:[4]	3.6
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	21
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	35,500
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, 2022:[7]	21,900
Rate per 100 workers:	2.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	25
Years it would take for OSHA to inspect each workplace once:	197
Number of workplace safety and health inspections conducted, FY 2023:[9]	562
Construction:	141
Nonconstruction:	421
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,476
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$8,476
National average:	$20,996



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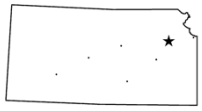
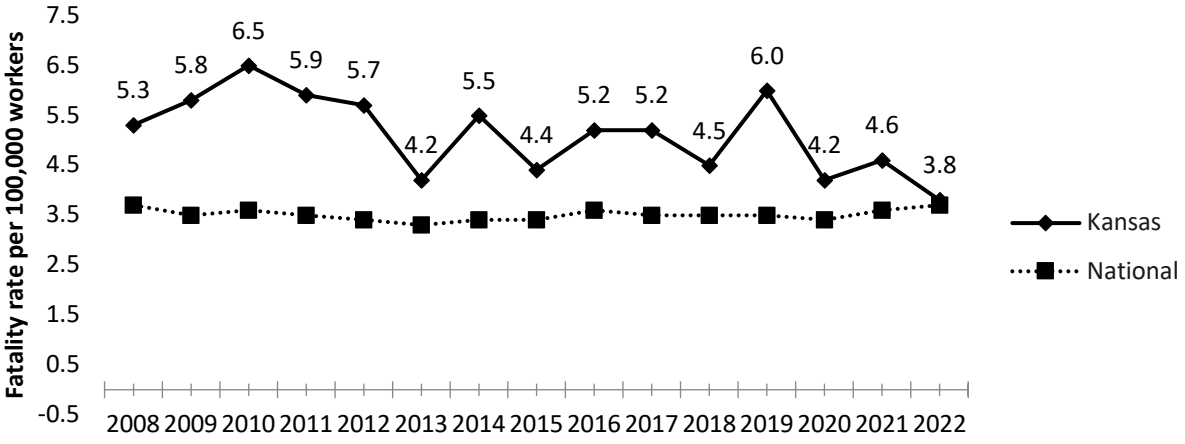
KANSAS

Worker Safety and Health



Number of employees:[1]	1,390,817
Number of establishments:[1]	93,245
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	213,648
Number of workplace fatalities, 2022:[3]	52
Rate per 100,000 workers:[4]	3.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	26
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	27,800
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, 2022:[7]	16,600
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	15
Years it would take for OSHA to inspect each workplace once:	142
Number of workplace safety and health inspections conducted, FY 2023:[9]	631
Construction:	274
Nonconstruction:	357
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,193
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$17,837
National average:	$20,996

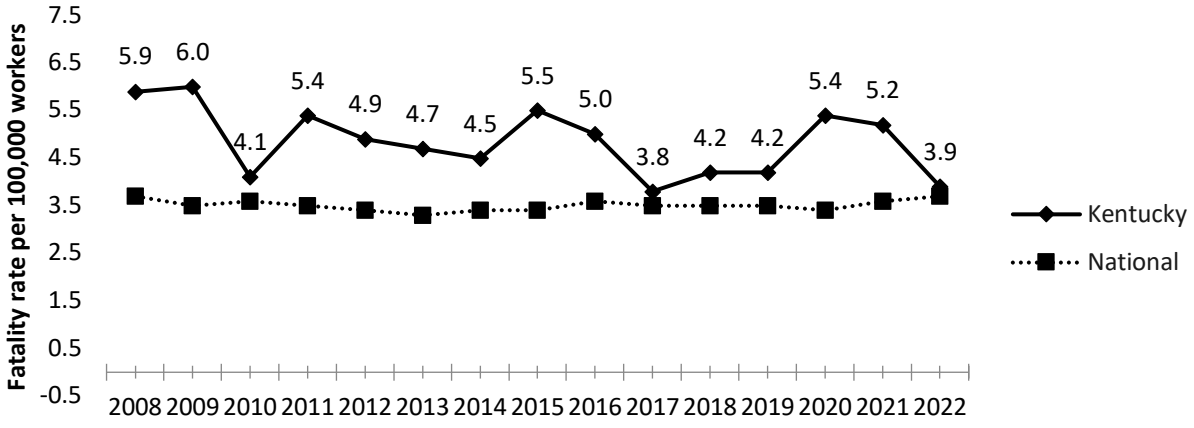


Prepared by AFL-CIO Safety and Health, April 2024

KENTUCKY

Worker Safety and Health

Number of employees:[1]	1,920,456
Number of establishments:[1]	142,835
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	71
Rate per 100,000 workers:[4]	3.9
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	28
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	40,600
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, 2022:[7]	24,700
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	22
Years it would take for OSHA to inspect each workplace once:	158
Number of workplace safety and health inspections conducted, FY 2023:[9]	905
Construction:	260
Nonconstruction:	645
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$6,335
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$10,333
National average:	$20,996

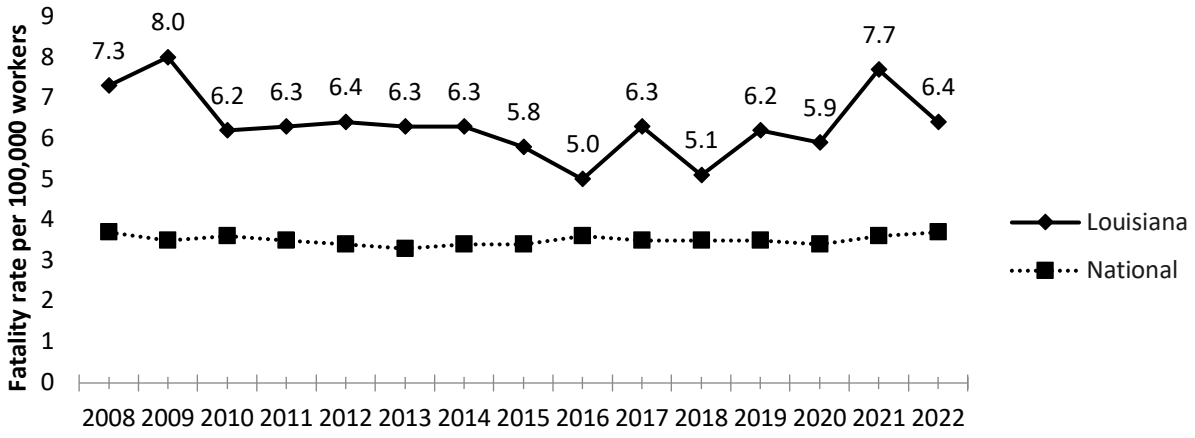


Prepared by AFL-CIO Safety and Health, April 2024

LOUISIANA

Worker Safety and Health

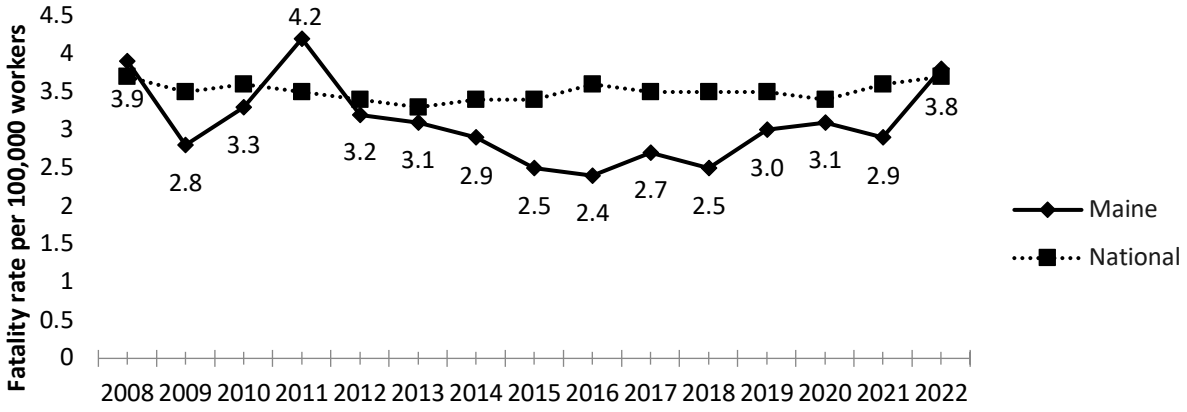
Number of employees:[1]	1,865,592
Number of establishments:[1]	148,968
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	262,593
Number of workplace fatalities, 2022:[3]	120
Rate per 100,000 workers:[4]	6.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	45
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	21,400
Rate per 100 workers:	1.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	11,800
Rate per 100 workers:	0.9
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	8
Years it would take for OSHA to inspect each workplace once:	338
Number of workplace safety and health inspections conducted, FY 2023:[9]	426
Construction:	233
Nonconstruction:	193
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,565
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$14,121
National average:	$20,996



MAINE

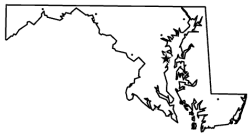
Worker Safety and Health

Number of employees:[1]	626,520
Number of establishments:[1]	62,073
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2022:[3]	23
Rate per 100,000 workers:[4]	3.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	26
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	19,900
Rate per 100 workers:	5.0
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	12,500
Rate per 100 workers:	3.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	8
Years it would take for OSHA to inspect each workplace once:	157
Number of workplace safety and health inspections conducted, FY 2023:[9]	395
Construction:	82
Nonconstruction:	313
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,390
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$5,928
National average:	$20,996



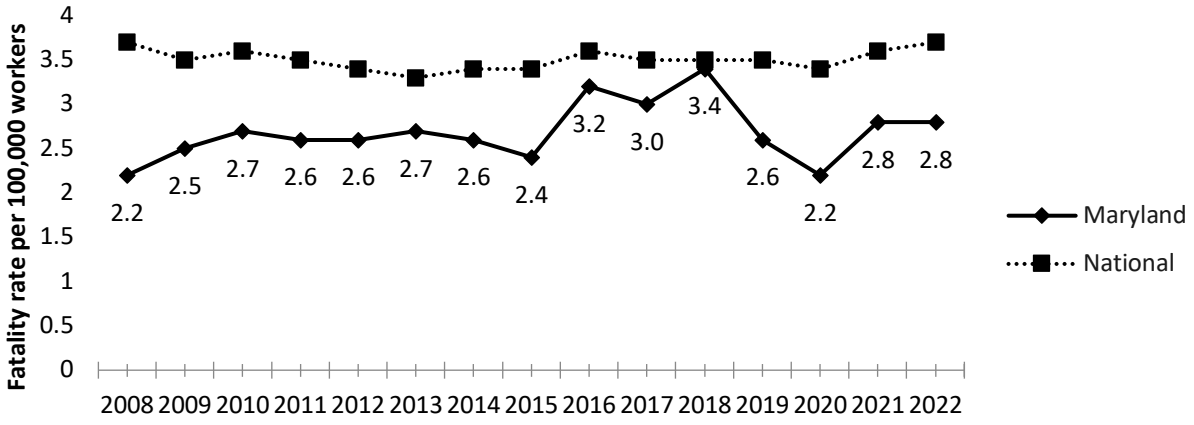
Prepared by AFL-CIO Safety and Health, April 2024

