Death on the Job
The Toll of Neglect

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

16th Edition
April 2007

AFL-CIO

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

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THE STATE OF WORKERS' SAFETY AND HEALTH

This edition of "Death on the Job: The Toll of Neglect" marks the 16th year the AFL-CIO has produced a report on the state of safety and health protections for America's workers. The report includes state-by-state profiles of workers' safety and health and features state and national information on workplace fatalities, injuries, illnesses, the number and frequency of workplace inspections, penalties and public-employee coverage under the Occupational Safety and Health Act (OSHAct). It also includes information on the state of mine safety and health.

Since 1970, when the OSHAct was passed, workplace safety and health conditions have improved. Unfortunately, as demonstrated by the Sago mine disaster and other recent coal disasters, too many workers remain at risk, and face death, injury or disease as a result of their jobs.

Progress in protecting workers' safety and health is slowing, and for some groups of workers jobs are becoming more dangerous. The most recent job fatality data (2005) show 5,734 fatal workplace injuries reported in 2005, with significant increases in fatalities among Hispanic, Black or African–American, foreign-born and young workers. As the economy, the workforce and hazards are changing, we are falling further and further behind in our efforts to protect workers from new and existing problems.

Under the Bush Administration, regulatory activity at the Occupational Safety and Health Administration (OSHA) has ground to a halt. Important standards close to completion at the end of the Clinton Administration—including a standard on employer payment for personal protective equipment—have been withdrawn or delayed repeatedly by the Bush Administration. Overall, dozens of OSHA and MSHA standards were pulled from the Administration's regulatory agenda, including MSHA standards on mine rescue teams, self-contained self-rescue devices and escape ways and refuges which may have helped to prevent the fatalities at the Sago mine. Some new mine safety rules are now being developed and issued, but only as a result of legislation enacted in the wake of the Sago disaster.

New and emerging hazards, including risks to workers from bioterrorist threats and pandemic flu, are not being adequately addressed.

The dollar amounts of both federal and state OSHA penalties and MSHA penalties are woefully inadequate.

Over the past six years, the OSHA and MSHA enforcement staff and enforcement budgets have been cut, with much greater emphasis on voluntary efforts and partnership programs with industry. This trend may now be reversing as a result of the recent mining disasters and the election of a Democratic Congress that places a higher priority on job safety enforcement.

According to Liberty Mutual, the nation's largest workers' compensation insurance company, the direct cost of occupational injury and illness is $48.6 billion – nearly $1 billion per week. When indirect costs are taken into account, the total annual cost is between $145 billion and

$290 billion a year. But even these estimates understate the true extent of occupational injuries and illnesses and their associated costs.

At a time when challenges, problems and costs are mounting, the nation's commitment to protecting workers from job injuries, illnesses and death has faltered. The nation is falling further and further behind in achieving the promise of safe jobs for America's workers.

JOB FATALITIES, INJURIES AND ILLNESSES

More than 349,000 workers now can say their lives have been saved since the passage of the OSH Act in 1970. Unfortunately, too many workers remain at risk. On average, 16 workers were fatally injured and more than 12,000 workers were injured or made ill each day of 2005. These statistics do not include deaths from occupational diseases, which claim the lives of an estimated 50,000 to 60,000 workers each year.

Job Fatalities

According to the BLS, there were 5,734 workplace deaths due to traumatic injuries in 2005, a decrease from the number of deaths in 2004, when 5,764 workplace deaths were reported. The rate of fatal injuries was 4.0 per 100,000 workers in 2005 compared to 4.1 per 100,000 workers in 2004, a 2 percent decrease.

Wyoming led the country with the highest fatality rate (16.8 per 100,000), followed by Montana (10.3), Mississippi (8.9), Alaska (8.2), South Dakota (7.5) and South Carolina (6.7). The lowest state fatality rate (1.1 per 100,000) was reported in Rhode Island, followed by Vermont (2.0), Maine (2.2), Hawaii (2.3), Massachusetts (2.3) and Michigan (2.3). Twenty-four states saw an increase in either the rate or number of fatalities between 2004 and 2005, with Mississippi, Montana, and South Dakota having the biggest increases in fatality rates.

The construction sector had the largest number of fatal work injuries (1,192) in 2005, followed by transportation and warehousing (885) and agriculture, forestry, fishing and hunting (715). Industry sectors with the highest fatality rates were agriculture, forestry, fishing and hunting (32.5 per 100,000), mining (25.6 per 100,000) and transportation and warehousing (17.7 per 100,000).

Transportation incidents, in particular highway crashes, continue to be the leading cause of workplace deaths, responsible for 2,493 or 43 percent of all fatalities in 2005. Highway crashes continue to account for one-fourth of the fatal work injury total (1,437).

Fatalities from falls decreased by 7 percent in 2005 compared to 2004. In 2005 there were 770 fatalities from falls. The number of workplace homicides increased to 567 in 2005 compared to 559 in 2004.

Transportation and material moving occupations had the highest number of fatalities with 1,551, followed by construction and extraction occupations with 1,184 fatal injuries. The occupations at greatest risk of work-related fatalities, based on the number of fatalities per 100,000 employed, were fishers and related fishing workers (118.4/100,000), logging workers (92.9/100,000) and

aircraft pilots and flight engineers (66.9/100,000).

Fatal injuries to Hispanic or Latino workers continue to be a serious problem, with fatal injuries to both foreign-born and native-born Hispanic workers increasing in 2005. In 2005, fatal injuries among Hispanic workers increased by 2 percent over 2004, with 923 fatalities among this group of workers, the highest number ever reported. The rate of fatal injuries to Hispanic or Latino workers decreased from 5.0 per 100,000 workers in 2004 to 4.9 per 100,000 workers in 2005. The fatality rate among Hispanic or Latino workers in 2005 was 23 percent higher than the fatal injury rate for all U.S. workers.

Other racial/ethnic groups experiencing an increase in fatalities in 2005 included Black or African-American workers and American Indian or Alaskan Native workers.

Job Injuries and Illnesses

In 2005, 4.2 million injuries and illnesses were reported in private-sector workplaces, a slight decrease from 4.3 million in 2004. An additional 578,200 injuries and illnesses occurred among state and local employees in the 29 states and territories in which these data were collected. The national injury and illness rate (private-sector only) in 2005 was 4.6 per 100 workers.

Manufacturing accounted for 20 percent of the nonfatal workplace injuries and illnesses in 2005. The health care and social assistance industry accounted for 16 percent of injuries and illnesses followed by the retail trade industry at 15 percent. Construction experienced 10 percent of all private-sector injuries and illnesses in 2005.

The industries with the highest rates of nonfatal workplace injuries and illnesses were beet sugar manufacturing (18.3/100), light truck and utility vehicle manufacturing (17.8/100), iron foundries (17.1/100), truck trailer manufacturing (16.8/100) and prefabricated wood building manufacturing (14.3/100).

Thirty-one percent of all cases of injuries and illnesses involving days away from work, job transfer or restriction occurred in the trade, transportation and utilities industry, followed by manufacturing at 17 percent, education and health services at 15 percent and construction at 13 percent. Occupations with highest number of injuries involving days away from work were laborers and materials movers, heavy and tractor-trailer truck movers, nurses' aides and orderlies, construction laborers, and truck drivers in light or delivery services.

The median number of days away from work for lost time injury cases was seven days in 2005, with 24 percent of all days away from work cases resulting in 31 or more days away from work.

Musculoskeletal Disorders

For 2005, BLS reported 375,540 musculoskeletal disorder (MSD) cases resulting in days away from work. MSDs continue to account for 30 percent of all injuries and illnesses involving days away from work and remain the biggest category of injury and illness.

The occupations reporting the highest number of MSDs involving days away from work in 2005 were laborers and freight, stock, and material movers, handlers (32,100); nursing aides, orderlies

and attendants (28,920); and truck drivers, heavy and tractor-trailer (18,330). The median number of days away from work for MSDs in 2005 was 9 days.

It is important to recognize that the numbers and rates of MSDs reported by BLS represent only a part of the total MSD problem. The BLS MSD data are limited to cases involving one or more days away from work, the cases for which BLS collects detailed reports. Similar detailed reports are not collected for injuries and illnesses that do not involve lost work time or those that result in job transfer or restriction but not in time lost from work. Based on the percentage of days away from work cases involving MSDs (30 percent) in 2005, there were an estimated 285,030 MSDs that resulted in restricted activity or job transfer, 655,440 MSD cases that resulted in days away from work, restricted activity or job transfer, and a total of 1,264,260 MSDs reported by private-sector employers.

Moreover, these figures do not include injuries suffered by public-sector workers or postal workers, nor do they reflect the underreporting of MSDs by employers. Based on studies and experience, OSHA has estimated that MSDs are understated by at least a factor of two—that is, for every MSD reported there is another work-related MSD that is not recorded or reported.[1] However, a recent study that examined undercounting of injuries and illnesses found that underreporting is even greater, with two additional injuries occurring for every injury that is reported.[2]

Reported Cases Understate Problem

While government statistics show that occupational injury and illness are declining, numerous studies have shown that government counts of occupational injury and illness are underestimated by as much as 69 percent.[3] A recent study published in the April 2006 *Journal of Occupational and Environmental Medicine* that examined injury and illness reporting in Michigan has made similar findings.[4] The study compared injuries and illnesses reported in five different data bases – the BLS Annual Survey, the OSHA Annual Survey, the Michigan Bureau of Workers' Compensation, the Michigan Occupational Disease reports and the OSHA Integrated Management Information System. It found that during the years 1999, 2000 and 2001, the BLS Annual Survey, which is based upon employers' OSHA logs, captured approximately 33 percent of injuries and 31 percent of illnesses reported in the various data bases in the state of Michigan.

The BLS data underestimates the extent of workplace injuries and illnesses in the United States for a variety of reasons. First, the data exclude many categories of workers (self-employed individuals; farms with fewer than 11 employees; employers regulated by other federal safety and health laws; federal, state and local government agencies; and private household workers). This results in the exclusion of more than one in five workers from the BLS Annual Survey. In addition to the built-in exclusions, which BLS is candid about, there also is underreporting for

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[1] 64 F.R. 65981 and 65 F.R. 68758.

[2] Rosenman, K.D., Kalush, A., Reilly, M.J., Gardiner, J.C., Reeves, M., and Luo, Z., "How Much Work-Related Injury and Illness is Missed by the Current National Surveillance System?", *Journal of Occupational and Environmental Medicine*, Vol. 48, No. 4, pp 357-367, April 2006.

[3] Leigh, J. Paul, James P. Marcin, J., and Miller, T.R., "An Estimate of the U.S. Government's Undercount of Nonfatal Occupational Injuries," *Journal of Occupational and Environmental Medicine,* Vol. 46, No. 1, January 2004.

[4] Rosenman, op. cit.

other reasons.[5] There are a number of factors – mostly economic – that help explain underreporting:

- Workers' compensation systems create incentives for employers to underreport by increasing costs for companies that show an increase in injuries.
- Firms seeking government contracts may fear being denied a contract if their injury rate is too high.
- OSHA's reliance on injury rates in targeting inspections and measuring performance creates a clear incentive for employers not to record injuries.

There also are many reasons why workers may not report an injury or illness to their employer:

- Economic incentives can influence workers. Employer-implemented programs that offer financial rewards for individuals or departments for going a certain number of days without an injury may discourage workers from reporting. A recent report by the California State Auditor documented one such case where the use of economic incentives on the San Francisco-Oakland Bay Bridge project was identified as a likely cause of significant underreporting of injuries.[6]
- Employees do not want to be labeled as accident-prone.
- Employers implement programs that discipline workers when they report an injury, discouraging workers from reporting.
- Workers who apply for workers' compensation often are looked upon as slackers; many others do not know how to use the workers' compensation system.
- Foreign-born workers, whether in the country legally or not, face additional barriers to reporting. They may not know how or to whom to report the injury. They may fear being fired or harassed or being reported to the Bureau of Citizenship and Immigration Services.

Underreporting of workplace injuries and illnesses is not a new phenomenon. Numerous government-driven and independent studies have documented the problem of underreporting and made recommendations to correct it, yet little mention ever is made of underreporting when the BLS statistics are released. And officials at OSHA have largely ignored the issue of underreporting, continuing to rely on employer reports of workplace injuries as evidence that policies are working, despite evidence that this information is unreliable.

Reliable data is needed to have an accurate picture of the true nature and toll of workplace injuries and illnesses, to develop policies and initiatives to address identified problems and to assess the effectiveness of efforts to reduce this toll and address safety and health hazards. Hopefully, this issue will receive increased attention by the 110th Congress as part of renewed oversight on job safety and health.

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[5] Azaroff, L.S., Levenstein, C., and Wegman, D.H. Occupational Injury and Illness Surveillance: Conceptual Filters Explain Underreporting. *American Journal of Public Health*, Vol. 92, No. 9, pp 1421-1429, September 2002.

[6] California State Auditor, Bureau of State Audits. *San-Francisco-Oakland Bay Bridge Worker Safety: Better State Oversight Is Needed to Ensure That Injuries Are Reported Properly and That Safety Issues Are Addressed.* Report 2005-119. February 2006. Report available at http://www.bsa.ca.gov.

Cost of Occupational Injuries and Death

The cost of occupational injuries and death in the United States is staggering. In March 2007, Liberty Mutual Insurance, the nation's largest workers' compensation insurance company, released its 2006 Workplace Safety Index on the leading causes and costs of compensable work injuries and illnesses based on 2004 data.[7] The report revealed workplace injuries cost U.S. employers $48.6 billion – nearly $1 billion per week – in direct costs alone (medical and lost wage payments). Based on calculations used in its previous Safety Index, the Liberty Mutual data indicate businesses pay between $145.8 billion and $291.6 billion annually in direct and indirect (overtime, training and lost productivity) costs on workers' compensation losses. (Indirect costs are estimated to be two to five times direct costs.)[8] These figures are derived using disabling incidents (those resulting in an employee missing six or more days away from work). These cases represent only the most serious injuries; relying only on these cases significantly underestimates the overall cost of injuries and illnesses. Moreover, Liberty Mutual bases its cost estimates on BLS injury data. Thus all of the problems of underreporting in the BLS system apply to the Liberty Mutual cost estimates as well.

OSHA ENFORCEMENT AND COVERAGE

When it comes to job safety enforcement and coverage, it is clear that OSHA lacks sufficient resources to protect workers adequately. A combination of too few OSHA inspectors and low penalties makes the threat of an OSHA inspection hollow for too many employers. More than 8.6 million workers still are without OSHA coverage.

OSHA's resources remain inadequate to meet the challenge of ensuring safe working conditions for America's workers. In FY 2006, there were at most 2,112 federal and state OSHA inspectors responsible for enforcing the law at approximately eight million workplaces.[9] In FY 2006, the 818 federal OSHA inspectors conducted 38,589 inspections (194 fewer than in FY 2005), and the 1,294 inspectors in state OSHA agencies combined conducted 58,367 inspections (1,023 more than in FY 2005).

At its current staffing and inspection levels, it would take federal OSHA 133 years to inspect each workplace under its jurisdiction just once. In seven states (Florida, Delaware, Mississippi, Louisiana, Georgia, Maryland, and South Dakota), it would take more than 150 years for OSHA to pay a single visit to each workplace. In 18 states, it would take between 100 and 149 years to visit each workplace once. Inspection frequency is better in states with OSHA-approved plans, yet still far from satisfactory. In these states, it would now take the state OSHA's a combined 62 years to inspect each worksite under state jurisdiction once.

The current level of federal and state OSHA inspectors provides one inspector for every 63,670

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[7] 2006 Liberty Mutual Workplace safety Index. Report available at: http://www.wausau.com/omapps/ContentServer?cid=1078452376750&pagename=wcmInter%2FDocument%2FShowDoc&c=Document

[8] April 16, 2002 News Release, Liberty Mutual Research Institute for Safety.

[9] This reflects the number of federal inspectors plus the number of inspectors reflected in the FY 2006 state plan grant applications.

workers. This compares to a benchmark of one labor inspector for every 10,000 workers recommended by the International Labor Organization for industrialized countries.[10] In the states of Arkansas, Florida, Delaware, Nebraska, Georgia, Illinois, Louisiana, Mississippi and Texas, the ratio of inspectors to employees is greater than 1/100,000 workers.

Federal OSHA's ability to provide protection to workers has greatly diminished over the years. When the AFL-CIO issued its first report "Death on the Job: The Toll of Neglect" in 1992, federal OSHA could inspect workplaces under its jurisdiction once every 84 years, compared to once every 133 years at the present time. Since the passage of the OSHAct, the number of workplaces and number of workers under OSHA's jurisdiction has more than doubled, while at the same time the number of OSHA staff and OSHA inspectors has been reduced. In 1975, federal OSHA had a total of 2,405 staff (inspectors and all other OSHA staff) responsible for the safety and health of 67.8 million workers at more than 3.9 million establishments. In 2005, there were 2,208 federal OSHA staff responsible for the safety and health of more than 131.5 million workers at 8.5 million workplaces.

The number of employees covered by federal OSHA inspections dropped to 1.2 million in FY 2006, compared to 1.5 million in FY 2005. Between FY 1999 and FY 2006, the number of employees covered by federal OSHA inspections decreased by 34 percent. The average number of hours spent per inspection also decreased between FY 1999 and FY 2006, from 22 hours to 18.8 hours per safety inspection and from 40 hours to 34.4 hours per health inspection.

In the state OSHA plans, in FY 2006, there were 2,446,918 employees covered by inspections, with safety inspections averaging 15.6 hours and health inspections 26.1 hours.

Penalties for significant violations of the law remain low. In FY 2006, serious violations of the OSH Act carried an average penalty of only $881 ($873 for federal OSHA, $890 for state OSHA plans). A violation is considered "serious" if it poses a substantial probability of death or serious physical harm to workers. In FY 2006, Oregon continued to have the lowest average penalty for serious violations at $300, while California continued to have the highest average penalty at $5,398 per serious violation.

The number of willful violations issued by federal OSHA dropped substantially from 726 in FY 2005 to 446 in FY 2006, however, it should be noted that 303 of these willful violations in FY 2005 were a result of the investigation of a March 2005 explosion at a BP Products Refinery plant in Texas that killed 15 workers. The average penalty per repeat violation increased in FY 2006 from the FY 2005 level. While the average penalty per serious violation remained the same in FY 2006 compared to FY 2005, the average penalty for a willful violation dropped substantially from FY 2005 ($43,294) to FY 2006 ($32,158).

In the state OSHA plan states, in FY 2006, there were 153 willful violations issued, with an average penalty of $23,519, and 2,482 repeat violations with an average penalty of $1,916 per violation.

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

In March 2003, federal OSHA announced an enhanced enforcement program (EEP) to focus on persistent violators. However, the policy relies primarily on enhanced oversight by OSHA or consultants. There are no provisions for enhanced penalties as part of the program. In FY 2006, there were 467 inspections involving EEP cases, compared to 593 EEP cases in FY 2005 and 313 EEP cases in FY 2004.[11, 12]

According to OSHA, in FY 2006, the Department of Labor referred eleven enforcement cases to the Justice Department for criminal prosecution. Under the OSHAct, an employer may be subject to criminal prosecution in cases where a willful violation results in a worker's death.[13]

Every year more than 5,000 workers die on the job and thousands more die from illnesses caused by occupational exposures. Many of these deaths are determined by state and federal OSHA investigations to be due to employers' reckless disregard for worker safety. But, as documented in a December 2003 series by *The New York Times*, prosecutions of recklessly negligent employers are extremely rare. Of the 170,000 workplace deaths since 1982, only 16 convictions involving jail time have resulted—although 1,242 cases involving work deaths were determined by OSHA to involve "willful" violations by employers (violations in which the employer knew that workers' lives were being put at risk).

Killing a worker is considered a misdemeanor under the OSHAct, with a maximum sentence of six months in jail. Even for willful violations, fines typically are less than $25,000. *The New York Times'* analysis of OSHA data revealed that "companies whose willful acts kill workers face lighter sanctions than those who deliberately break environmental or financial laws."[14] In a review of 80 area incidents that killed or injured 80 workers where at least one serious citation for an OSHA violation was issued, the *Kansas City Star* reported that half the employers paid $3,000 or less in penalties.[15] A September 2003 report by the Labor Department's Office of the Inspector General concerning immigrant worker fatalities recommended OSHA evaluate the effectiveness of increasing the criminal charges under Section 17(e) of the OSH Act from a misdemeanor to a felony.[16] To date, no such evaluation has been forthcoming from the agency.

The Bush Administration has placed great emphasis on the expansion of OSHA's voluntary programs. In particular, OSHA expanded its program of "alliances." These alliances emphasize outreach, education and the promotion of safety and health. They have no set criteria and are less structured than OSHA's other voluntary programs (such as consultation and partnerships).

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[11] U.S. Department of Labor Fiscal Year 2008 Budget Justification of Appropriation Estimates for Committee on Appropriations, Volume II – OSHA.

[12] "EEP Cases in FY 2005 Nearly Double over Previous Year's Tally, OSHA Figures Show," Bureau of National Affairs, *Occupational Safety and Health Reporter*, Volume 35, Number 48, December 8, 2005.

[13] Statement of Edwin G. Foulke, Assistant Secretary, Occupational Safety and Health Administration, Before the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, U.S. House of Representatives, March 20, 2007.

[14] "When Workers Die: U.S. Rarely Seeks Charges for Deaths in Workplace," *The New York Times*, David Barstow, Dec. 22, 2003.

[15] "Discounted Lives: Workplace Deaths Can Devastate Families But Fines From OSHA Are Often Modest – If Employers Pay Them At All", *The Kansas City Star*, Mike Casey, December 11, 2005.

[16] DOL, Office of Inspector General, "Evaluation of OSHA's Handling of Immigrant Fatalities in the Workplace", Report No. 21-03-023-10-001, Sept. 30, 2003.

Most of the alliances are between OSHA and employer groups and have excluded unions from participation.

In FY 2006, OSHA formed 100 new alliances and renewed 74 agreements. OSHA's Voluntary Protection program (VPP) was also expanded with 188 new VPP sites approved, bringing the number of federal OSHA VPP sites to 1138.[17]

The current OSHA law still does not cover 8.6 million state and local government employees. Although these public employees encounter the same hazards as private-sector workers, in 21 states and the District of Columbia they are not provided with protection under the OSHAct.

Similarly, millions who work in the transportation and agriculture industries and at Department of Energy contract facilities lack full protection under the OSHAct. These workers theoretically are covered by other laws, which in practice have failed to provide equivalent protection. The void in protection is particularly serious for flight attendants. The Federal Aviation Administration (FAA) has claimed legal jurisdiction for airline cabin crews but has refused to issue necessary workplace safety rules. Efforts by the FAA and OSHA initiated in 2000 to resolve this situation were jettisoned by the Bush Administration, which instead has announced a program limited to voluntary activities that will be overseen by the FAA.

REGULATORY ACTION

Rule making at OSHA has virtually ground to a halt under the Bush Administration. During its first term, the Administration moved to withdraw dozens of safety and health rules from the regulatory agenda, ceasing all action on the development of these important safety and health measures. Rules withdrawn at OSHA included measures on indoor air quality, safety and health programs, glycol ethers and lock-out of hazardous equipment in construction. At MSHA, 17 safety and health rules were withdrawn, including rules on mine rescue teams and self-contained self-rescuers.

During its first five years, the Bush Administration failed to issue any significant safety and health rules, compiling the worst record on safety and health standards in OSHA and MSHA history.

In February 2006, the Bush Administration issued its first major final OSHA rule – a standard on hexavalent chromium, issued as a result of a lawsuit brought against the agency by Public Citizen and PACE International Union (now part of the United Steelworkers). Under the court ruling, which ordered the agency to expedite the rule, a final standard was issued on February 28, 2006. The final hexavalent chromium rule is a very weak health standard with a permissible exposure limit (PEL) five times what was originally proposed by the agency; a level of exposure which by OSHA's own admission will leave workers at a significant risk of developing cancer. The final standard also failed to cover hexavalent chromium found in Portland cement, weakened worker access to exposure monitoring results, scaled back worker training requirements, and

[17] U.S. Department of Labor Fiscal Year 2008 Budget Justification of Appropriation Estimates for Committee on Appropriations, Volume II – OSHA.

gave employers four years to implement engineering controls to protect workers. A lawsuit has been filed by Public Citizen and the USW challenging a number of provisions in the standard that fail to provide workers adequate protection.

In February 2007, a final standard updating OSHA's electrical safety requirement was issued. This rule largely codified changes previously adopted in the National Electrical Code and NFPA standards that were already required by many states and localities. The rule addresses an important hazard, but with an economic impact of $9.6 million annually is well under the $100 million OMB threshold for an economically significant rule.

For other rules on the OSHA regulatory agenda, there has been little or no action.

A standard on Employer Payment for Personal Protective Equipment, which has been through the rule-making process, has languished for six years. This rule would require employers to pay for the safety equipment that must be provided by employers under OSHA standards. This rule is particularly important for low wage workers and immigrant workers who work in dangerous industries like meat-packing, poultry and construction.

In April 2003 the AFL-CIO and eight other union organizations and the Congressional Hispanic Caucus petitioned for OSHA to issue the final payment for PPE standard. Despite repeated promises that final action was forthcoming, from 2004 to 2006 OSHA missed every announced target date for completion of the rule. On January 3, 2007, the AFL-CIO and the United Food and Commercial Workers (UFCW) filed suit in the U.S. Court of Appeals for the District of Columbia asking the court to intervene and order OSHA to act. In response to this lawsuit, OSHA has told the court that it will issue the PPE rule by the end of November 2007, barring unforeseen circumstances. However, the Administration has refused to commit to issue a final rule that is at least as protective as the proposal issued in 1999.

There are five economically significant regulations still on the OSHA regulatory agenda: Crystalline Silica (in the pre-rule stage); Confined Spaces in Construction (proposed rule stage); Beryllium (pre-rule stage); Hearing Conservation for Construction Workers (long-term action with the next action undetermined) and Electric Power Transmission and Distribution (final rule stage, public hearings held in March 2006). But, there is no commitment from OSHA as to when and whether they will finalize these rules or will propose rules that are in the pre-rule or long-term action stages.

There also has been no agency regulatory action to address newly identified hazards. In February 2007, OSHA denied a union petition for an emergency temporary standard to protect health care workers and emergency responders in the event of a flu pandemic on grounds that a pandemic had not yet occurred. The agency has also failed to respond to a petition for an emergency standard on the chemical diacetyl, a butter flavoring agent used in microwave popcorn and other foods, that has caused a rare and fatal lung disease (bronchilitis obliterans) in exposed workers. In contrast to federal OSHA, the state of California, which has received a similar petition, has moved quickly to draft an emergency diacetyl rule and has established a special emphasis surveillance and enforcement program in the flavoring industry.