MARYLAND



Worker Safety and Health

Number of employees:[1]	2,641,021
Number of establishments:[1]	189,482
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	80
Rate per 100,000 workers:[4]	2.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	5
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	42,600
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, 2022:[7]	27,600
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	44
Years it would take for OSHA to inspect each workplace once:	151
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,256
Construction:	736
Nonconstruction:	520
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$6,124
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$1,949
National average:	$20,996

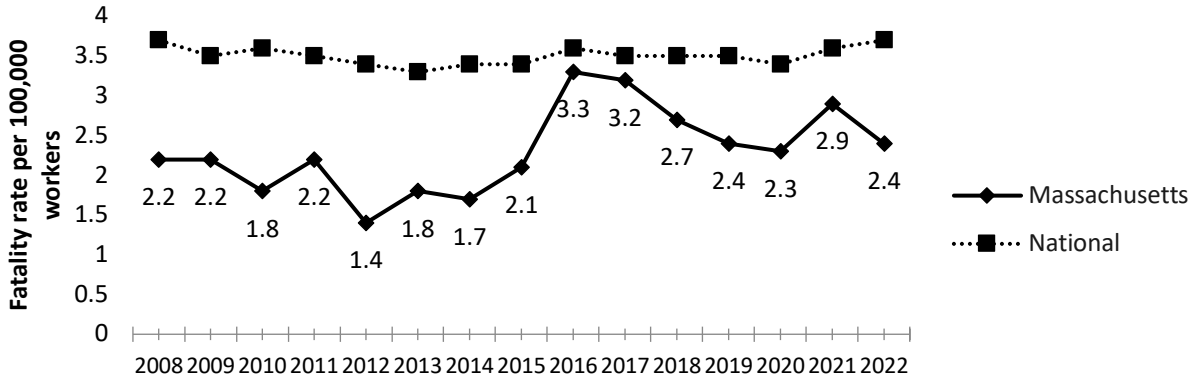


Prepared by AFL-CIO Safety and Health, April 2024

MASSACHUSETTS

Worker Safety and Health

Number of employees:[1]	3,595,632
Number of establishments:[1]	290,030
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2022:[3]	81
Rate per 100,000 workers:[4]	2.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	3
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	67,400
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, 2022:[7]	43,100
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	50
Years it would take for OSHA to inspect each workplace once:	164
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,924
Construction:	1,134
Nonconstruction:	790
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,600
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$51,310
National average:	$20,996

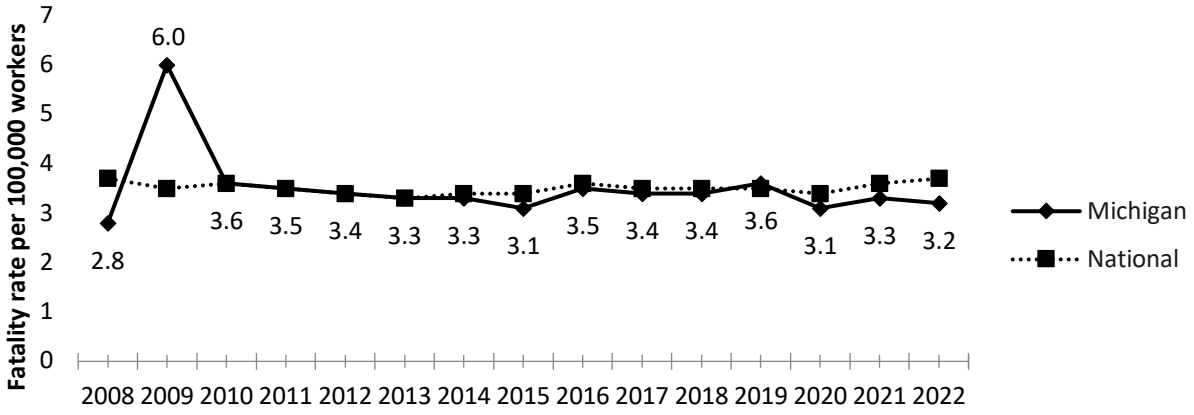


Prepared by AFL-CIO Safety and Health, April 2024

MICHIGAN

Worker Safety and Health

Number of employees:[1]	4,300,943
Number of establishments:[1]	295,486
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	139
Rate per 100,000 workers:[4]	3.2
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	17
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	83,600
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, 2022:[7]	48,200
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	69
Years it would take for OSHA to inspect each workplace once:	87
Number of workplace safety and health inspections conducted, FY 2023:[9]	3,406
Construction:	1,498
Nonconstruction:	1,908
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$1,340
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$12,479
National average:	$20,996

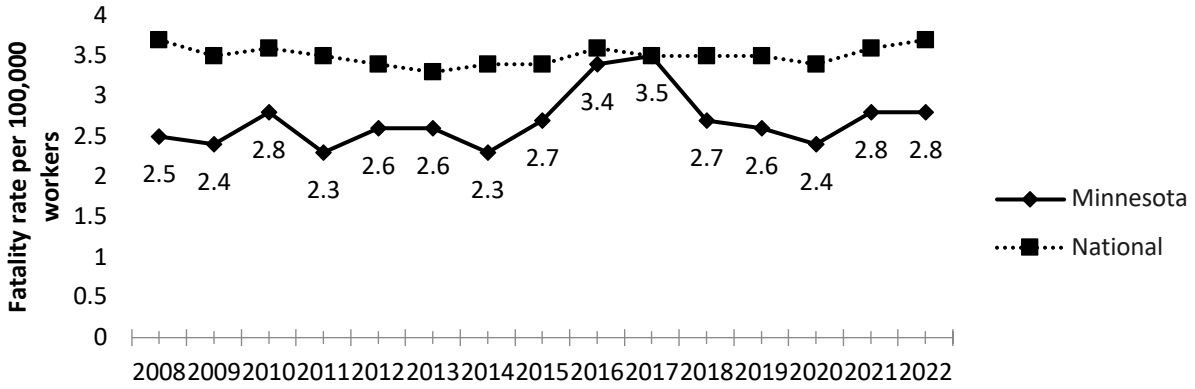


Prepared by AFL-CIO Safety and Health, April 2024

MINNESOTA

Worker Safety and Health

Number of employees:[1]	2,853,966
Number of establishments:[1]	199,953
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	81
Rate per 100,000 workers:[4]	2.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	5
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	73,100
Rate per 100 workers:	3.7
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	44,400
Rate per 100 workers:	2.2
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	44
Years it would take for OSHA to inspect each workplace once:	150
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,328
Construction:	583
Nonconstruction:	745
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$6,261
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$23,754
National average:	$20,996

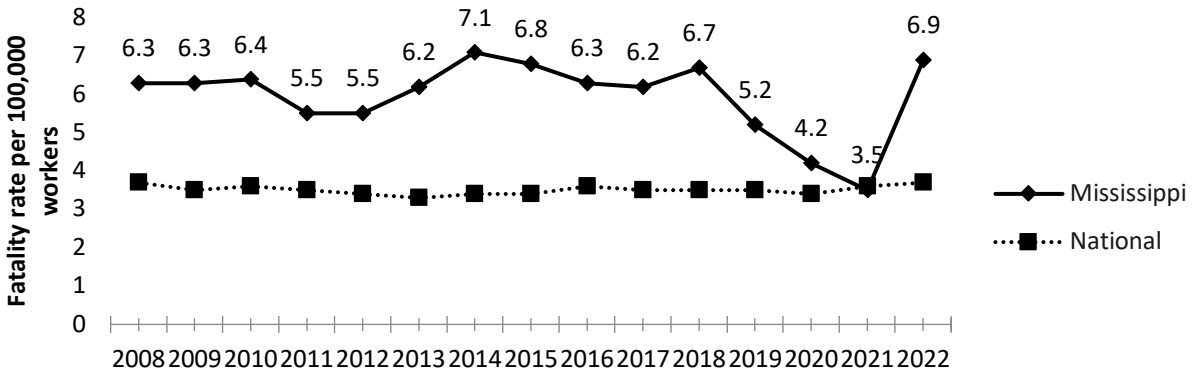


Prepared by AFL-CIO Safety and Health, April 2024

MISSISSIPPI

Worker Safety and Health

Number of employees:[1]	1,145,453
Number of establishments:[1]	81,283
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	199,885
Number of workplace fatalities, 2022:[3]	78
Rate per 100,000 workers:[4]	6.9
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	48
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	9
Years it would take for OSHA to inspect each workplace once:	204
Number of workplace safety and health inspections conducted, FY 2023:[9]	383
Construction:	183
Nonconstruction:	200
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,224
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$28,929
National average:	$20,996