MINE SAFETY AND HEALTH

The year 2006 began with a major mine disaster – an explosion at the Sago mine in West Virginia that claimed the lives of 12 miners. Within a few weeks' time, disasters at eight other mines claimed additional lives. And by the end of 2006, the toll was 47 coal miners killed on the job compared to 22 coal mine deaths in 2005. This series of mine fatalities brought renewed attention to mine safety, weaknesses in protections, the record of the Bush Administration and the improvements that are needed to prevent mining injuries and fatalities. In the wake of these tragedies, in June 2006 Congress enacted the first improvements in mine safety legislation since 1977 with enactment of the Mine Improvement and New Emergency Response Act of 2006 (MINER Act).

The Mine Safety and Health Act is administered by the Mine Safety and Health Administration (MSHA) and applies to both underground and surface mines, and to both coal mines and other metal and non-metal mining operations (e.g., gold, lead, sand and gravel). The MSHAct requires a minimum of four inspections per year in underground mines, and two inspections per year for surface mines. The level of oversight in the mining industry is much greater than for those industries subject to OSHA, which does not provide for any mandatory routine inspections.

The enhanced oversight and regulation under the MSHAct helped bring about reductions in mining fatalities and injuries. According to MSHA in 1977, there were 139 coal mine deaths among 237,506 coal miners. The number of coal mine deaths declined over the years and reached a low of 22 fatalities in 2005. But in 2006, that trend reversed, with 47 coal miners killed on the job – more than double than in 2005. The BLS injury survey shows that reported coal mine injuries have also declined from a rate of 12.4/100 for bituminous mining and 21.6/100 for anthracite mining in 1977, to 5.1/100 for all coal mining operations in 2005, the last year of available BLS injury data.

Mine fatalities have also declined in metal and non-metal mines, from 234 deaths among 285,165 miners in 1977, to 25 deaths among 234,667 miners in 2006. According to BLS, the injury rate for metal mines declined from 7.4/100 in 1977 to 3.5/100 in 2005, and the injury rate in non-metal mines from 5.1/100 to 3.5/100.

But the recent mine tragedies have raised serious concerns that safety and health conditions in the nation's mines are deteriorating as there has been a push for production as coal demand and prices have increased. At the same time, the Bush Administration has pushed policies at MSHA, similar to those at OSHA, that promote voluntary compliance, close ties to industry, and limited regulation.

Since 2001, the Bush Administration has made a practice of appointing mining industry officials to key positions at MSHA. Bush's first MSHA Assistant Secretary David Lauriski was an executive at Energy West Mining, and two of his deputies came to MSHA from management positions in the mining industry. The current Bush appointee to head MSHA – Richard Stickler – whose appointment was opposed by the United Mine Workers and the AFL-CIO, comes from

decades of employment as a mine industry official. The Senate refused to act on the Stickler nomination, returning it to the White House twice. Despite this action, President Bush decided to appoint Stickler to the position through a recess appointment that allows him to serve until the end of the Congressional session in 2007.

In its first term the Bush Administration, moved to change the regulatory priorities of MSHA. In 2001 and 2002, the Administration withdrew a total of 17 safety and health rules from the MSHA regulatory agenda. Among the rules withdrawn were measures on mine rescue teams, self-contained self-rescue devices, and flame resistant conveyor belts – measures that could have helped to prevent the deaths at the Sago mine and Alma mine in 2006.

Instead of working on these important safety standards, the Bush Administration focused on rolling back existing protections. In coal mining, the Administration proposed to increase the amount of allowable coal dust and issued a rule to allow the use of coal conveyor belts as a source of mine ventilation – a practice prohibited under the MSHAct. In metal and non-metal mining, the Administration stayed the implementation of a rule reducing the amount of allowable diesel particulates issued by the Clinton Administration. After being sued by the United Steelworkers Union, MSHA agreed to implement the rule.

On the enforcement side, the Bush Administration has promoted compliance assistance and voluntary compliance. From FY 2001 to FY 2005, the coal enforcement staff at MSHA was reduced from 1,233 to 1,043 positions and the coal enforcement budget cut by 9 percent in inflation adjusted terms. After the 2006 coal mine disasters, through emergency action the Congress increased the coal enforcement staff by 170 positions to 1,186 positions. Analyses of MSHA enforcement data conducted by Knight-Ridder in the aftermath of the Sago disaster found a 43 percent reduction in major fines during the first five years of the Bush Administration compared to the last five years of the Clinton Administration. The median fine for major violations under Bush was $27,139 compared to a median fine of $47,913 (inflation adjusted) during the Clinton Administration.[18]

But for most violations, the MSHA penalties are much lower, even for violations that are "serious and substantial" – violations that are reasonably likely to lead to serious injury or illness. At the Sago mine, MSHA inspection records show that prior to the January 2, 2006 explosion MSHA had issued 208 citations or orders against the mine in 2005, and 96 of these were for serious and substantial violations. But the average penalty assessed for these violations was only $156.[19]

The Sago disaster and subsequent fatal incidents spurred some immediate actions to address deficiencies in mine safety protections. The state of West Virginia enacted emergency legislation requiring additional oxygen, tracking and communications devices, enhanced training and immediate notification in the event of emergencies. The state of Kentucky passed legislation

[18] "Knight-Ridder and MSHA Dispute Penalty Data from Agency's Website", Legal Publication Services, *Mine Safety and Health News*, January 23, 2006.

[19] "Review of Federal Mine Safety and health Administration's Performance from 2001 to 2005 Reveals Consistent Abdication of Regulatory and Enforcement responsibilities, United States House of Representatives, Committee on Education and the Workforce, Democratic Staff, January 31, 2006.

increasing the frequency of state inspections in underground coal mines and requiring coal operators to institute an accident prevention plan.

In June 2006, the U.S. Congress enacted the Mine Improvement and New Emergency Response Act (MINER Act). The law requires coal operators to develop and implement an accident response plan that requires additional oxygen, improved communications and tracking, and enhanced training, and calls for these measures to be upgraded as new technology becomes available. It also requires ready availability of mine rescue teams and new stronger standards for sealing abandoned mine areas, and calls for research and recommendations on belt flammability and rescue chambers. It strengthens MSHA enforcement by enhancing penalties for flagrant violations and setting mandatory minimum penalties for the most serious of violations.

MSHA has taken some action to implement some of the provisions of the MINER Act and to address other critical issues. In March 2006, the agency issued an emergency temporary standard to strengthen mine evacuation requirements, which made permanent in December. In July 2006, the agency strengthened requirements for alternative mine seals to withstand 50 psi of pressure (although subsequently NIOSH released a report that found explosives in sealed areas can create pressures of up to 650 psi). And, in March 2007 MSHA issued a rule increasing the civil penalties for significant and flagrant violations.

But a comprehensive review of MSHA's implementation of the MINER Act conducted by the House Committee on Education and Labor in February 2007 found that progress was proceeding too slowly.[20] The report found that emergency evacuation still remains a serious problem with reliable self-contained self-rescuers still not available in many mines and evacuation training inadequate. Similarly, emergency communications systems and tracking devices are lacking and there is only limited action to install mine rescue chambers. Inadequate seals and the continued use of conveyer belt air as a source of ventilation continue to pose major hazards that put miners in great danger.

THE JOB SAFETY BUDGET

President George W. Bush's proposed FY 2008 budget for worker safety and health programs reflects the Administration's policies toward worker protection—it includes priorities and policies that favor employers over workers and voluntary compliance over enforcement. For FY 2008, the Bush Administration has proposed $490 million for OSHA, $313 million for MSHA and $253 million for NIOSH. [21]

Adjusting for inflation, the FY 2008 proposed OSHA budget represents a $5 million cut compared to the FY 2006 appropriation. But since FY 2001, when the Bush Administration took office, the OSHA budget has been cut by $25 million in real dollar terms and the number of FTEs reduced by nearly 200 positions. Federal OSHA enforcement staffing levels have been cut

[20] Implementation of the MINER Act Is Proceeding Too Slowly. An Interim Staff Report. Committee on Education and Labor, United States House of Representatives. February 27, 2007.
[21] AFL-CIO Analysis of The Bush Administration's FY 2008 Budget: Department of Labor http://www.aflcio.org/issues/bushwatch/2008budget_dol.cfm

from 1,683 to 1,543 positions and staffing for the development of safety and health standards from 100 to 83 positions. During this time, the Bush Administration has favored employer voluntary efforts, increasing the budget for federal compliance assistance for employers by nearly $29 million ($6.8 million in real dollar terms) since FY 2001.

In FY 2008, the Bush Administration proposes to totally eliminate funding for OSHA worker safety and health training and education programs, as it did in FY 2006 and FY 2007. (Indeed every year since taking office, the Administration has sought to slash or eliminate funding worker training). But each year the Congress rejected these proposed cuts and maintained funding for worker safety training programs. At the same time, the Administration has proposed increases in funding for compliance assistance programs for employers. In FY 2008, the budget proposes a $7 million increase in the federal compliance assistance program, most of it for an expansion of the Voluntary Protection Program, bringing proposed total funding for all compliance assistance programs to $134.1 million in FY 2008.

For MSHA, for FY 2008 the Bush Administration proposes $313.5 million in funding compared to a total of $303.3 million appropriated in FY 2006 ($277.7 million through regular appropriations and $25.6 million in emergency funding following the Sago and other mine disasters). Adjusting for inflation, the FY 2008 proposed overall MSHA budget represents a $4.5 million cut over the FY 2006 appropriations. There is no increased funding requested in the FY 2008 MSHA budget proposal to issue new standards required by the new MINER Act, including rules on rescue teams, and enhanced communications.

For the MSHA coal enforcement program, $140.7 million has been requested for FY 2008, compared to the total of $142.7 million appropriated in FY 2006. Compared to FY 2001, the coal enforcement program has seen an increase of $2 million (1.5 percent) in real dollar terms. This increase in funding followed years of funding reductions and was largely in response to the deaths of 47 coal miners in 2006. For MSHA's Metal/Non-Metal enforcement activities, $72.3 million is requested for FY 2008, compared to $68.1 million appropriated in FY 2006, which represents a $1 million increase in real dollar terms.

For FY 2008, the Bush Administration has proposed a $253 million budget for NIOSH—$166 million for program activity and $87 million to fund the National Occupational Research Agenda (NORA). This proposed budget would cut NIOSH's funding by $1.5 million ($13.8 million in inflation-adjusted terms) over FY 2006 funding.

SAFETY AND HEALTH LEGISLATION

110TH CONGRESS

With the election of Democratic majorities in the House and the Senate in the 2006 election, the political landscape for worker safety and health has changed significantly. In the 110th Congress, the key committees with responsibility for safety and health are chaired by Senator Edward Kennedy (D-MA) and Rep. George Miller (D-CA), longtime strong supporters of worker safety and health protections, along with subcommittee chairs Senator Patty Murray (D-WA) and Rep. Lynn Woolsey (D-CA) who come from states with strong OSHA programs. Similarly, the

committees with responsibility for funding job safety programs are headed by strong supporters of these programs and worker protections.

The safety and health agenda for this Congress is still unfolding, but it is clear that mine safety is a priority for both the House and Senate. The House Education and Labor Committee and Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and related Agencies have held hearings on the state of mine safety and the Bush Administration's implementation of the new MINER Act. Rep. George Miller and Senators Robert Byrd and Edward Kennedy have announced that vigorous oversight on mine safety will continue and that they are considering further legislation to strengthen mine safety protections.

In addition to mine safety, there will be increased oversight on other important safety and health issues and the Bush Administration's policies and programs. Already, oversight hearings have been held on the BP refinery explosion that killed 15 workers, and hearings have been scheduled on the failure of OSHA to issue new standards and the current state of job safety and health.

With respect to safety and health legislation, Senator Kennedy and Rep. George Miller are expected to reintroduce the Protecting America's Workers Act, a bill that addresses key deficiencies in the OSHA law. This legislation would strengthen OSHA by expanding coverage to uncovered workers, enhancing whistleblower protections, increasing penalties for serious and willful violations and strengthening the criminal penalty provisions of the OSHAct.

In addition, a separate bill has been introduced by Rep. Rob Andrews (D-NJ) that would expand OSHA coverage to state and local public employees (H.R. 1517). On the Senate side, Senator Patty Murray (D-WA) has introduced legislation that would ban the future use of asbestos (S. 742). Though asbestos is subject to OSHA and EPA regulation, it is still being used in the United States putting workers and the public at unnecessary risk. It is likely that additional legislative proposals will be introduced as the new Congress conducts oversight and investigations of job safety programs and further develops its agenda for strengthening worker safety and health protections.

109TH CONGRESS

OSHA "Reform"

In July 2005, the House of Representatives passed four bills (H.R. 739, H.R. 740, H.R. 741 and H.R. 742) that would amend the Occupational Safety and Health Act and weaken OSHA enforcement. Introduced by Rep. Charles Norwood (R-GA), chair of the workforce protections subcommittee of the House Committee on Education and the Workforce Protections, these bills would make it more difficult for OSHA to enforce the law. These four bills were sent to the Senate combined into one package as H.R. 739, but no action was taken.

In the Senate, Senator Mike Enzi (R-WY), then-chair of the Health, Education, Labor and Pensions Committee introduced legislation that would have weakened OSHA enforcement. S. 2065 – the Occupational Safety and Partnership Act – allowed employers to self-certify compliance through third party audits, and exempted these companies from OSHA first instance

penalties. This bill would also have authorized OSHA to penalize workers for failing to wear personal protective equipment. A companion bill, S. 2066 – the Occupational Safety Fairness Act – included the four bills passed by the House, as well as other provisions that would further undermine OSHA enforcement. A third bill, S. 2067, would have established a commission to examine the adoption of a globally harmonized system for hazard communication. In the wake of the coal mine disasters in 2006, the political environment was not conducive to legislative actions that would weaken safety and health protections, and these legislative proposals died with the end of the 109th Congress. With the Democrats taking control of the Congress in 2007, it is not expected that these legislative proposals will be revived.

Asbestos Compensation

Over the last several decades, repeated attempts have been made to enact federal legislation to address the issue of compensation for asbestos-related diseases. In recent years, as the asbestos disease crisis has grown, so have the number of asbestos personal injury claims along with the number of companies declaring bankruptcy due to their asbestos liability, these efforts have intensified.

Beginning in 2002, efforts were initiated to reach a broad consensus on legislation to establish a federal asbestos trust fund to compensate victims of asbestos-related diseases. Progress was made on reaching agreement on consensus medical criteria for compensating asbestos disease victims. But business defendants, insurers and Republican senators refused to address the important issues of adequate funding and fair compensation for victims. As a result, the legislation (S. 1125 and S. 2290), introduced by Senators Orrin Hatch (R-UT) and Bill Frist (R-TN) and supported by industry groups, did not receive sufficient support to be considered by the Senate.

In the 109th Congress there were renewed efforts to craft legislation, and on April 22, 2005, a new bill, the Fairness in Asbestos Injury Resolution Act of 2005 (S. 852) was introduced by Senators Arlen Specter (R-PA) and Patrick Leahy (D-VT) with bipartisan support. While the legislation, which would establish a federal asbestos trust fund, included some significant improvements over earlier proposals, S. 852 was still problematic. The bill eliminated coverage for thousands of asbestos-lung cancer victims (those with significant asbestos exposure but no underlying "markers" of nonmalignant asbestos disease). It also left most victims with no redress during the start-up period for the fund and failed to ensure that deserving victims will be treated fairly and receive compensation on a timely basis. The AFL-CIO opposed the legislation as introduced, and attempted to secure changes in the bill. However, as reported from committee, the legislation was still deficient.

S. 852 was reported out of the Senate Judiciary Committee in June 2005 and brought to the Senate floor for consideration in February 2006. A substitute bill that would have established restrictive medical criteria for proceeding in the tort system was proposed by Senator John Cornyn (R-TX), but was rejected on a 70-27 vote. However, a budget point of order against S.852 due to its impact on the federal budget raised by Senator John Ensign (R-NV) was sustained on a vote of 58-41, returning the asbestos trust fund bill to the Judiciary Committee. The 109th Congress ended without any further action on the asbestos compensation bill.

Recently, Senator Specter, the lead sponsor of S. 852, has indicated that he is interested in moving forward with a pared down version of asbestos compensation legislation. But the new Democratic leaders in the Senate have strongly opposed proposed asbestos compensation legislation so it is unlikely that this type of legislation will move forward in the 110th Congress.

KEY SAFETY AND HEALTH CHALLENGES FOR 2007

The first term of the Bush Administration proved very difficult for workers and worker advocates; the second term is proving just as challenging. The Administration has demonstrated clearly that it has no commitment to addressing the major safety and health problems faced by America's workers. It prefers instead to focus on employers' push for less regulation and more voluntary programs. In its first term, the Bush Administration repealed the ergonomics standard and went back on its promise to seriously address the issue. After two one-year stays, it revoked provisions of the new OSHA record-keeping rule to prevent ergonomic injuries from being identified on the log of injuries and illnesses. Significant regulatory action at OSHA has virtually ground to a halt. The budgets proposed by President Bush continue to cut funding for worker safety training programs while increasing funding for voluntary compliance and employer assistance programs.

Meanwhile, major safety and health problems remain and the toll of workplace injuries, illnesses and fatalities remains high. For some groups of workers, particularly Hispanic and foreign-born workers, the problems are especially bad, with workplace fatality and injury rates higher than for those of the workforce as a whole.

Outlined below are some of the key safety and health challenges that must be addressed.

Hispanic and Foreign-Born Worker Fatalities and Injuries

Over the past two decades, the number of Hispanic and immigrant workers in the United States has increased significantly. The 2000 Census reported 35 million Hispanics living in the United States, comprising 12.5 percent of the U.S. population. More than 21 million are of working age. In 2003, immigrants made up 14 percent of the U.S. workforce. Immigrants account for nearly 50 percent of the net increase in the labor force during the second half of the 1990s.

The increased representation of Hispanics and immigrants in the U.S. workforce has been accompanied by an increase in work-related fatalities and injuries among these groups. But this rise in fatalities and injuries has been disproportionate, with fatalities and injuries increasing at alarming rates.

Immigrant workers face an epidemic of workplace injury and death and are at far greater risk of being killed or injured on the job than native-born workers. Although the share of foreign-born employment has increased by 22 percent between 1996 and 2000, the share of fatal occupational injuries for this population increased by 43 percent.[22]

[22] AFL-CIO. *Immigrant Workers At Risk: The Urgent Need for Improved Workplace Safety and Health Policies and Programs.* August 2005. See report at http://www.aflcio.org/issues/safety/upload/immigrant_risk.pdf

Since 1992, when these data first were collected in the BLS Census of Fatal Occupational Injuries (CFOI), the number of fatalities among Hispanic workers has increased by 73 percent, from 533 fatalities in 1992 to 923 in 2005. At the same time, the overall number of workplace fatalities dropped from 6,217 in 1992 to 5,734 in 2005. The states with the highest number of Hispanic worker fatalities are Texas (200), California (190), and Florida (113).

According to work done by CFOI and published in a 2003 National Research Council report, "Safety Is Seguridad," Hispanic men have the greatest overall relative risk of fatal occupational injury of any gender or race/ethnicity group. While Hispanic men have a relative risk 22 percent higher than the relative risk for all men, Hispanic women have a relative risk comparable to the relative risks faced by white women. Relative risk is particularly high for Hispanic men in the mining and construction industries. In 2000, Hispanic construction workers made up less than 16 percent of the construction workforce, but they suffered 23.5 percent of the fatalities. In 2000, Hispanic construction workers were nearly twice as likely to be killed by occupational injuries as their non-Hispanic counterparts.[23]

BLS data also show increases in the number of injury and illness cases with days away from work suffered by Hispanic workers. Of the total injury and illness cases with days away from work, the percentage of injuries and illnesses among Hispanic workers has increased from 9.4 percent in 1995 to 13.2 percent in 2005. It should be noted that while it is mandatory to report the race of a worker when there is a fatality, it is not mandatory to record the race of an injured worker on the OSHA 300 logs or related injury reports.

Fatalities among foreign-born workers (the CFOI does not use the term immigrant, but rather foreign-born) have followed a similar disturbing trend, increasing from 635 in 1992 to 1,035 in 2005. California, Texas and Florida had the greatest number of foreign-born worker fatalities in 2005, with 203, 135 and 119 deaths, respectively. Of the foreign-born workers who were fatally injured at work in 2005, 62 percent were Hispanic or Latino, 18 percent were white, 13 percent were Asian, native Hawaiian or Pacific Islander and 6 percent were Black or African American. Of the foreign-born workers who were injured fatally at work in 2005, 43 percent were from Mexico. Thirty percent of the foreign-born fatalities resulted from transportation incidents, 21 percent resulted from assaults and violent acts, 18 percent were a result of contact with objects and equipment and 18 percent resulted from falls.

In February 2002, OSHA announced an initiative to address the increased safety and health risks of immigrant and Hispanic workers. But at the same time, the Administration has proposed terminating funding for worker training and outreach programs, many of which are targeted to these high-risk workers. Research by The Associated Press reporter Justin Pritchard found safety experts inside and outside OSHA who say the agency's outreach efforts are well intentioned but beset by limited funding and a lack of Spanish-speaking staffers. According to OSHA, there are 121 federal compliance safety and health officers (OSHA inspectors) out of a total of 861 who

[23] Xiuwen Dong, M.S., and James W. Platner, Ph.D., "Occupational Fatalities of Hispanic Construction Workers From 1992 to 2000," *American Journal of Industrial Medicine, V*ol. 45, No. 1 (2004), pp. 45–54.

speak Spanish.[24]

In July 2006 officials from Immigration and Customs Enforcement (ICE), a part of the Department of Homeland Security, posed as officials from OSHA as part of a sting operation at Seymour Johnson Air Force Base in North Carolina. Construction workers were told to attend a mandatory OSHA meeting promising coffee and donuts. Instead, 48 immigrant workers were arrested and processed for deportation. Reaction to this outrageous misrepresentation of OSHA officials in the ICE sting operation was swift and vocal from the labor movement, members of Congress, immigrant organizations and professional associations, and OSHA itself who was not aware of ICE's plans to pose as OSHA officials. At a time when injury and fatality rates among undocumented workers is soaring, ICE's actions undermine OSHA's mission of protecting all workers and erodes trust between government agencies with responsibilities to protect workers and immigrant communities. After much resistance by ICE, in March 2006 they announced that they would discontinue using undercover operations sting operations using safety and health programs as a ruse to deport undocumented immigrant workers.

Ergonomics

Ergonomic injuries still are the biggest job-safety hazard faced by workers. In 2005, musculoskeletal disorders accounted for almost one-third of all workplace injuries.

The Bush Administration's promised "comprehensive plan" to address ergonomic hazards has turned out to be a sham. Four years after killing the ergonomics standard, the Administration has issued just three final ergonomics guidelines—for the nursing home industry, retail grocery stores and poultry processing. Guidelines on ergonomics in shipbuilding are under development, but no date has been set for their issuance. There are currently no plans to issue guidelines for any of the 12 other industries for which the National Advisory Committee on Ergonomics recommended action in 2004. Since January 2001, federal OSHA has issued a total of 17 general duty clause citations for ergonomic hazards, with only one ergonomic citation issued in 2005 and no ergonomic citations issued in 2006.

As long as the Bush Administration is in office, it is clear no new federal OSHA ergonomics standard will be issued and nothing else will be done to address seriously the biggest job-safety hazard workers face.

At the state level, in Michigan, an Ergonomics Standard Advisory Committee continues to work on the development of an ergonomics standard under Michigan OSHA. In 2006, at industry's urging the Michigan legislature passed legislation (H.B. 5447) to prohibit further work by the committee. The legislation was vetoed by Governor Jennifer Granholm on grounds that the advisory committee should be allowed to complete its work. The legislature also attempted to place budget restrictions to prohibit further work by the committee, which the Governor deemed "unconstitutional."

Pandemic Flu

The threat of an influenza pandemic poses serious consequences to the health of the entire population of the United States and the world. If an influenza virus attains the ability to be easily

[24] Conversation with Al Belsky, OSHA Office of Public Affairs, March 4, 2005.

transmitted from person to person, the impact could be devastating. Under some estimates, 30 percent of our entire population could become ill, with 10 million requiring hospitalization and 1.9 million resulting deaths. To respond effectively in a pandemic, millions of health care workers, firefighters, emergency medical services personnel, home health care workers and other responders will be needed to care for those who are ill from the virus. It is essential that we protect the health and safety of these workers so that they can care for those who are sick.

In November 2005, the Department of Health and Human Services issued its *Pandemic Influenza Plan.* As initially issued, the plan's infection control provisions were very weak, with dangerous and illegal respiratory protection guidance that recommended that workers wear surgical masks rather than NIOSH-certified respirators. In response to criticisms on the plan raised by occupational health professionals, unions and others, the Centers for Disease Control with the involvement of NIOSH developed revised recommendations for respiratory protection to protect health care workers against pandemic influenza. The revised guidance recommends the use of N-95 NIOSH approved respirators at a minimum for all individuals involved in direct patient care activities, and was incorporated into the HHS Pandemic Influenza Plan in October 2006.

In December 2005, the American Federation of State, County and Municipal Employees (AFSCME) along with the AFL-CIO and other labor organizations petitioned OSHA to issue an emergency temporary standard to protect health care workers and other responders in the event of a pandemic. In February 2007, OSHA denied the petition claiming that an emergency standard was not warranted because "no human influenza virus exists at this time." Instead of issuing an emergency standard, the Department of Labor instead has decided to rely on guidelines and recommendations. In February 2007, OSHA issued guidelines on "Preparing Workplaces for a Pandemic" and has stated that it intends to issue guidelines on protecting health care workers and responders in the near future. However, such guidelines are only advisory and there is no obligation for employers to implement them. Thus there is no means to ensure that comprehensive infection control plans and measures are developed and put in place before a pandemic occurs. The result is that millions of health care workers and responders remain in serious danger and will be unprotected if a pandemic occurs.

World Trade Center-Related Health Problems

The Sept. 11, 2001, terrorist attacks claimed the lives of nearly 3,000 people, injured thousands more and brought unparalleled grief and anguish to the nation. But soon after the 9/11 attacks, it became clear that those who died and were injured on that tragic day were not the only victims. More than 100,000 rescue and recovery workers – including firefighters, police, emergency medical technicians, workers in the building and construction trades, transit workers, and others– and hundreds of thousands of other workers and residents near Ground Zero were exposed to a toxic mix of dust and fumes from the collapse of the World Trade Center (WTC). These exposures were made worse by EPA's pronouncements that the environment was safe and OSHA's failure to enforce workplace safety and health requirements during rescue and recovery operations. Now many of these individuals, particularly the heroic responders who experienced very high exposures to toxins, are suffering from serious respiratory diseases and other health problems.

A study of Ground Zero first responders conducted by the Mount Sinai Medical Center found that nearly 70 percent had suffered new or worsened respiratory problems as a result of their WTC work. Reports published by the New York City Fire Department (FDNY) show that 90 percent of FDNY rescue workers suffered new respiratory problems, experiencing an average loss of 12 years of lung capacity. In addition, a high incidence of gastrointestinal and mental health problems have been found, and concern is growing about the development of cancers and other chronic diseases.