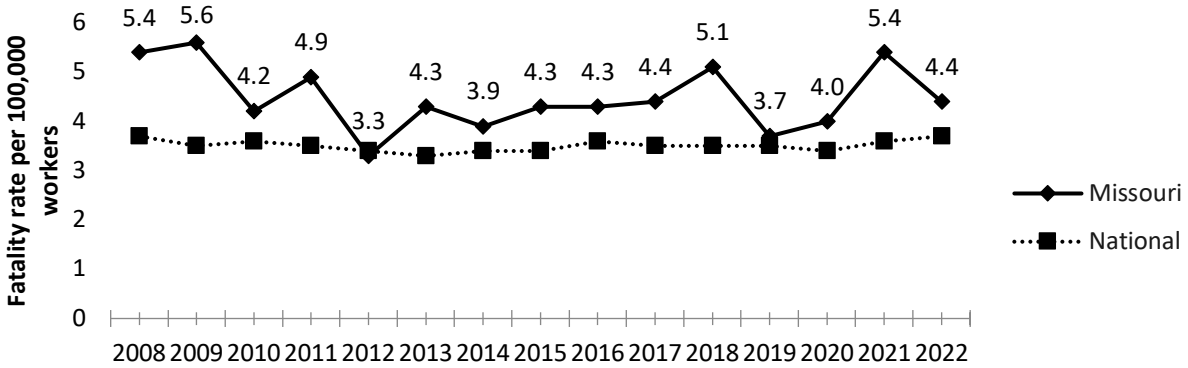


Prepared by AFL-CIO Safety and Health, April 2024

MISSOURI

Worker Safety and Health

Number of employees:[1]	2,821,194
Number of establishments:[1]	233,707
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	340,644
Number of workplace fatalities, 2022:[3]	121
Rate per 100,000 workers:[4]	4.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	34
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	55,900
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, 2022:[7]	31,200
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	22
Years it would take for OSHA to inspect each workplace once:	221
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,020
Construction:	510
Nonconstruction:	510
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,216
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$32,448
National average:	$20,996

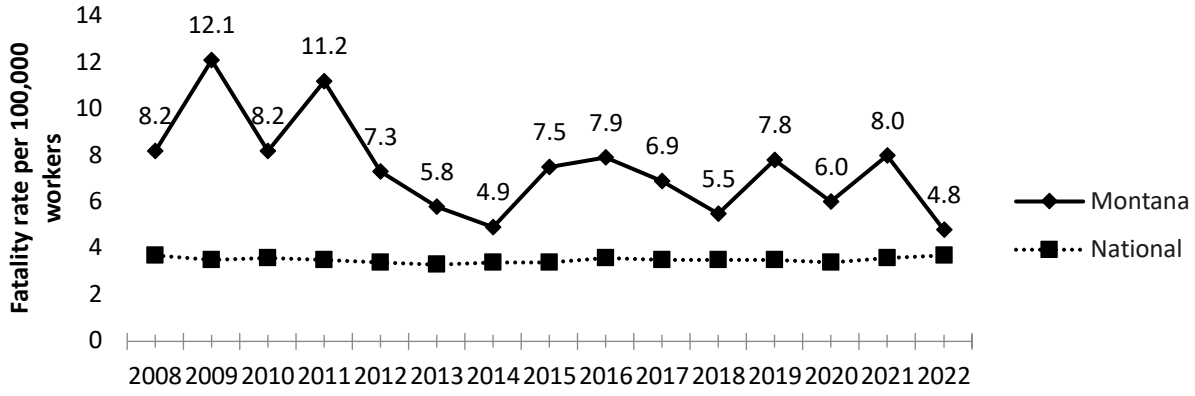


Prepared by AFL-CIO Safety and Health, April 2024

MONTANA

Worker Safety and Health

Number of employees:[1]	496,227
Number of establishments:[1]	60,113
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	69,913
Number of workplace fatalities, 2022:[3]	25
Rate per 100,000 workers:[4]	4.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	37
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	11,800
Rate per 100 workers:	3.6
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	6,600
Rate per 100 workers:	2.1
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	6
Years it would take for OSHA to inspect each workplace once:	187
Number of workplace safety and health inspections conducted, FY 2023:[9]	314
Construction:	156
Nonconstruction:	158
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,126
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$20,172
National average:	$20,996

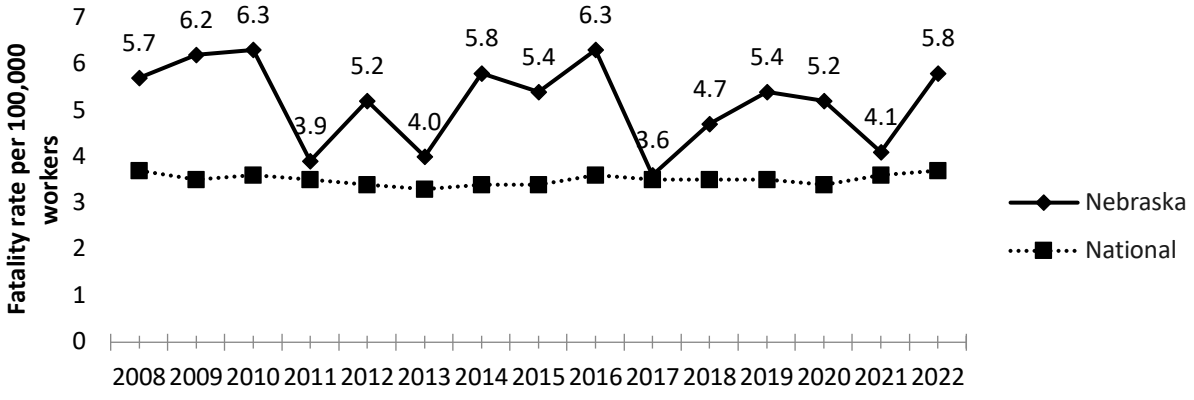


Prepared by AFL-CIO Safety and Health, April 2024

NEBRASKA

Worker Safety and Health

Number of employees:[1]	983,968
Number of establishments:[1]	77,289
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	142,409
Number of workplace fatalities, 2022:[3]	57
Rate per 100,000 workers:[4]	5.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	42
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	20,200
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, 2022:[7]	11,600
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	10
Years it would take for OSHA to inspect each workplace once:	174
Number of workplace safety and health inspections conducted, FY 2023:[9]	430
Construction:	180
Nonconstruction:	250
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,309
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$17,351
National average:	$20,996

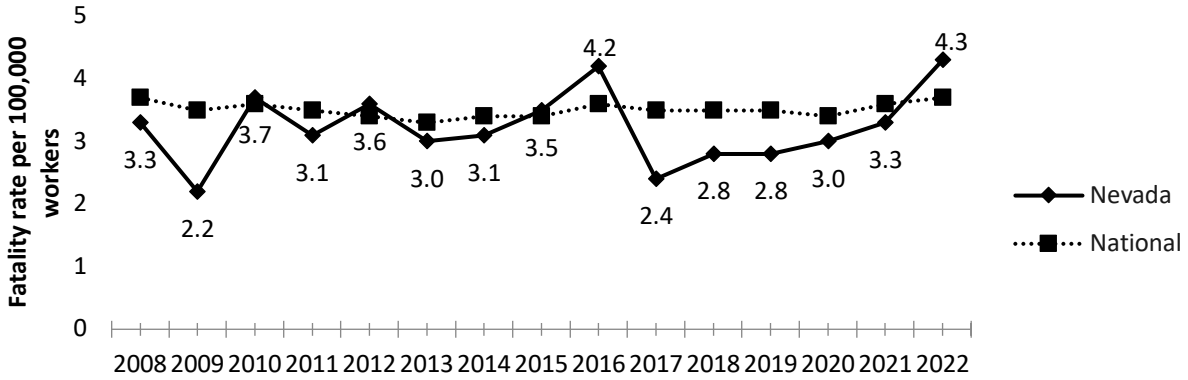


Prepared by AFL-CIO Safety and Health, April 2024

NEVADA

Worker Safety and Health

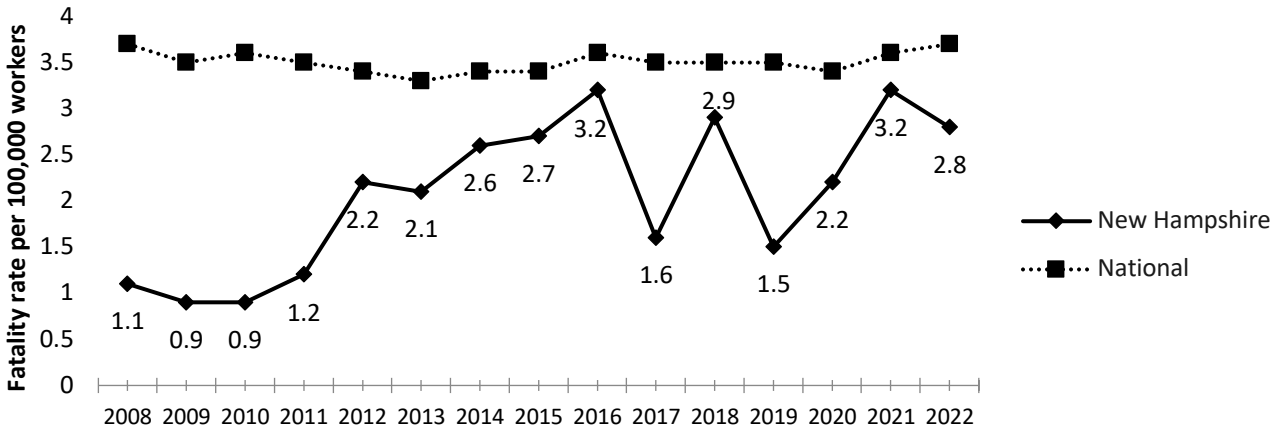
Number of employees:[1]	1,471,888
Number of establishments:[1]	104,801
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	60
Rate per 100,000 workers:[4]	4.3
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	34,600
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, 2022:[7]	22,500
Rate per 100 workers:	2.2
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	42
Years it would take for OSHA to inspect each workplace once:	108
Number of workplace safety and health inspections conducted, FY 2023:[9]	969
Construction:	340
Nonconstruction:	629
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,407
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$20,570
National average:	$20,996



NEW HAMPSHIRE

Worker Safety and Health

Number of employees:[1]	670,645
Number of establishments:[1]	62,481
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	72,972
Number of workplace fatalities, 2022:[3]	19
Rate per 100,000 workers:[4]	2.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	5
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	10
Years it would take for OSHA to inspect each workplace once:	132
Number of workplace safety and health inspections conducted, FY 2023:[9]	456
Construction:	247
Nonconstruction:	209
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,219
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$8,560
National average:	$20,996