Despite these widespread serious problems, the Bush Administration has been reluctant to acknowledge the growing 9/11 health crisis and to assist the victims. As a result of concerted efforts by the New York congressional delegation and labor, some funding was provided to establish medical monitoring and screening programs for rescue and recovery workers, but this funding has been inadequate. Until recently, no federal money was available for medical treatment. Even though these work-related diseases should be covered by workers' compensation, the city of New York and private-sector insurance carriers have been contesting claims. Costs have been shifted to health insurers, many of them union funds, and to workers through co-pays and deductibles. But many workers who have become sick and are unable to work have lost their health insurance and income and have no way to pay for needed medical care. In addition, volunteers who worked at the WTC site have been denied compensation and disability benefits. These problems need to be addressed.

In September 2006, the U.S. Department of Health and Human Services announced funding of $58 million for medical treatment for WTC responders to be administered through the Mt. Sinai consortium and FDNY. However, it is estimated that these funds will last only until July 2007, putting the programs for monitoring and medical treatment in jeopardy and leaving 9/11 responders with no place to turn for care. President Bush has included $25 million for medical monitoring and treatment programs in his fiscal year 2008 budget request. But this amount is far short of the estimated $250 million to $390 million that is needed annually to provide medical monitoring and treatment for those affected.

A number of bills have been introduced in the Congress to provide medical monitoring and treatment to affected workers and residents, including proposals by Senator Hillary Rodham Clinton (D-NY) (S. 201), Representative Caroline Maloney (D-NY) (H.R. 1638) and Representative Jerrold Nadler (D-NY) (H.R. 1247 and 1414). Legislation has also been introduced to re-open the September 11 Victims Compensation Fund to provide monetary compensation to those who have become ill. Hearings have been held to examine the scope of the problem, and efforts are continuing to develop a long-term solution that will provide needed medical treatment on an ongoing basis and fair compensation.

The attack on the World Trade Center was not an attack only on New York. It was an attack on the nation. Compelled by a moral obligation, the nation acted to compensate those injured in the collapse of the Twin Towers and in the attack on the Pentagon and the surviving families of those who were killed. This same moral obligation should compel the nation to meet the needs of 9/11 rescue and recovery workers and New York workers and residents who become ill because of their exposures to Ground Zero hazards.

Chemical Exposure Limits and Standards

Occupational exposures to toxic substances pose a significant risk to millions of American workers. According to NIOSH, occupational diseases caused by exposure to these substances are responsible for an estimated 50,000 deaths each year. One of OSHA's primary responsibilities is to set standards to protect workers from toxic substances. But since the OSHAct was enacted in 1970, OSHA has issued comprehensive health standards for only 27 substances. Most of these standards were set in the first two decades of the Act. In recent years, regulations for chemical hazards have ground to a halt. The last toxic substance standard that was issued on hexavalent chromium in 2006 came only as a result of a court order.

The OSHA permissible exposure limits (PELs) in place under 29 CFR 1910.1000 that govern exposure for approximately 400 toxic substances were adopted in 1971 and codified the ACGIH Threshold Limit Values from 1968. Most of these limits were set by ACGIH in the 1940's and 1950's based upon the scientific evidence then available. Many chemicals now recognized as hazardous were not covered by the 1968 limits. In 1989 OSHA attempted to update these limits, but the revised rule was overturned by the courts because the agency failed to make the risk and feasibility determinations for each chemical as required by the Act. The result is that many serious chemical hazards are not regulated at all by federal OSHA or subject to weak and out-of-date requirements. 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.

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

Last year, the state of California, moved to establish a new process for updating chemical exposure limits, that utilizes a two-part advisory committee process to recommend revised or new permissible exposure limits. This process is similar to the draft proposal developed by the AIHA, groups representing larger employers and labor to establish exposure limits through an expedited review process.

The American Industrial Hygiene Association had identified updating OSHA permissible exposure limits as a top public policy priority for 2007. Hopefully, the new Democratic Congress will focus attention on this issue and advance legislation that will update exposure limits for toxic chemicals and improve the process for keeping these limits up to date in the future

Work Organization

Long hours of work and the way work is organized are emerging as major safety and health issues affecting workers across many industries and occupations. The International Labor

Organization (ILO) reports that hours worked annually in the United States have been increasing steadily over the past couple of decades. Workers in the United States now work more hours than workers in most of Western Europe and Japan. According to the Bureau of Labor Statistics, more than one-quarter of workers in the mining, manufacturing and wholesale trade industries work more than 40 hours per week. Many workers are forced to work the overtime hours under threat of reprisal if they refuse.

Evidence that long hours of work cause injuries and illnesses is growing. Working more than eight hours in a day or 40 hours in a week can result in an increase in work-related injuries, and the risk appears to be higher for the evening and night shifts compared with the day shift. Excessive overtime also is associated with increased risk of experiencing heart attacks, increased blood pressure, unhealthy weight gain, increased alcohol use and smoking and deterioration in job performance.

The ways in which work is performed and is being restructured also are emerging as a potential safety and health hazard for workers. Work organization includes such elements as the pace of work, number of people performing the job (staffing levels), hours and days on the job, amount and length of rest breaks, workload, layout of the work and skills of those workers on the job. New forms of work organization can increase exposure to physical hazards and elevate the level of psychological stress. Work organization changes, such as machine-paced work, inadequate work-rest cycles, time pressures and repetitive work are associated with musculoskeletal disorders, increases in blood pressure and risks of cardiovascular mortality.

In the health care industry, organizational changes associated with a shortage of nurses, resulting in long hours of work and high patient-to-nurse hospital staffing ratios, have been linked to increases in needle injuries and near misses, nurse burnout and elevated surgical patient mortality. In response to these adverse consequences, nine states have passed legislation placing limits on the amount of mandatory overtime nurses or health care workers can be forced to work (Connecticut, Maine, Maryland, Minnesota, New Hampshire, New Jersey, Oregon, Washington and West Virginia). California was the first state to established nurse-to-patient hospital staffing ratios, despite an unsuccessful attempt by GOP Governor Arnold Schwarzenegger to delay implementation. New Jersey and New York passed bills in 2005 requiring hospitals to report on their staffing levels and make the information available to the public.

Another important initiative to protect health care workers – a safe patient lifting law – was enacted in March 2006 in the state of Washington. The law requires hospitals to establish a safe patient handling program and to purchase lifting equipment to move patients. The law also calls for worker training on lifting policies, creation of lift teams, and an annual evaluation of the lifting program to determine its effectiveness. This law is an important step in addressing a major hazard faced by health care workers.

The move toward behavior-based safety programs, incentive programs and injury discipline programs presents another major challenge. These programs attempt to shift the responsibility for injuries and job safety to workers instead of focusing on workplace hazards. The 2001 OSHA record-keeping standard included language that prohibits employers from discriminating against an employee for reporting a work-related fatality, injury or illness. This language also

protects employees who file a safety and health complaint, ask for safety and health records or otherwise exercise any rights afforded by the OSHAct. In 2002, the national OSHA office issued a memo to its regional administrators and whistleblower staff reiterating this point and making it clear that reporting an injury or illness is protected activity.

WHAT NEEDS TO BE DONE

Very simply, workers need more job safety and health protection. The Bush Administration's lack of regulation and increased attention to employer assistance and voluntary compliance comes at the expense of worker safety and health. The OSHAct needs to be strengthened to make it easier to issue safety and health standards and to make the penalties for violating the law tougher. Workers need to be given a real voice in the workplace and real rights to participate in safety and health as part of a comprehensive safety program to identify and correct hazards. Coverage should be extended to the millions of workers who fall outside the Act's protection.

Immediate action is needed to implement the provisions of new mine safety legislation to protect miners in the event of an emergency and to increase penalties for serious and repeated violations. Dangerous practices like the use of belt air for coal mine ventilation and the use of alternative mine seals must be prohibited.

An OSHA standard still is needed to protect workers from ergonomic hazards and crippling repetitive strain injuries and back injuries, which continue to represent the most significant job-safety problem in the nation. OSHA needs to keep up with new hazards that face workers as workplaces and the nature of work change. Hazardous conditions in the service sector and in retail trade need greater attention. OSHA and MSHA need additional funding to develop and enforce standards and to expand worker safety and health training. Similarly, additional funds are needed for NIOSH to support enhanced research on safety and health problems.

Only with these real reforms and improvements in law will the promise of a safe job for all of America's workers finally be fulfilled.

NATIONAL SAFETY AND HEALTH OVERVIEW

Workplace Fatalities Since the Passage of OSHA [1, 2]

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	7
1993.....	6,331	118,700	8
1994.....	6,632	122,400	5
1995.....	6,275	126,200	5
1996.....	6,202	127,997	4.8
1997.....	6,238	130,810	4.7
1998.....	6,055	132,684	4.5
1999.....	6,054	134,666	4.5
2000…….	5,920	136,377	4.3
2001…….	5,915*	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

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

[2] Fatality information for 1992 to 2004 is from the Bureau of Labor Statistics, Census of Fatal Occupational Injuries. In 1994, the National Safety Council changed their 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.

[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.

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

WORKPLACE FATALITY RATES BY INDUSTRY SECTOR, 1970 - 2002 [1,2]

Year	Fat. Rate All Ind.	Fat. Rate Mfg.	Fat. Rate Const.	Fat. Rate Mining	Fat. Rate Gov't	Fat. Rate Agric.	Fat. Rate Trans/Util.	Fat. Rate Trade	Fat. Rate Service	Fat. Rate Finance
1970	18	9	69	100	13	64	N/A	N/A	N/A	N/A
1971	17	9	68	83	13	63	N/A	N/A	N/A	N/A
1972	17	9	68	100	13	58	N/A	N/A	N/A	N/A
1973	17	9	56	83	14	58	38	8	11	N/A
1974	16	8	53	71	13	54	35	7	10	N/A
1975	15	9	52	63	12	58	33	7	10	N/A
1976	14	9	45	63	11	54	31	7	9	N/A
1977	14	9	47	63	11	51	32	6	8	N/A
1978	14	9	48	56	11	52	29	7	7	N/A
1979	13	8	46	56	10	54	30	6	8	N/A
1980	13	8	45	50	11	56	28	6	7	N/A
1981	13	7	42	55	10	54	31	5	7	N/A
1982	12	6	40	50	11	52	26	5	6	N/A
1983	12	6	39	50	10	52	28	5	7	N/A
1984	11	6	39	50	9	49	29	5	7	N/A
1985	11	6	40	40	8	49	27	5	6	N/A
1986	10	5	37	38	8	55	29	4	5	N/A
1987	10	5	33	38	9	53	26	5	6	N/A
1988	10	6	34	38	9	48	26	4	5	N/A
1989	9	6	32	43	10	40	25	4	5	N/A
1990	9	5	33	43	10	42	20	4	4	N/A
1991	8	4	31	43	11	44	18	3	4	N/A
1992	8	4	24	29	12	37	20	4	3	N/A
1993	8	4	22	25	11	24	13	2	2	N/A
1994	5	4	15	27	3	26	12	2	2	N/A
1995	5	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	4.7	3.6	14.1	25.0	3.2	23.4	13.2	3.4	2.0	1.2
1998	4.5	3.3	14.5	23.6	3.0	22.3	11.8	2.7	2.0	1.1
1999	4.5	3.6	14.0	21.5	2.8	24.1	12.7	2.7	1.9	1.2
2000	4.3	3.3	12.9	30.0	2.8	20.9	11.8	3.0	2.0	0.9
2001	4.3	3.2	13.3	30.0	3.1	22.8	11.2	2.7	1.9	1.0
2002	4.0	3.1	12.2	23.5	2.7	22.7	11.3	2.5	1.7	1.0

[1] Data for 1970-1993 is from the National Safety Council, Accident Facts, 1994. Fatality information for 1994 to 2002 is from the Bureau of Labor Statistics, Census of Fatal Ocupational Injuries (CFOI). In 1994, the National Safety Council changed their 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 (NAICS) for industries. Prior to 2003, CFOI used the Standard Industrial Classification (SIC) System. The substantial differences between these systems result in breaks in series for industry data.

[2] Deaths per 100,000 workers.