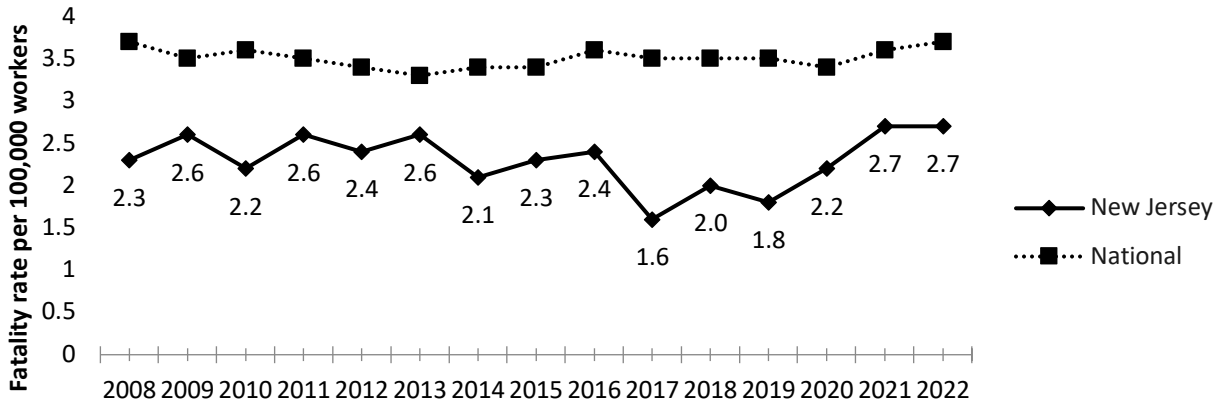


Prepared by AFL-CIO Safety and Health, April 2024

NEW JERSEY

Worker Safety and Health

Number of employees:[1]	4,134,620
Number of establishments:[1]	312,976
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2022:[3]	116
Rate per 100,000 workers:[4]	2.7
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	4
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	69,200
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, 2022:[7]	45,600
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	54
Years it would take for OSHA to inspect each workplace once:	144
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,715
Construction:	1,033
Nonconstruction:	682
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,944
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$26,043
National average:	$20,996



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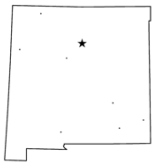
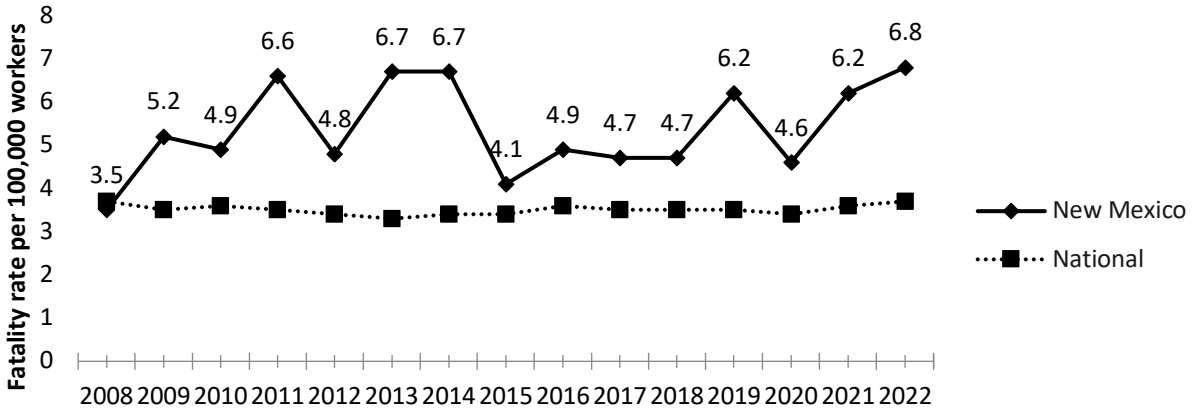
NEW MEXICO



Worker Safety and Health

Number of employees:[1]	832,863
Number of establishments:[1]	67,746
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	57
Rate per 100,000 workers:[4]	6.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	46
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	12,400
Rate per 100 workers:	2.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	6,700
Rate per 100 workers:	1.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	11
Years it would take for OSHA to inspect each workplace once:	297
Number of workplace safety and health inspections conducted, FY 2023:[9]	228
Construction:	106
Nonconstruction:	122
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,393
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$11,530
National average:	$20,996

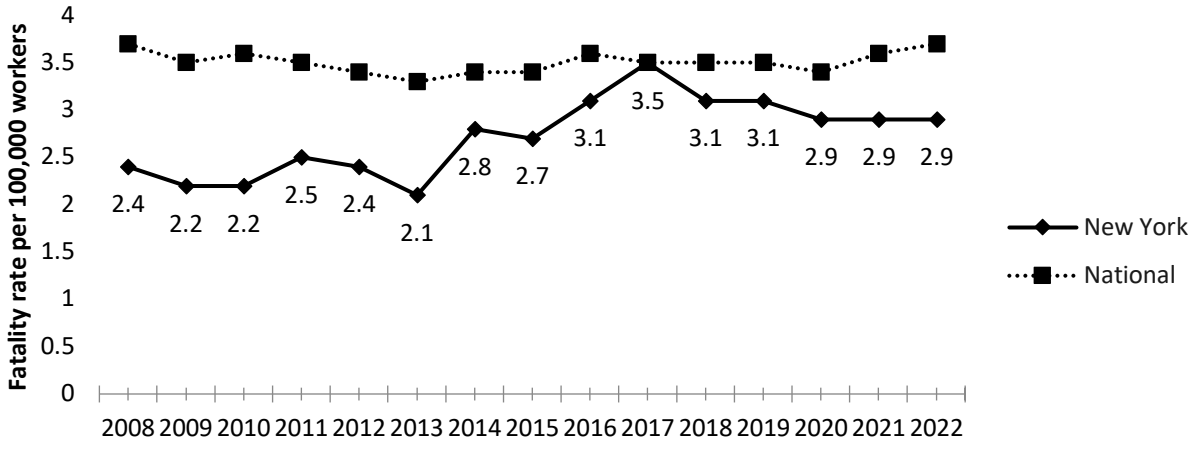


Prepared by AFL-CIO Safety and Health, April 2024

NEW YORK

Worker Safety and Health

Number of employees:[1]	9,264,611
Number of establishments:[1]	685,875
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2022:[3]	251
Rate per 100,000 workers:[4]	2.9
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	9
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	138,900
Rate per 100 workers:	2.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	91,600
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	91
Years it would take for OSHA to inspect each workplace once:	202
Number of workplace safety and health inspections conducted, FY 2023:[9]	3,394
Construction:	1,730
Nonconstruction:	1,664
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,614
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$28,682
National average:	$20,996

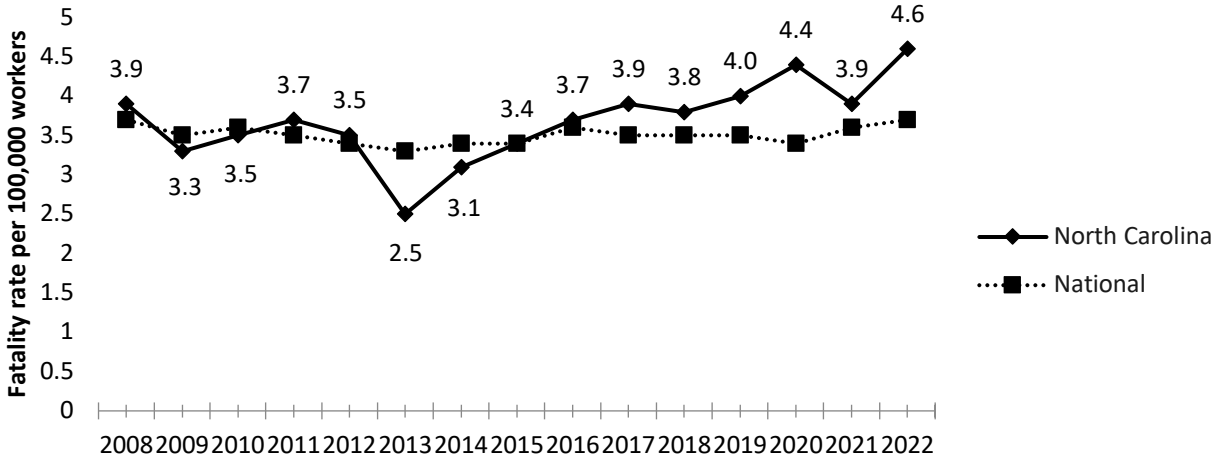


Prepared by AFL-CIO Safety and Health, April 2024

NORTH CAROLINA

Worker Safety and Health

Number of employees:[1]	4,699,554
Number of establishments:[1]	347,032
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	217
Rate per 100,000 workers:[4]	4.6
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	36
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	74,300
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, 2022:[7]	46,400
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	84
Years it would take for OSHA to inspect each workplace once:	186
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,866
Construction:	937
Nonconstruction:	929
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,611
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$16,231
National average:	$20,996



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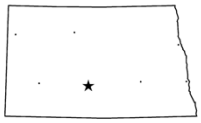
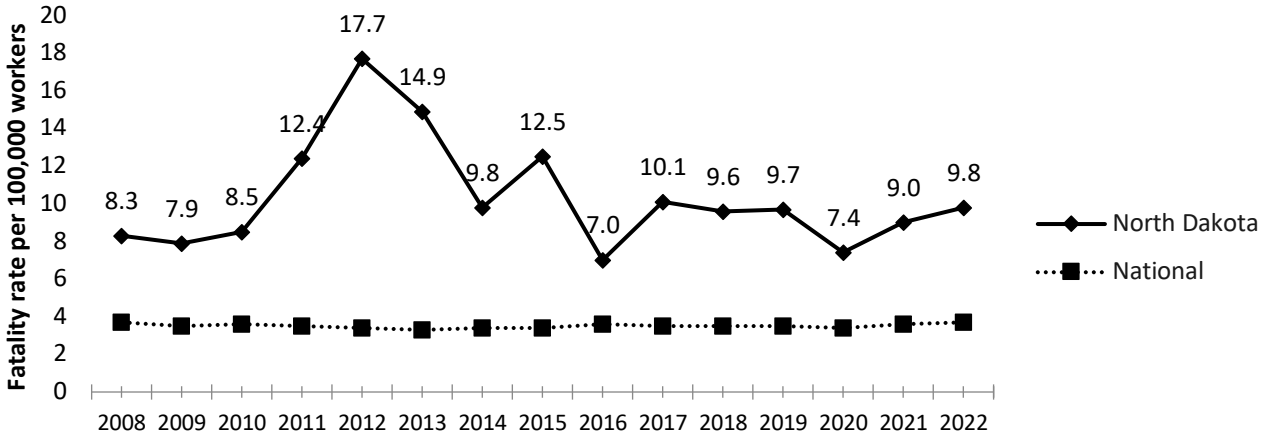
NORTH DAKOTA

Worker Safety and Health



Number of employees:[1]	411,307
Number of establishments:[1]	34,205
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	62,996
Number of workplace fatalities, 2022:[3]	37
Rate per 100,000 workers:[4]	9.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	49
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	7
Years it would take for OSHA to inspect each workplace once:	119
Number of workplace safety and health inspections conducted, FY 2023:[9]	274
Construction:	189
Nonconstruction:	85
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,652
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$5,724
National average:	$20,996

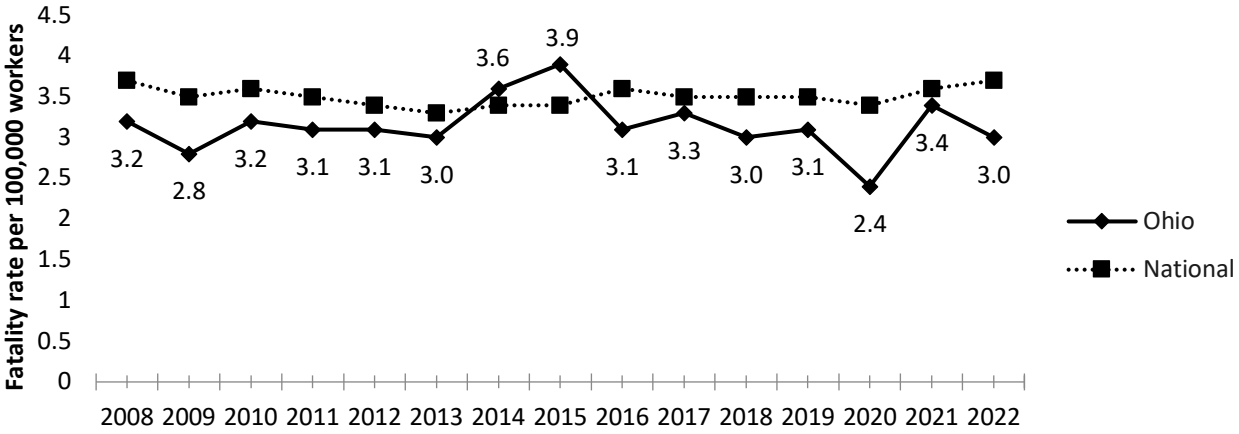


Prepared by AFL-CIO Safety and Health, April 2024

OHIO

Worker Safety and Health

Number of employees:[1]	5,392,612
Number of establishments:[1]	328,186
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	628,029
Number of workplace fatalities, 2022:[3]	153
Rate per 100,000 workers:[4]	3.0
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	12
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	88,600
Rate per 100 workers:	2.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	50,900
Rate per 100 workers:	1.3
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	55
Years it would take for OSHA to inspect each workplace once:	133
Number of workplace safety and health inspections conducted, FY 2023:[9]	2,365
Construction:	1,118
Nonconstruction:	1,247
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,077
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$11,398
National average:	$20,996

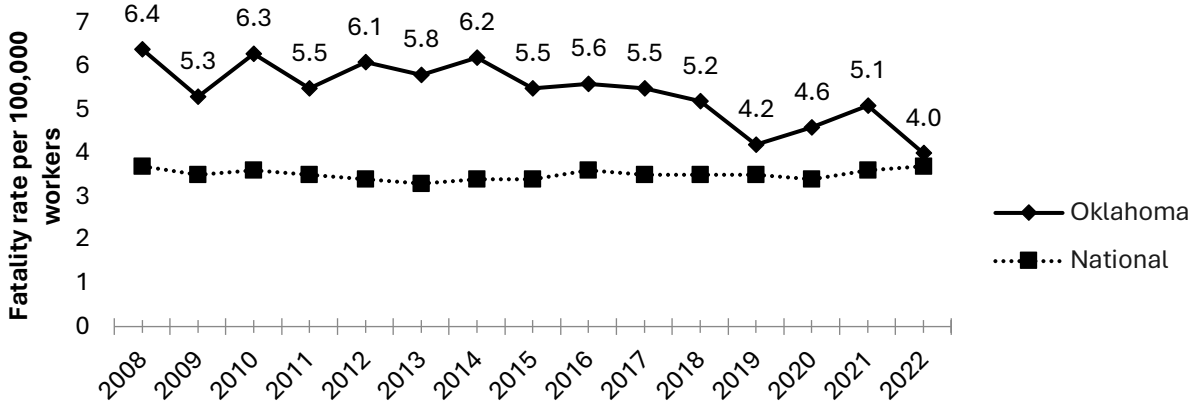


Prepared by AFL-CIO Safety and Health, April 2024

OKLAHOMA

Worker Safety and Health

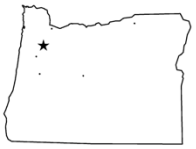
Number of employees:[1]	1,624,905
Number of establishments:[1]	123,132
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	269,556
Number of workplace fatalities, 2022:[3]	70
Rate per 100,000 workers:[4]	4.0
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	29
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	30,500
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, 2022:[7]	18,400
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	13
Years it would take for OSHA to inspect each workplace once:	227
Number of workplace safety and health inspections conducted, FY 2023:[9]	521
Construction:	327
Nonconstruction:	194
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,134
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$20,700
National average:	$20,996



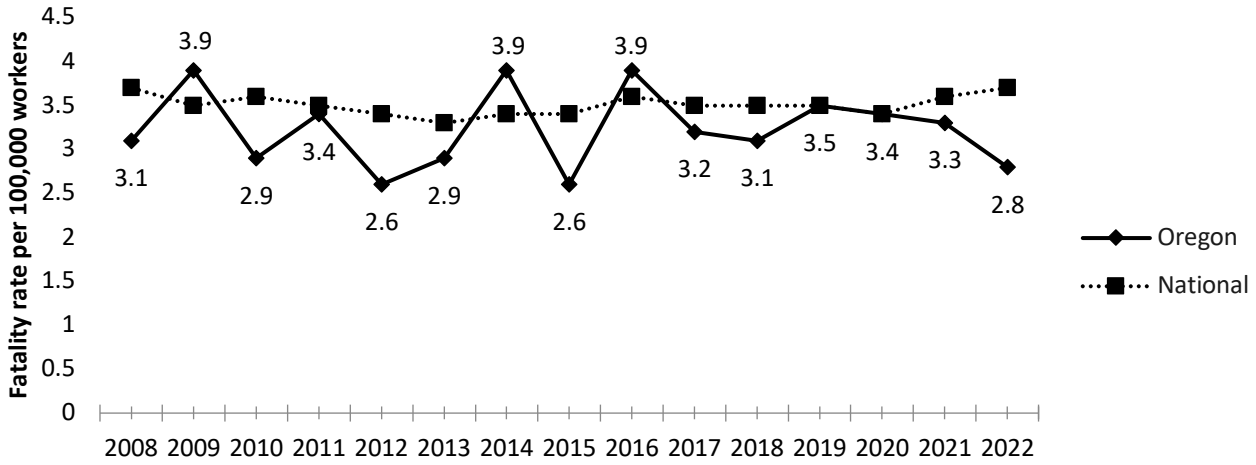
Prepared by AFL-CIO Safety and Health, April 2024

OREGON

Worker Safety and Health



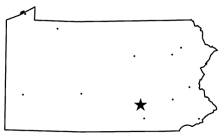
Number of employees:[1]	1,950,774
Number of establishments:[1]	183,124
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	55
Rate per 100,000 workers:[4]	2.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	5
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	50,600
Rate per 100 workers:	3.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	33,000
Rate per 100 workers:	2.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	82
Years it would take for OSHA to inspect each workplace once:	65
Number of workplace safety and health inspections conducted, FY 2023:[9]	2,826
Construction:	800
Nonconstruction:	2,026
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,026
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$1,243
National average:	$20,996



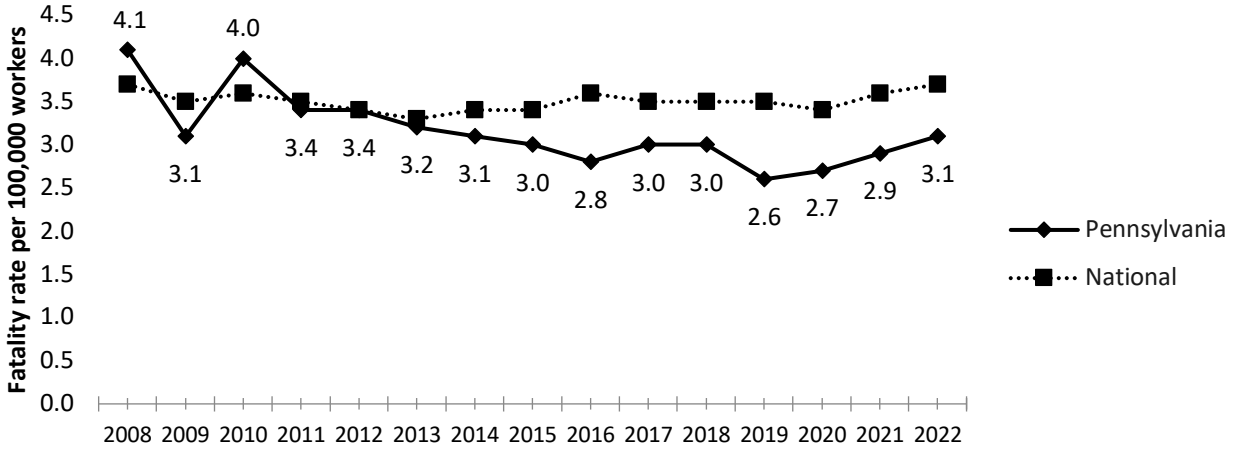
Prepared by AFL-CIO Safety and Health, April 2024

PENNSYLVANIA

Worker Safety and Health



Number of employees:[1]	5,863,233
Number of establishments:[1]	384,170
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	553,724
Number of workplace fatalities, 2022:[3]	183
Rate per 100,000 workers:[4]	3.1
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	14
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	123,400
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, 2022:[7]	74,200
Rate per 100 workers:	1.8
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	64
Years it would take for OSHA to inspect each workplace once:	151
Number of workplace safety and health inspections conducted, FY 2023:[9]	2,468
Construction:	1,170
Nonconstruction:	1,298
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$5,383
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$23,665
National average:	$20,996