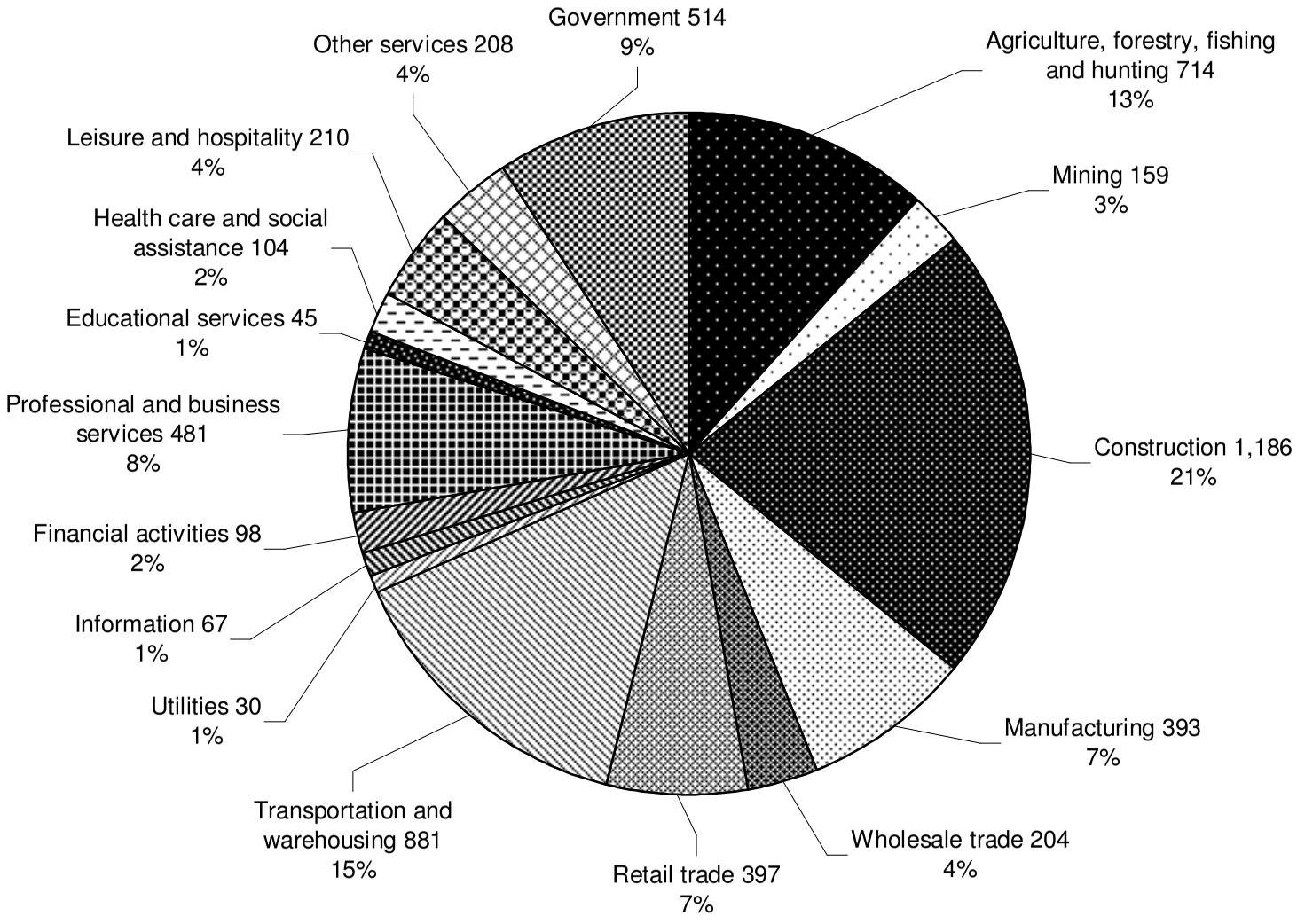
Workplace Fatality Rates* by Industry Sector, 2003 - 2005

	2003	2004	2005
Fatality Rate, All Industries	**4.0**	**4.1**	**4.0**
Natural resources and mining			
Agriculture, forestry, fishing and hunting	31.2	30.5	32.5
Mining	26.9	28.3	25.6
Construction	11.7	12.0	11.0
Manufacturing	2.5	2.8	2.4
Trade, transportation and utilities			
Wholesale trade	4.2	4.5	4.4
Retail trade	2.1	2.3	2.4
Transportation and warehousing	17.5	18.0	17.6
Utilities	3.7	6.1	3.6
Information	1.8	1.7	2.1
Financial Activities	1.4	1.2	1.0
Professional and business services	3.3	3.3	3.5
Educational and health services	0.8	0.8	0.8
Leisure and hospitality	2.4	2.2	1.8
Other services, except public administration	2.8	3.0	3.0
Government	2.5	2.5	2.4

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.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.
* Deaths per 100,000 workers

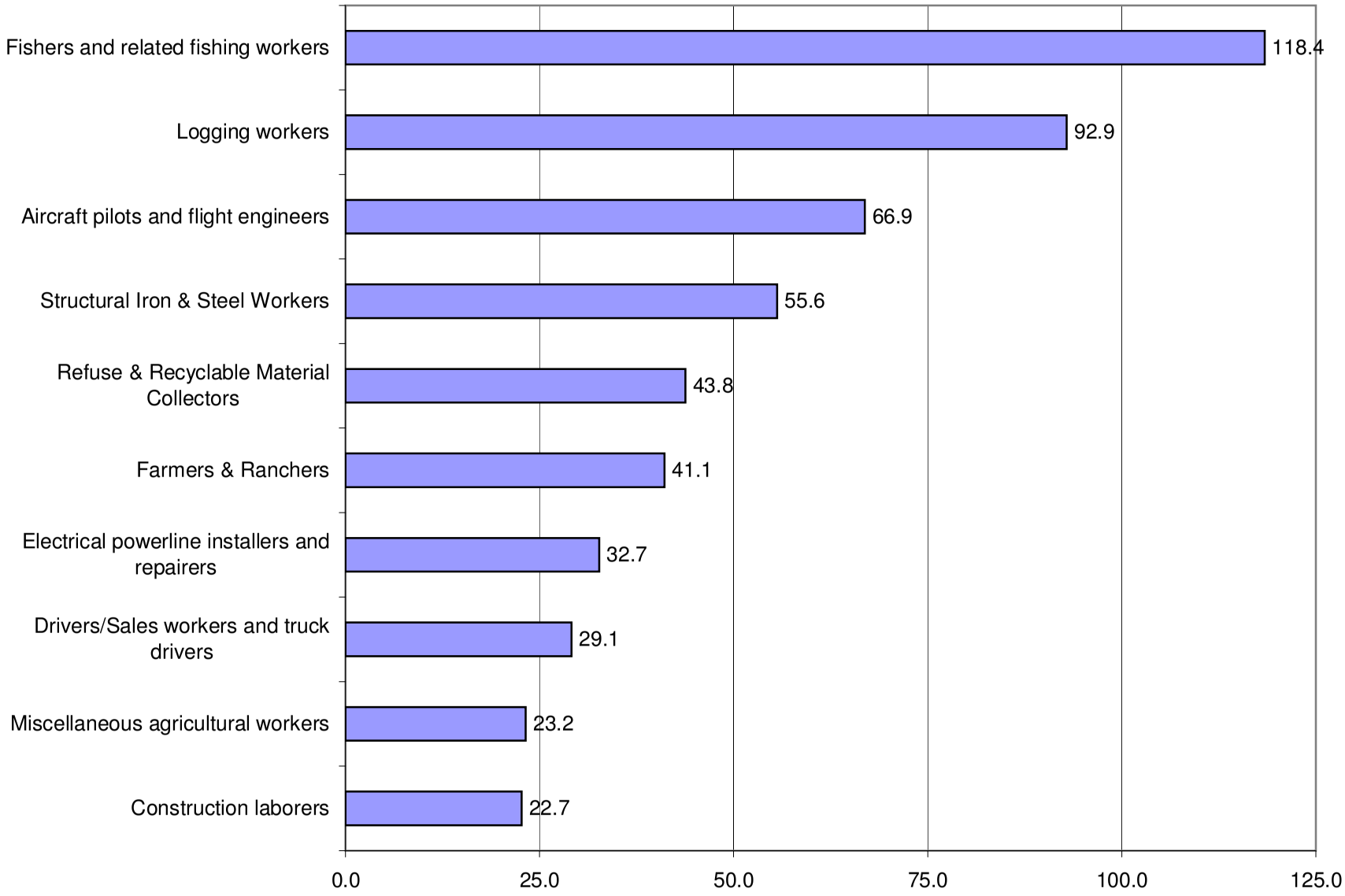
Occupational Fatalities by Industry, 2005
Private Sector, Government and Self Employed
(Total Fatalities 5,734)



Note: Percentages may not add to totals because of rounding.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005

Selected Occupations with High Fatality Rates, 2005
(Per 100,000 Workers)
National Fatality Rate = 4.0



Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.

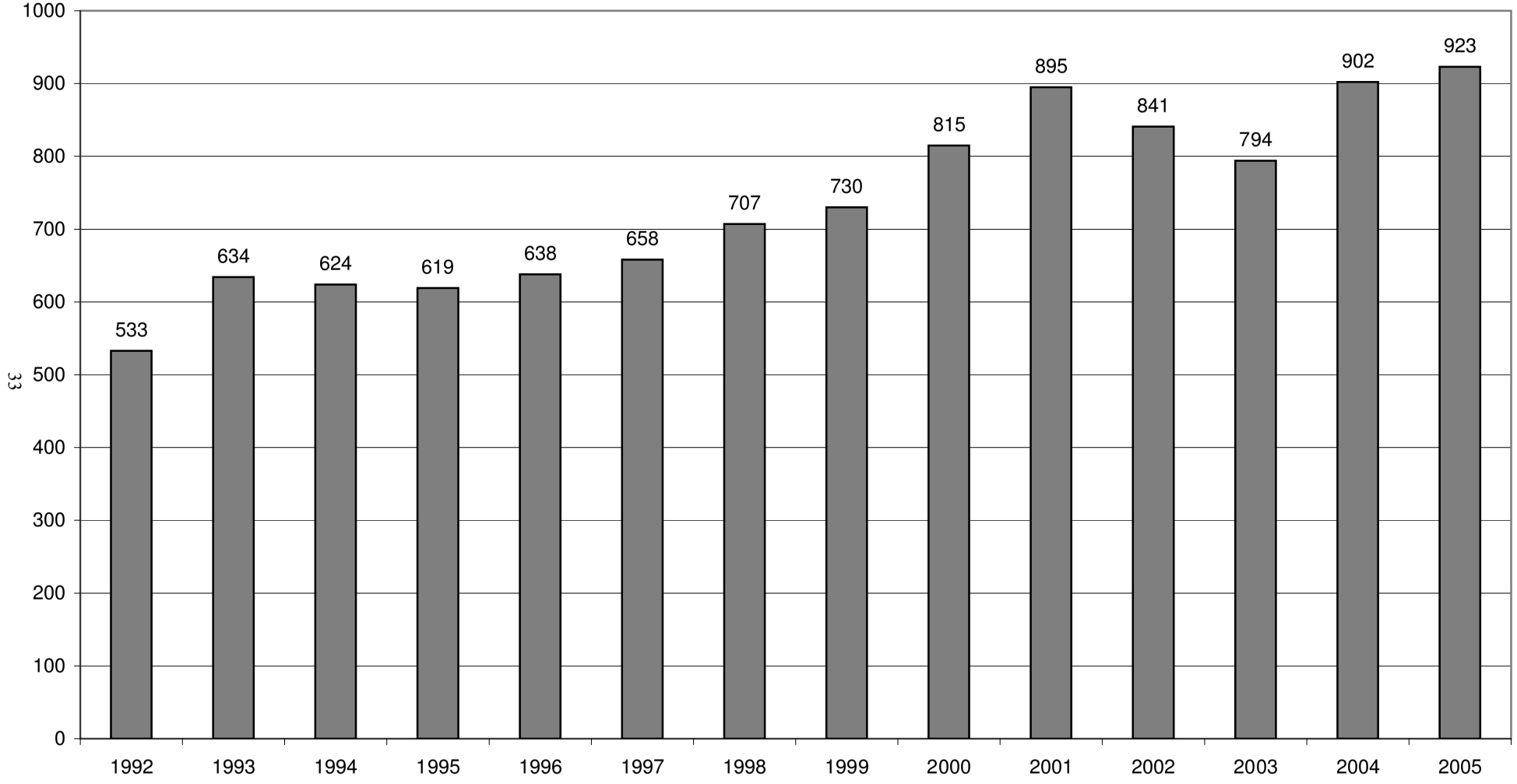
Fatal Work Injuries By Race, 1992 - 2005

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001 [1]	2002	2003	2004	2005
Total Fatalities	6,217	6,331	6,632	6,275	6,202	6,238	6,055	6,054	5,920	5,900	5,534	5,575	5,764	5,734
White	4,711	4,665	4,954	4,599	4,586	4,576	4,478	5,019	4,244	4,175	3,926	3,988	4,066	3,977
Black or African American	618	649	695	684	615	661	583	627	575	565	491	543	546	584
Hispanic	533	634	624	619	638	658	707	730	815	895	841	794	902	923
Asian or Pacific Islander	169	190	179	161	170	195	148	192	185	182	140	158	180	163
American Indian or Alaskan Native	36	46	39	27	35	34	28	57	33	48	40	42	28	50
Other Races/Not Reported	150	147	141	185	158	114	111	146	68	50	96	50	42	35

Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 1992-2005.

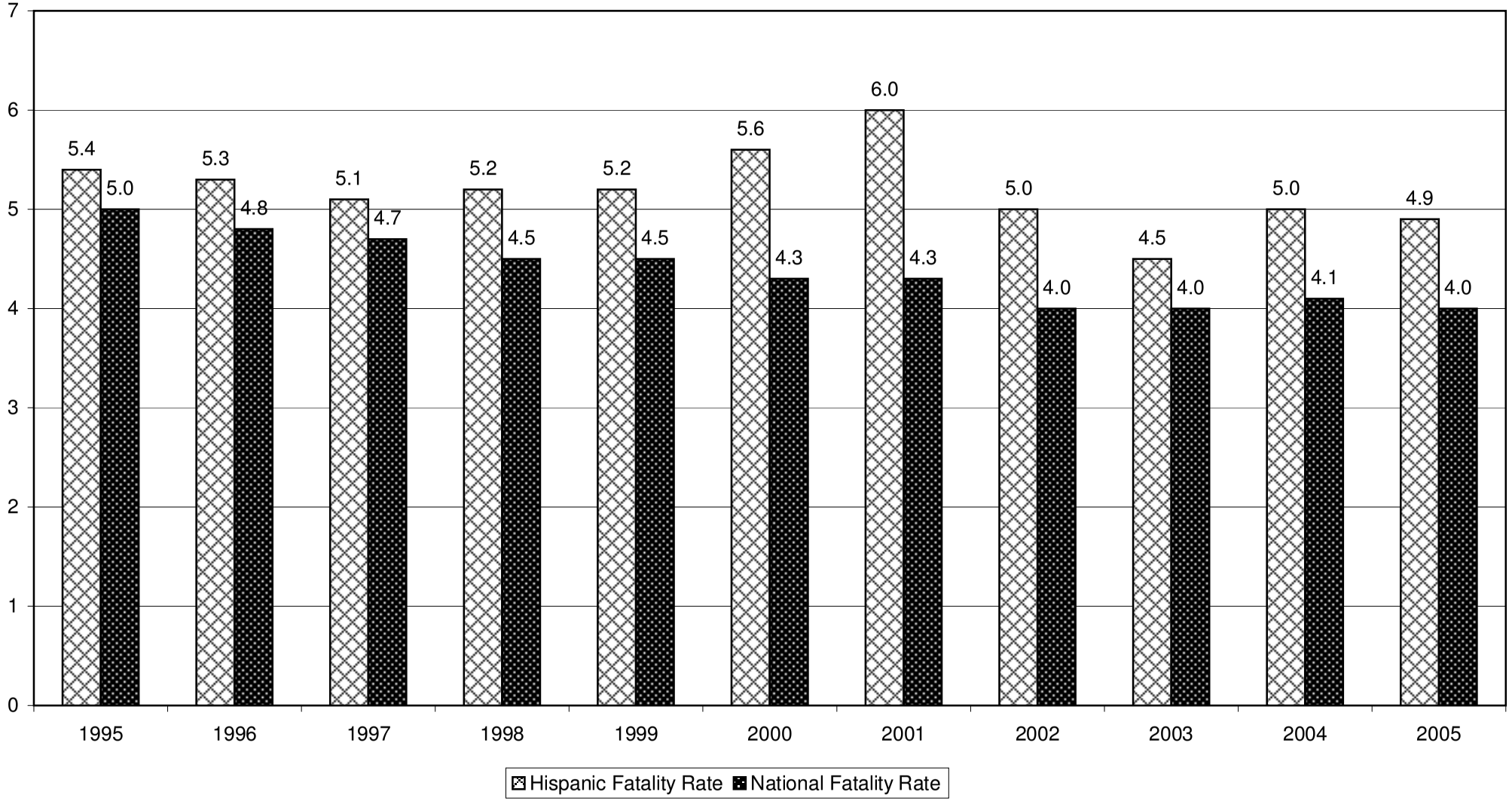
[1] Excludes September 11 fatalities.

Number of Fatal Occupational Injuries to Hispanic or Latino Workers, 1992-2005



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

Rate[1] of Fatal Occupational Injuries to Hispanic or Latino Workers, 1995-2005



[1] Incidence rate represents the number of fatalities per 100,000 workers.
Source: Census of Fatal Occupational Injuries, Bureau of Labor Statistics, U.S. Department of Labor.

Occupational Injuries and Illnesses Since the Passage of OSHA[1]

Occupational Injury and Illness Incidence Rates
Private Sector, 1972-2005 (Per 100 Workers)

Year	Total Case Rate	Cases with Days Away from Work, Job Transfer or Restriction[1]		
		Total	Cases with Days Away From Work	Cases with Job Transfer or Restriction
1972.....	10.9	3.3	N/A	N/A
1973.....	11.0	3.4	N/A	N/A
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

Source: Department of Labor, Bureau of Labor Statistics. Data not available for 1971.

[1] Through 2001, this column reflected Lost Workday Cases, with subcolumns, Total; Cases involving Days Away from Work; and Cases Involving Restricted Activity Only. This new heading reflects changes made in the Recordkeeping standard, which became effective January 1, 2002.

WORKPLACE INJURY AND ILLNESS RATES BY INDUSTRIAL SECTOR 1973 - 2002 [1]

Per 100 Full Time Workers

Year	Total Case Rate All Ind.	Total Case Rate Mfg.	Total Case Rate Const.	Total Case Rate Mining	Total Case Rate Finance	Total Case Rate Agric.	Total Case Rate Trans./Util.	Total Case Rate Trade	Total Case Rate 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

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

Source: Bureau of Labor Statistics, Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry Division, 1973-2002.

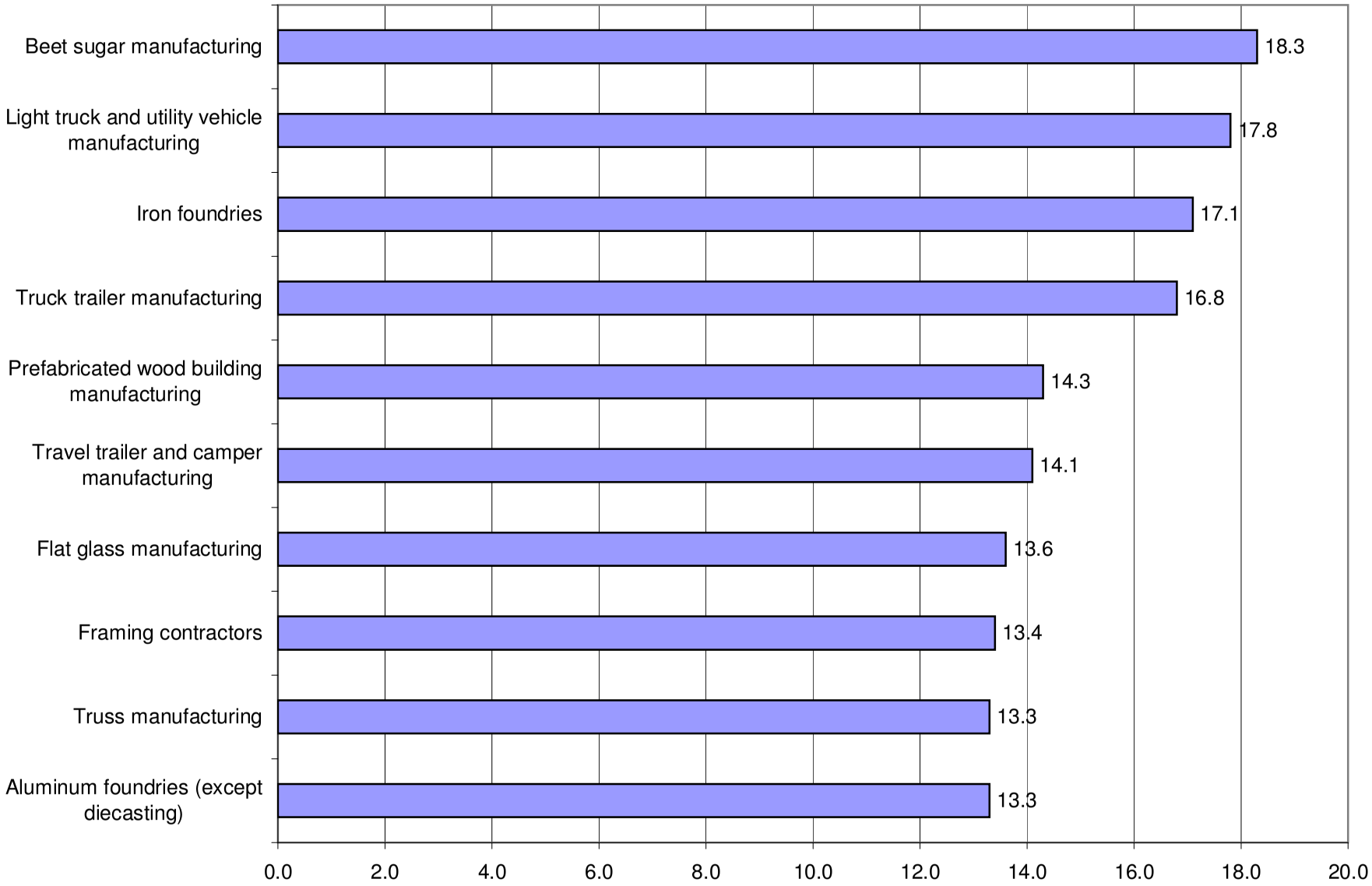
Workplace Injury and Illness Rates* by Industry Sector, 2003-2005

	2003	2004	2005
Total Case Rate, Private Industry	**5.0**	**4.8**	**4.6**
Natural resources and mining	5.1	5.3	5.1
Agriculture, forestry, fishing and hunting	6.2	6.4	6.1
Mining	3.3	3.8	3.6
Construction	6.8	6.4	6.3
Manufacturing	6.8	6.8	6.3
Trade, transportation and utilities	5.5	5.5	5.2
Wholesale trade	4.7	4.5	4.5
Retail trade	5.3	5.3	5.0
Transportation and warehousing	7.8	7.3	7.0
Utilities	4.4	5.2	4.6
Information	2.2	2.0	2.1
Financial activities	1.7	1.6	1.7
Professional and business services	2.5	2.4	2.4
Educational and health services	6.0	5.8	5.5
Leisure and hospitality	5.1	4.7	4.7
Other services, except public administration	3.4	3.2	3.2

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.

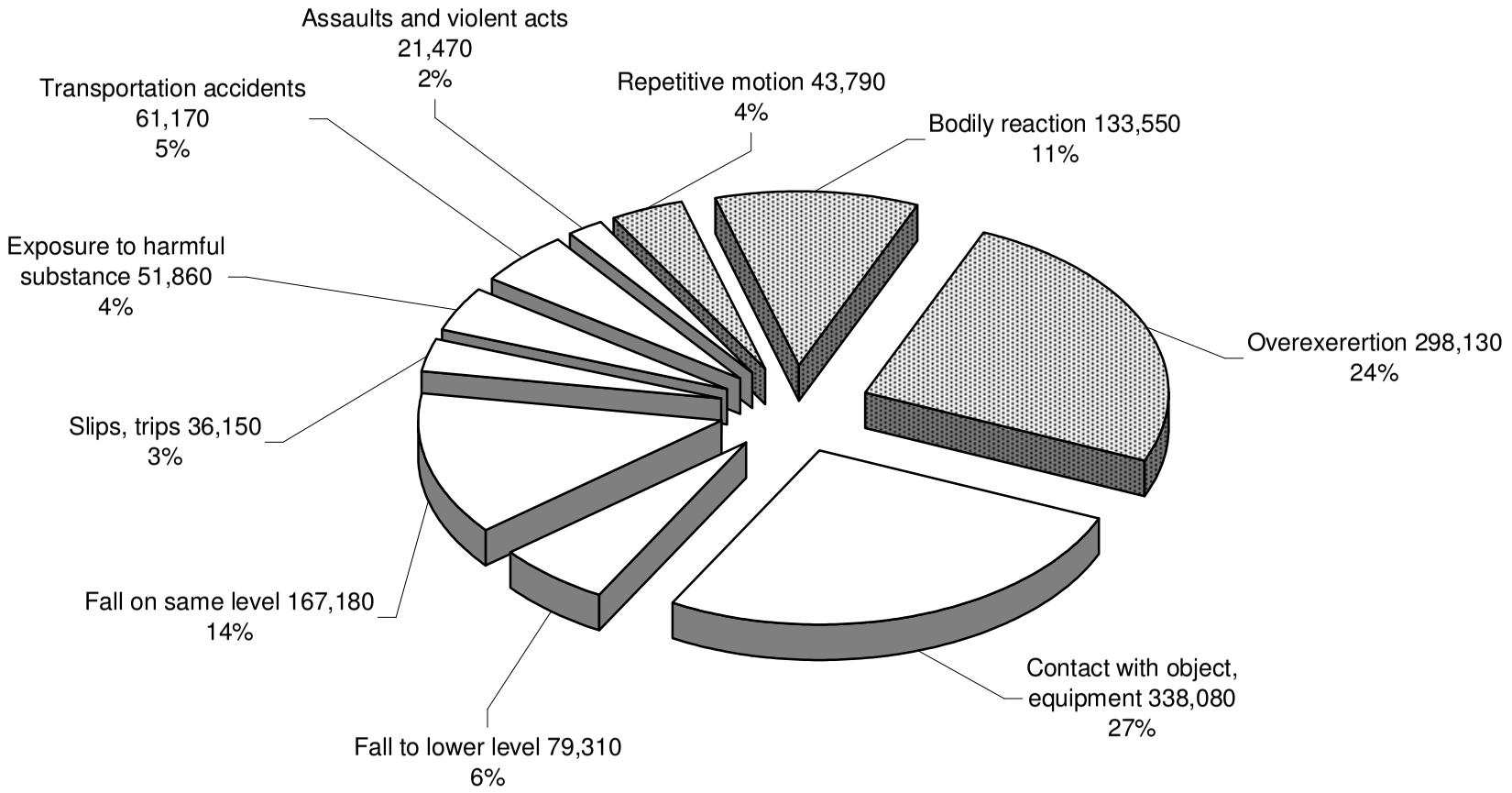
Source: U.S. Department of Labor, Bureau of Labor Statistics.
* Cases per 100 workers.

Industries with the Highest Total Injury & Illness Rates, 2005
Private Industry (Per 100 Workers)
Private Industry Overall = 4.6



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

Nonfatal Occupational Injuries and Illnesses With Days Away from Work by Event or Exposure, 2005



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

Number of Injury and Illness Cases with Days Away from Work[1] Among Hispanic Workers, 1995 - 2005

Year	Number of Hispanic Worker Cases	Percent of Total Injury and Illness Cases
1995	191,665	9.4
1996	169,300	9.0
1997	187,221	10.2
1998	179,399	10.4
1999	182,896	10.7
2000	186,029	11.2
2001	191,959	12.5
2002 [2]	180,419	12.6
2003 [3]	161,330	12.3
2004 [3]	164,390	13.1
2005 [3]	163,440	13.2

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

Note: Due to the revised recordkeeping rule, which became effective January 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 that are exempt from recordkeeping, employers are no longer required to record all illnesses regardless of severity, there is 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. For a complete list of the major changes, see the OSHA website at: http/www.osha.gov/recordkeeping/Rkmajorchanges.html.