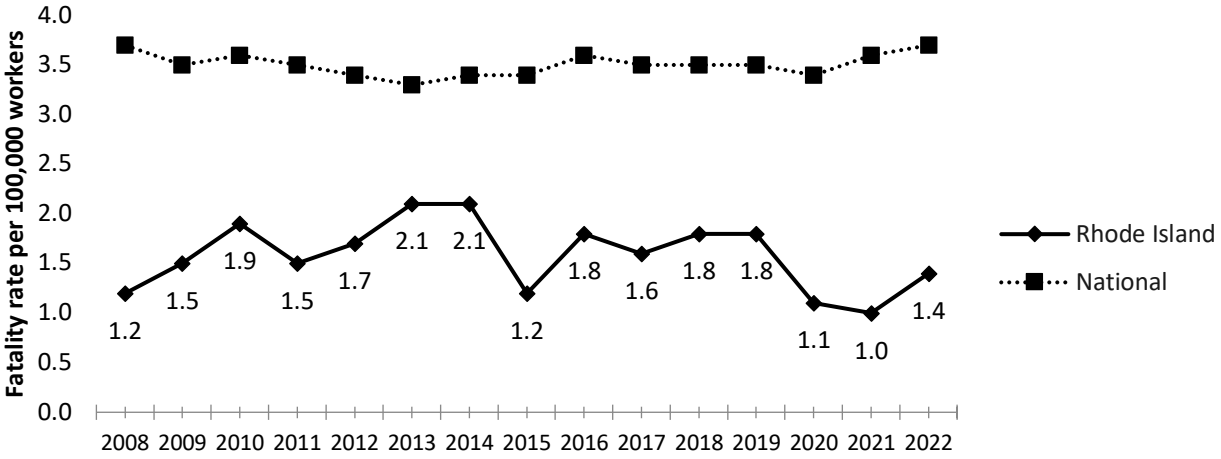


Prepared by AFL-CIO Safety and Health, April 2024

RHODE ISLAND

Worker Safety and Health

Number of employees:[1]	481,342
Number of establishments:[1]	46,162
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	49,071
Number of workplace fatalities, 2022:[3]	7
Rate per 100,000 workers:[4]	1.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	1
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	10
Years it would take for OSHA to inspect each workplace once:	124
Number of workplace safety and health inspections conducted, FY 2023:[9]	369
Construction:	168
Nonconstruction:	201
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,388
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$3,349
National average:	$20,996

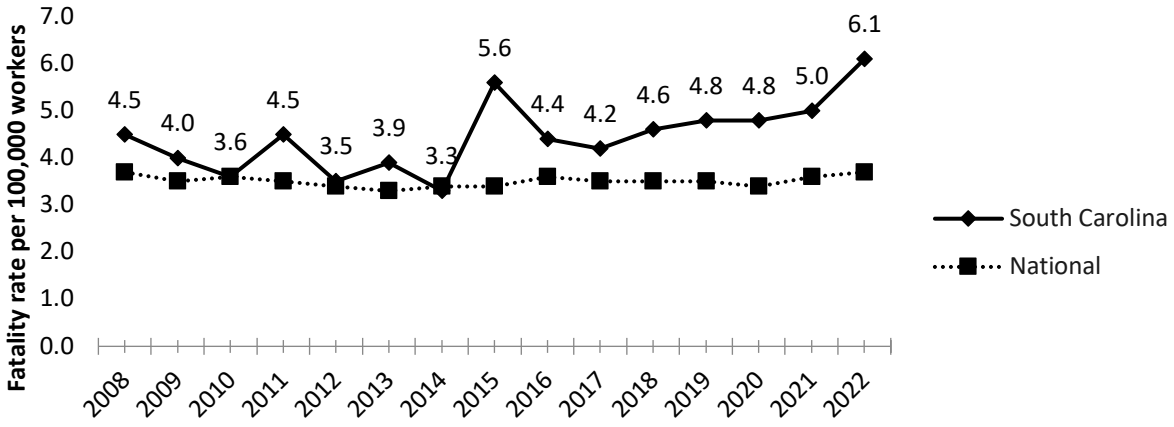


Prepared by AFL-CIO Safety and Health, April 2024

SOUTH CAROLINA

Worker Safety and Health

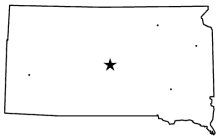
Number of employees:[1]	2,181,593
Number of establishments:[1]	166,335
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	132
Rate per 100,000 workers:[4]	6.1
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	43
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	34,100
Rate per 100 workers:	2.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	20,900
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	22
Years it would take for OSHA to inspect each workplace once:	521
Number of workplace safety and health inspections conducted, FY 2023:[9]	320
Construction:	107
Nonconstruction:	213
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$1,849
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$6,007
National average:	$20,996



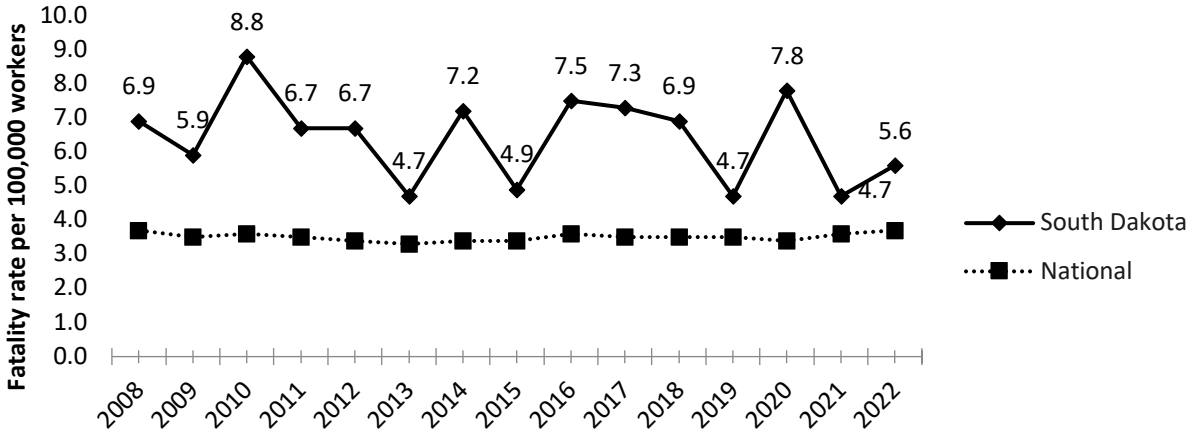
Prepared by AFL-CIO Safety and Health, April 2024

SOUTH DAKOTA

Worker Safety and Health



Number of employees:[1]	443,127
Number of establishments:[1]	38,716
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	63,446
Number of workplace fatalities, 2022:[3]	27
Rate per 100,000 workers:[4]	5.6
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	40
Total cases of workplace injuries and illnesses, private industry, 2022:[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, 2022:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	7
Years it would take for OSHA to inspect each workplace once:	134
Number of workplace safety and health inspections conducted, FY 2023:[9]	276
Construction:	203
Nonconstruction:	73
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,524
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$45,617
National average:	$20,996

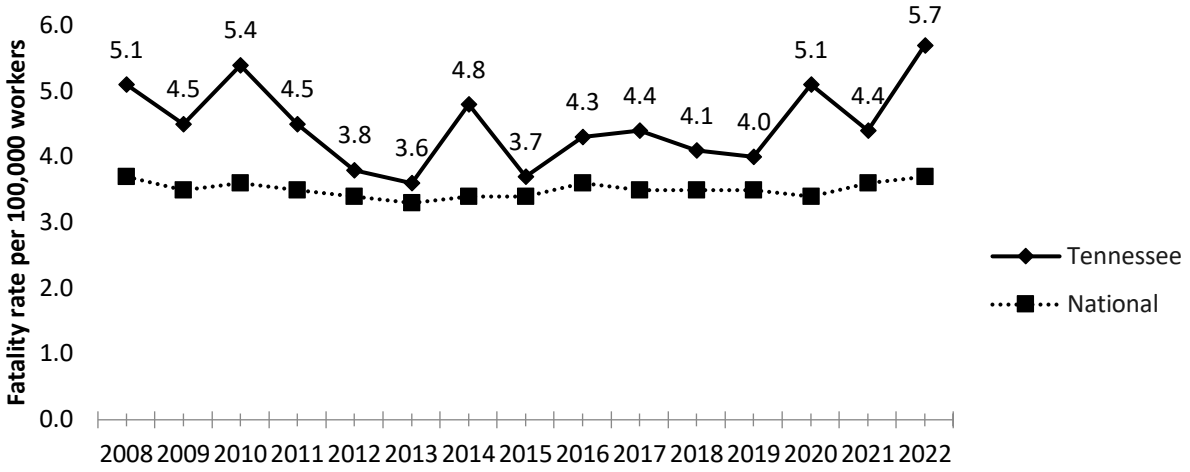


Prepared by AFL-CIO Safety and Health, April 2024

TENNESSEE

Worker Safety and Health

Number of employees:[1]	3,157,887
Number of establishments:[1]	202,240
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	173
Rate per 100,000 workers:[4]	5.7
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	41
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	55,400
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, 2022:[7]	33,500
Rate per 100 workers:	1.4
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	34
Years it would take for OSHA to inspect each workplace once:	127
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,594
Construction:	417
Nonconstruction:	1,177
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,456
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$10,662
National average:	$20,996

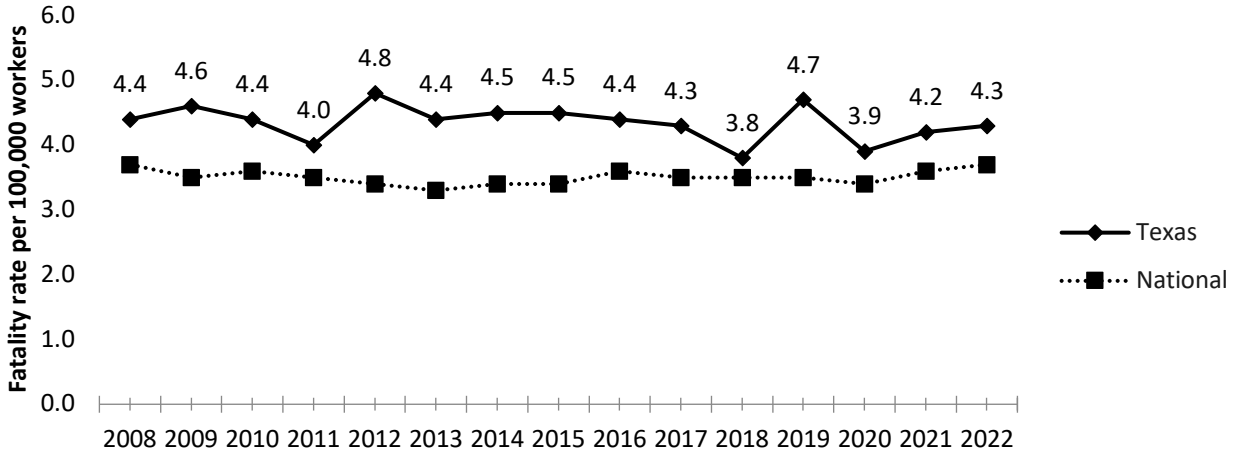


Prepared by AFL-CIO Safety and Health, April 2024

TEXAS

Worker Safety and Health

Number of employees:[1]	13,249,119
Number of establishments:[1]	805,090
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	1,700,377
Number of workplace fatalities, 2022:[3]	578
Rate per 100,000 workers:[4]	4.3
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	178,800
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, 2022:[7]	114,500
Rate per 100 workers:	1.2
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	99
Years it would take for OSHA to inspect each workplace once:	191
Number of workplace safety and health inspections conducted, FY 2023:[9]	4,142
Construction:	2,321
Nonconstruction:	1,821
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,341
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$18,151
National average:	$20,996



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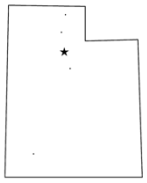
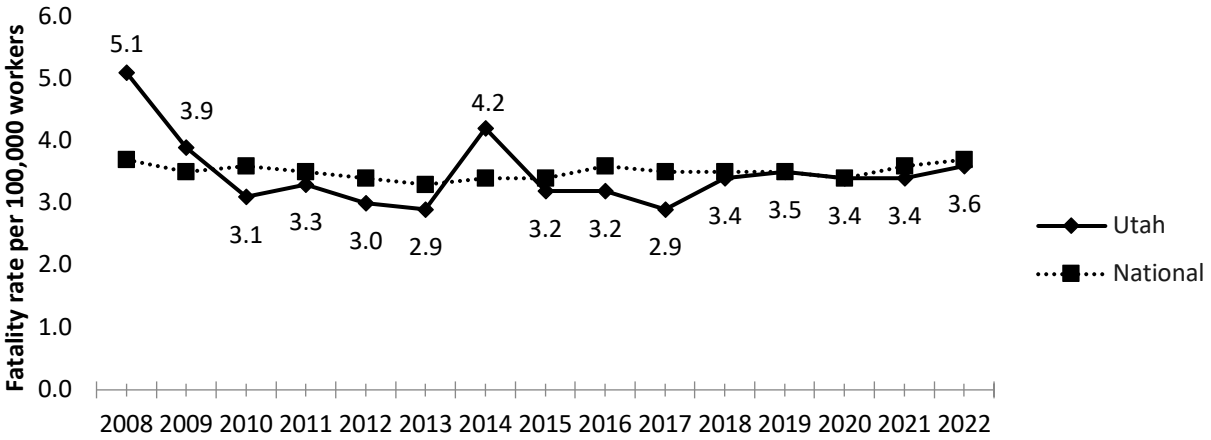
UTAH

Worker Safety and Health



Number of employees:[1]	1,651,243
Number of establishments:[1]	132,187
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	57
Rate per 100,000 workers:[4]	3.6
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	21
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	27,500
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, 2022:[7]	13,000
Rate per 100 workers:	1.2
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	15
Years it would take for OSHA to inspect each workplace once:	193
Number of workplace safety and health inspections conducted, FY 2023:[9]	684
Construction:	169
Nonconstruction:	515
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$1,729
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$21,882
National average:	$20,996

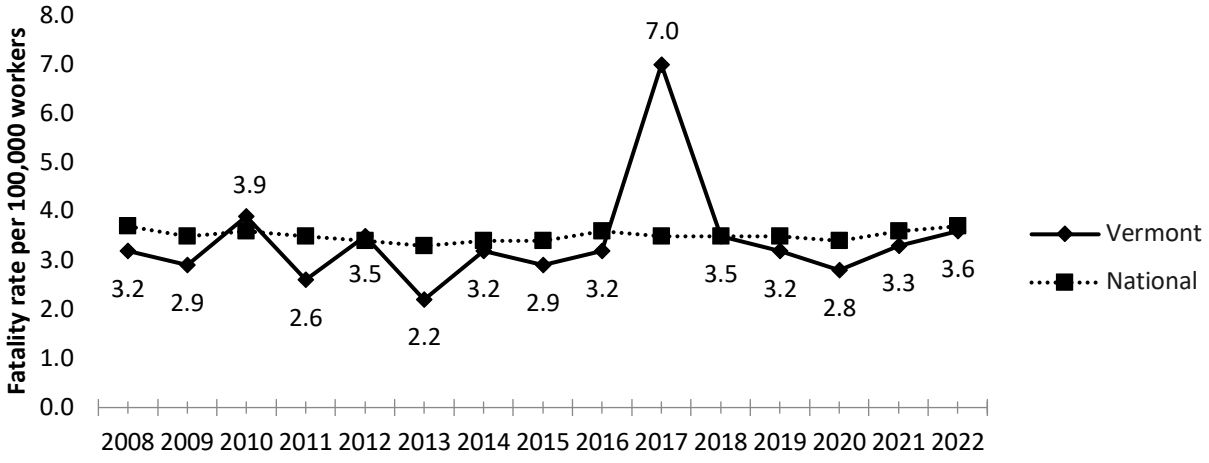


Prepared by AFL-CIO Safety and Health, April 2024

VERMONT

Worker Safety and Health

Number of employees:[1]	301,271
Number of establishments:[1]	29,980
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	11
Rate per 100,000 workers:[4]	3.6
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	21
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	7,400
Rate per 100 workers:	3.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	4,100
Rate per 100 workers:	2.2
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	7
Years it would take for OSHA to inspect each workplace once:	187
Number of workplace safety and health inspections conducted, FY 2023:[9]	160
Construction:	66
Nonconstruction:	94
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,930
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$7,659
National average:	$20,996

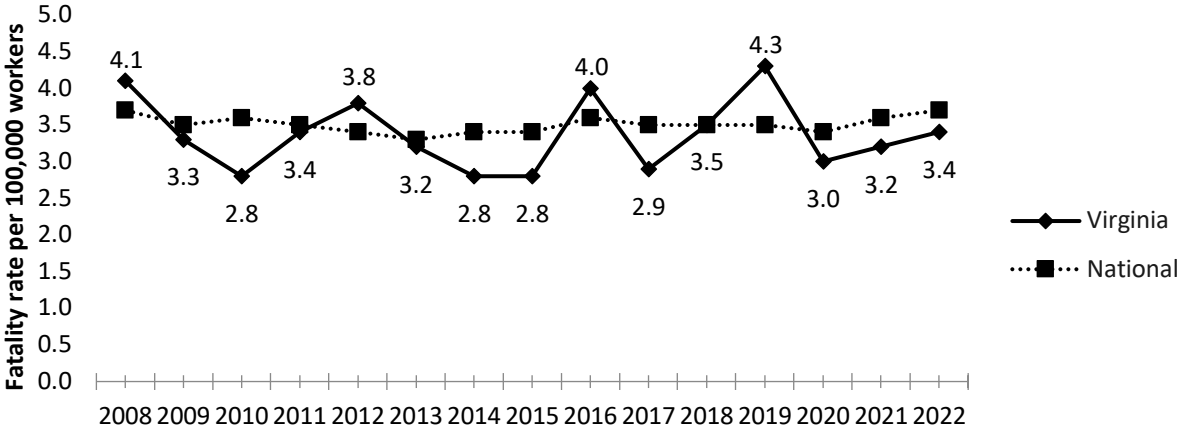


Prepared by AFL-CIO Safety and Health, April 2024

VIRGINIA

Worker Safety and Health

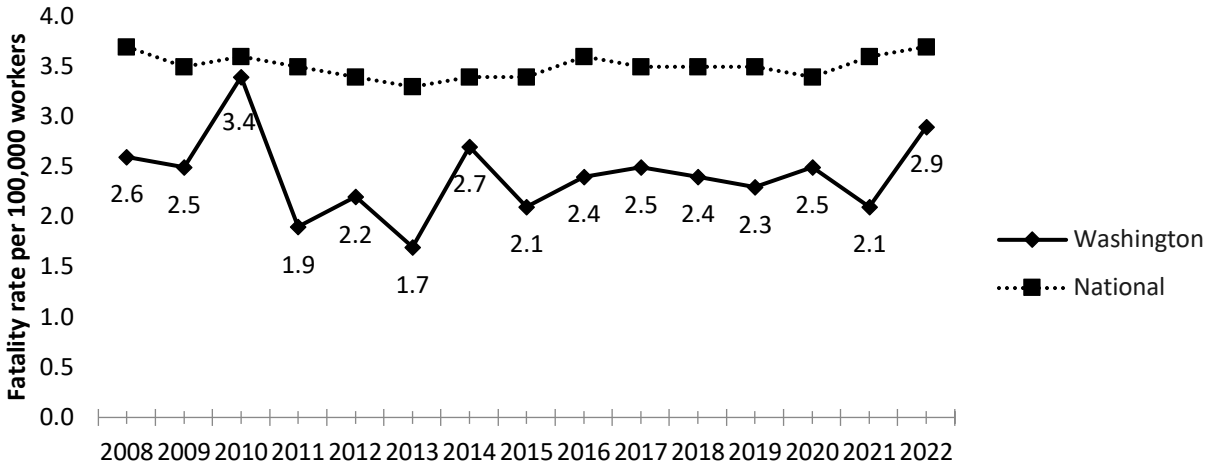
Number of employees:[1]	3,958,628
Number of establishments:[1]	327,821
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	144
Rate per 100,000 workers:[4]	3.4
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	19
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	61,200
Rate per 100 workers:	2.3
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	38,800
Rate per 100 workers:	1.5
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	42
Years it would take for OSHA to inspect each workplace once:	179
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,829
Construction:	799
Nonconstruction:	1,030
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$3,327
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$8,352
National average:	$20,996



WASHINGTON

Worker Safety and Health

Number of employees:[1]	3,512,268
Number of establishments:[1]	257,122
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	104
Rate per 100,000 workers:[4]	2.9
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	9
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	89,600
Rate per 100 workers:	3.9
National rate:	2.7
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2022:[7]	59,500
Rate per 100 workers:	2.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	136
Years it would take for OSHA to inspect each workplace once:	47
Number of workplace safety and health inspections conducted, FY 2023:[9]	5,444
Construction:	2,166
Nonconstruction:	3,278
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,662
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$14,677
National average:	$20,996

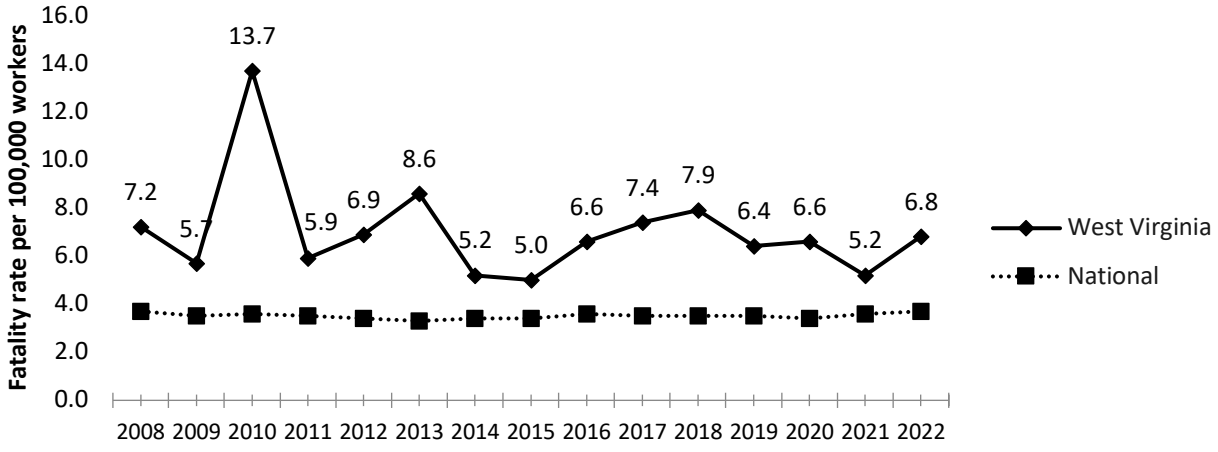


Prepared by AFL-CIO Safety and Health, April 2024

WEST VIRGINIA

Worker Safety and Health

Number of employees:[1]	673,782
Number of establishments:[1]	55,711
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	108,875
Number of workplace fatalities, 2022:[3]	48
Rate per 100,000 workers:[4]	6.8
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	46
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	14,800
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, 2022:[7]	9,100
Rate per 100 workers:	2.0
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	7
Years it would take for OSHA to inspect each workplace once:	183
Number of workplace safety and health inspections conducted, FY 2023:[9]	287
Construction:	185
Nonconstruction:	102
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$6,173
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$16,525
National average:	$20,996

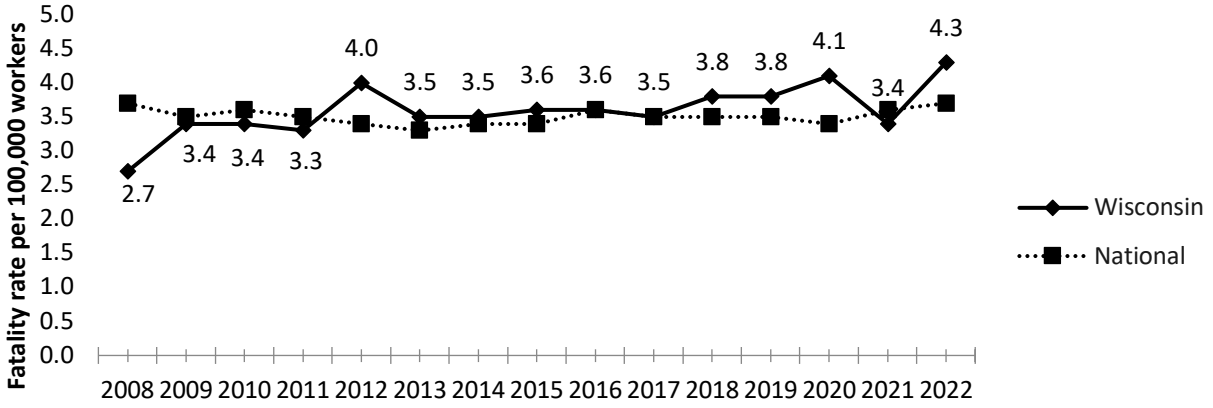


Prepared by AFL-CIO Safety and Health, April 2024

WISCONSIN

Worker Safety and Health

Number of employees:[1]	2,877,343
Number of establishments:[1]	197,207
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:	341,909
Number of workplace fatalities, 2022:[3]	125
Rate per 100,000 workers:[4]	4.3
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	30
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	58,900
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, 2022:[7]	32,900
Rate per 100 workers:	1.7
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	41
Years it would take for OSHA to inspect each workplace once:	119
Number of workplace safety and health inspections conducted, FY 2023:[9]	1,601
Construction:	765
Nonconstruction:	836
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,721
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$76,318
National average:	$20,996



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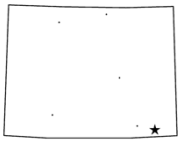
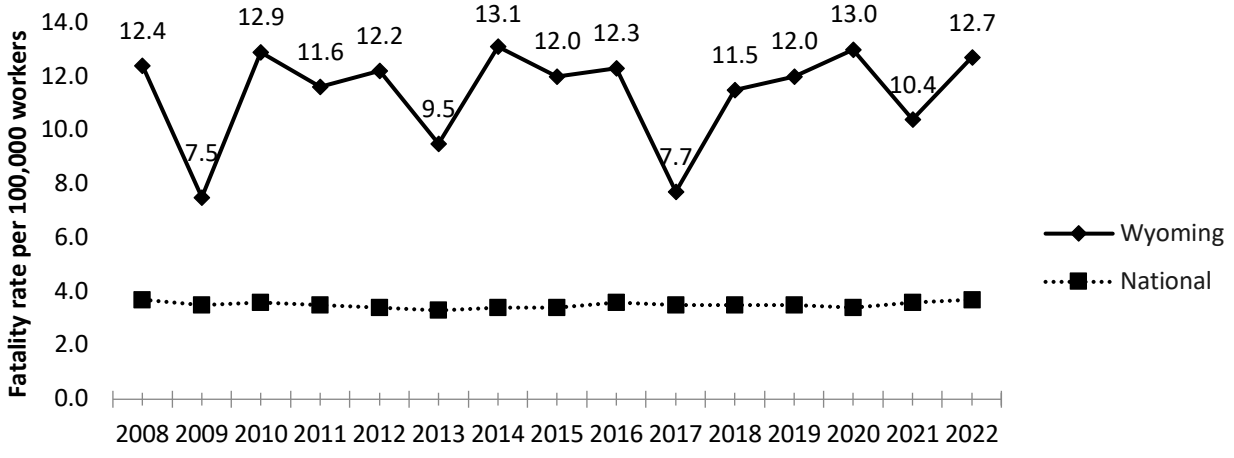
WYOMING

Worker Safety and Health



Number of employees:[1]	272,234
Number of establishments:[1]	29,595
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2022:[3]	34
Rate per 100,000 workers:[4]	12.7
National rate:	3.7
Ranking of state fatality rate, 2022:[5]	50
Total cases of workplace injuries and illnesses, private industry, 2022:[6]	5,100
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, 2022:[7]	2,600
Rate per 100 workers:	1.6
National rate:	1.7
Number of workplace safety and health inspectors, FY 2023:[8]	6
Years it would take for OSHA to inspect each workplace once:	190
Number of workplace safety and health inspections conducted, FY 2023:[9]	155
Construction:	72
Nonconstruction:	83
Avg. penalty assessed for serious violations of the OSH Act, FY 2023:[9]	$4,861
National average:	$3,502
Avg. total penalty per fatality investigation, FY 2023:[10]	$6,290
National average:	$20,996



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STATE PROFILES
FOOTNOTES

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2022.
[2]Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided it is as effective as the federal program. One condition of operating a state plan is that the program must cover state and local employees who otherwise are not covered by the OSH Act. Currently, 21 states and one territory administer their own OSHA programs for both public and private sector workers. Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York and the Virgin Islands have state programs for public employees only.
[3]U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2022, released Dec. 19, 2023.
[4]*Ibid.*
[5]Ranking based on best to worst (1=best; 50=worst).
[6]U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2022 private sector only, released Nov. 8, 2023.
[7]U.S. Department of Labor, Bureau of Labor Statistics, State Data, Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, Job Transfer or Restriction, 2022 private sector only, released Nov. 8, 2023.
[8]U.S. Department of Labor, OSHA, Federal Compliance Safety and Health Officer Totals by State, as of December 2023; data received Jan. 23, 2024. State plan state Compliance Safety and Health Officers “on board” from FY 2023 State Plan Grant Applications, as of July 1, 2023; data received Feb. 23, 2024.
[9]U.S. Department of Labor, OSHA. Inspection data provided by the Directorate of Enforcement Programs, OIS Inspection Report, and the Directorate of Cooperative and State Programs, OIS State by Year for 18(b) State (only).
[10]U.S. Department of Labor, OSHA, FY 2023. 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

Employment and Establishment Data: Employment and Wages, Annual Averages, 2022, 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 2023, the OSH Act does not cover public employees in the 23 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, 2022, Bureau of Labor Statistics, U.S. Department of Labor.

Workplace Fatality Information: Census of Fatal Occupational Injuries, 2022, 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, 2022, 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 2024 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 2023.

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 Northern Mariana 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, 2022, at 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, Massachusetts, 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 Northern Mariana 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, Massachusetts, New Jersey and New York as federal states.

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

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

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

A 2020 change in the BLS Survey of Occupational Injuries and Illnesses policy has led to publishing of detailed injury and illness data biennially (every two years), rather than annually, beginning in 2023. The data released in 2023 were combined data for 2021 and 2022 and make it difficult to compare to previous years.

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