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

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

[3] Classification of workers by race and ethnicity was revised in 2003 to conform to other government data. One result of this revision is that individuals may be categorized in more than one race or ethnic group. Cases reflected here are for those who reported *Hispanic or Latino only* and *Hispanic or Latino and other race.* Race and ethnicity data reporting is not mandatory in the BLS Survey of Occupational Injuries and Illnesses. This resulted in 30 percent of the cases not reporting race and ethnicity in 2003, 2004, and 2005.

Estimated[1] and Reported Cases of Musculoskeletal Disorders, 1992 - 2005*

Year	Total MSD Cases [1]	MSD Cases with Days Away from Work, Job Transfer or Restriction [1,2]	MSD Cases with Job Transfer or Restriction [1,3]	MSDs Involving Days Away from Work [4]	Percent of Cases Involving MSDs
2005	1,264,260	655,440	285,030	375,540	30.0%
2004	1,362,336	712,000	309,024	402,700	32.0%
2003	1,440,516	759,627	325,380	435,180	33.0%
2002	1,598,204	848,062	359,788	487,915	34.0%
2001	1,773,304	870,094	347,310	522,500	34.0%
2000	1,960,585	954,979	377,165	577,814	34.7%
1999	1,951,862	938,038	355,698	582,340	34.2%
1998	2,025,598	950,999	358,455	592,544	34.2%
1997	2,101,795	980,240	353,888	626,352	34.2%
1996	2,146,182	974,380	327,025	647,355	34.4%
1995	2,242,211	1,013,486	317,539	695,800	34.1%
1994	2,287,212	1,034,618	278,647	755,600	33.8%
1993	2,283,979	1,005,949	242,351	762,700	33.9%
1992	2,284,598	992,342	209,093	784,100	33.6%

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

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

[2] Through 2001, this column was titled Total MSD Lost Workday Cases. The new title reflects the change in the Recordkeeping standard which went into effect January 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.

[3] Through 2001, this column was titled MSD Cases with Days of Restricted Activity. The new title reflects the change in the Recordkeeping standard which went into effect January 1, 2002.

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

* These figures are based on employer reported cases of MSD's provided to BLS. The number of cases shown here do not reflect the impact of under-reporting which would significantly increase the true toll of MSD's occuring among workers. OSHA has estimated that for every reported MSD, two MSD's go unreported.

Occupations with Highest Numbers of Nonfatal Occupational Injuries and Illness with Days Away from Work[1] Involving Musculoskeletal Disorders[2], 2005

Occupation	Number of MSDs
Laborers and freight, stock, and material movers, hand	32,100
Nursing aides, orderlies and attendants	28,920
Truck drivers, heavy and tractor, trailer	18,330
Truck drivers, light or delivery services	11,760
Janitor and cleaners, except maids and housekeeping cleaners	10,470
Retail Salespersons	9,800
Stock clerks and order fillers	9,600
Registered nurses	9,060
Construction laborers	8,540
Maintenance and repair workers, general	6,870
Carpenters	6,630
Maids and housekeeping cleaners	6,320
First-line supervisors/managers of retail sales workers	5,570
Cashiers	5,150
Automotive service technicians and mechanics	4,610

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

Note: Beginning with the 2003 reference year, the 2000 Standard Occupational Classification (SOC) Manual is now used to classify occupation. Prior to 2003, the survey used the Bureau of Census occupational coding system. For that reason, BLS advises against making comparisons between 2003 occupation categories and results from previous years.

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

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

ESTIMATES OF THE TRUE TOLL OF WORKPLACE INJURIES AND ILLNESSES COMPARED TO BUREAU OF LABOR STATISTICS (BLS) REPORTS 2005

	Estimated 2005 Figures Accounting for Impact of Undercounting Injuries and Illnesses [1]	2005 Data Reported by Bureau of Labor Statistics (BLS)
Total Number of Nonfatal Injuries and Illnesses in Private Industry	**12.6 million**	**4.2 million**
Total Nonfatal Injury and Illness Case Rate in Private Industry (Cases per 100 workers)	**13.8**	**4.6**
Total Number of Injuries and Illnesses Involving Days Away from Work	**3.6 million**	**1.2 million**
Case Rate for Nonfatal Injuries and Illnesses Involving Days Away from Work (Cases per 100 workers)	**4.05**	**1.35**
Total Number of Musculoskeletal Disorders - Cases Involving Days Away from Work	**1,126,620**	**375,540**
Total Number of Estimated Cases of Musculoskeletal Disorders	**3,792,780**	**1,264,260**

[1] A detailed comparison of individual injury and illness reports from various reporting systems found that only one in three workplace injuries and illnesses were 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, Vol. 48, pages 357-365, 2006.

Federal OSHA Inspection/Enforcement Activity, FY 1999 - 2006

	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Inspections	34,474	36,350	35,941	37,565	39,884	39,246	38,783	38,589
Safety	26,639	27,734	27,989	29,516	31,703	31,499	31,136	31,846
Health	7,835	8,616	7,952	8,049	8,181	7,747	7,647	6,743
Complaints	7,998	8,401	8,362	7,887	7,994	8,082	7,732	7,384
Programmed	15,527	18,343	17,929	20,528	22,452	21,598	21,430	21,497
Construction	18,692	19,507	20,238	21,384	22,959	22,404	22,181	22,901
Maritime	408		472	416	362	379	381	407
Manufacturing	8,649	8,536	8,060	8,287	8,576	8,770	8,467	7,691
Other	6,725	7,835	7,227	7,532	8,018	7,693	7,754	7,590
Employees Covered by Inspections	1,827,966	2,089,546	1,491,212	1,483,319	1,609,833	1,520,885	1,561,399	1,213,707
Average Case Hours/Inspections								
Safety	22.0	22.0	20.2	19.1	18.8	18.7	19.0	18.8
Health	40.0	35.0	33.4	32.7	34.7	35.6	34.8	34.4
Violations -Total	76,899	80,472	78,715	78,247	83,269	86,475	85,054	83,726
Willfull	607	524	656	392	391	446	726	466
Repeat	1,778	2,012	1,960	1,953	2,115	2,329	2,326	2,544
Serious	50,145	52,489	53,099	54,512	59,474	61,334	60,662	61,085
Unclassified	437	209	299	263	363	217	70	14
Other	23,715	24,954	22,483	20,896	20,706	21,848	20,968	19,339
FTA	217	284	218	231	220	301	302	278
Penalties - Total ($)	85,239,048	86,498,127	79,273,622	70,693,165	79,805,630	82,604,990	98,751,227	82,546,815
Willfull	21,792,733	19,119,386	16,469,828	10,540,094	12,419,511	13,339,071	31,431,427	14,985,450
Repeat	7,541,893	8,876,269	7,816,889	7,479,806	9,094,708	9,327,664	8,454,113	9,559,903
Serious	48,865,741	50,365,620	48,088,016	47,248,283	50,897,990	53,467,165	52,965,118	53,298,790
Unclassified	4,177,367	3,903,859	3,692,309	2,620,058	3,626,250	2,194,084	1,506,735	558,650
Other	1,791,881	2,049,916	2,312,062	2,239,423	2,685,997	2,846,313	3,230,440	3,165,197
FTA	1,069,433	2,183,077	894,518	565,501	1,081,174	1,430,693	1,163,394	978,825
Average Penalty/ Violation ($)	1,108	1,075	1,007	903	958	955	1,161	986
Willfull	35,902	36,487	25,106	26,888	31,763	29,908	43,294	32,158
Repeat	4,242	4,412	3,988	3,830	4,300	4,005	3,635	3,758
Serious	974	960	906	867	856	872	873	873
Unclassified	9,559	18,678	12,349	9,962	9,990	10,111	21,525	39,904
Other	75	82	103	107	130	130	154	164
FTA	4,928	7,687	4,103	2,448	4,914	4,753	3,852	3,521
Percent Inspections with Citations	10.1%	9.6%	9.4%	8.2%	8.6%	8.0%	7.7%	7.2%

Source: OSHA IMIS Inspection 6 Reports, FY 1999, FY 2000, FY 2001, FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Federal OSHA and State Plan OSHA Inspection/Enforcement Activity, FY 2006

	FEDERAL OSHA	STATE PLAN OSHA
Inspections	38,589	58,367
Safety	31,846	45,505
Health	6,743	12,862
Complaints	7,384	9,879
Programmed	21,497	35,517
Construction	22,901	27,806
Maritime	407	40
Manufacturing	7,691	10,024
Other	7,590	20,497
Employees Covered by Inspections	1,213,707	2,446,918
Average Case Hours/Inspection		
Safety	18.8	15.6
Health	34.4	26.1
Violations - Total	83,726	127,069
Willful	466	153
Repeat	2,544	2,482
Serious	61,085	57,513
Unclassified	14	40
Other	19,339	66,467
FTA	278	414
Penalties - Total ($)	82,546,815	69,814,824
Willful	14,985,450	3,598,425
Repeat	9,559,903	4,755,947
Serious	53,298,790	51,210,282
Unclassified	558,650	59,829
Other	3,165,197	7,749,705
FTA	978,825	2,440,636
Average Penalty/Violation ($)	986	549
Willful	32,158	23,519
Repeat	3,758	1,916
Serious	873	890
Unclassified	39,904	1,496
Other	164	117
FTD	3,521	5,895
Percent Inspections with Citations Contested	7.2%	13.5%

Source: OSHA IMIS Inspection 6 Reports, FY 2006

OSHA GENERAL DUTY CITATIONS UNDER BUSH COMPREHENSIVE ERGONOMICS PLAN

	Date	Company	Location	Proposed Penalty	Final Penalty
1	2/21/2003	Alpha Health Services	Idaho	$900	$270
2	2/21/2003	Alpha Health Services	Idaho	$900	$265
3	2/21/2003	Alpha Health Services	Idaho	$900	$265
4	2/26/2003	Security Metal Products	Oklahoma	$5,600	$2,800
5	5/22/2003	Supervalu	Missouri	$6,300	$1,000
6	5/27/2003	Brown Printing	Pennsylvania	$4,500	$2,500
7	6/19/2003	Mariner Health Care	Colorado	$2,975	$2,232
8	6/19/2003	Mariner Health Care	Colorado	$2,975	$1,488
9	7/14/2003	Hondo Inc. Tri-State Coca Cola Bottling Co.	Ohio	$4,500	$750
10	8/18/2003	Regency Senior Services	Wisconsin	$3,500	$2,800
11	8/26/2003	Madonna Manor Nursing	Massachusetts	$3,500	$1,750
12	11/7/2003	Haven Health Center of Norwich	Connecticut	$2,450	$1,225
13	2/12/2004	Alden Court Nursing Care	Massachusetts	$3,150	$1,575
14	6/10/2004	Bottling Group	Florida	$5,000	$4,000
15	8/2/2004	Tree of Life, Inc.	New York	$5,000	$750
16	8/16/2004	Jacksonville Health and Rehabilitation	Florida	$4,500	$4,500
17	11/3/2005	Wolcott Hall Nursing Center	Connecticut	$2,975	$1,488

Source: OSHA IMIS Data. General Duty Standard Search, Ergonomic Category. Federal OSHA Citations.
http://www.osha .gov/pls/imis/generaldutysearch.html

MAJOR OSHA HEALTH STANDARDS SINCE 1971

	Standard	Date Final Standard Issued
1.	Asbestos	1972
2.	Fourteen Carcinogens	1974
3.	Vinyl Chloride	1974
4.	Coke Oven Emissions	1976
5.	Benzene	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	2000
34.	Bloodborne Pathogens (revised)	2001
35.	Ergonomics (revoked)	2001
36.	Hexavalent Chromium (Response to Court Order)	2006

Source: Code of Federal Regulations

MAJOR OSHA SAFETY STANDARDS SINCE 1971

Standard	Date 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 – ("no hands in dies")	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 (on gasoline pumps)	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 (Laboratory Accreditation Revision)	1988
27. Crane or Derrick Suspended Personnel Platforms (Part 1926)	1988
28. Concrete and Masonry Construction (Part 1926)	1988
29. Mechanical power presses – ("no hands in dies") – (Modified)	1988
30. Powered Platforms (Part 1910)	1989
31. Underground Construction (Part 1926)	1989
32. Hazardous Waste Operations (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	1993
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.	Confined Spaces (amended)	1998
50.	Steel Erection	2001
51.	Electrical Equipment Installation	2007

Source: Code of Federal Regulations

OSHA REGULATIONS WITHDRAWN FROM REGULATORY AGENDA, 2001 - 2006

Regulation	Reg Agenda Date
PELS for Air Contaminants	December-01
Metalworking Fluids	December-01
Update and Revision of Flammable and Combustible Liquids	December-01
Process Safety Management of Highly Hazardous Chemicals	December-01
Revision and Update of Mechanical Power-Transmission Apparatus	December-01
Safety Standards for Scaffolds in Construction -- Part II	December-01
Safety and Health Programs for Construction	December-01
Control of Hazardous Energy in Construction	December-01
Consolidation of Records Maintenance Requirements in OSHA Standards	December-01
Oil and Gas Well Drilling and Servicing	December-01
Update and Revision of Spray Applications	December-01
Occupational Exposure to Perchloroethylene	December-01
Sanitation in the Construction Industry	December-01
Update and Revision to Woodworking Machinery Standard	December-01
Ergonomics Programs in Construction	December-01
Occupational Health Risks in the Manufacture & Assemby of Semiconductors	December-01
Indoor Air Quality	May-02
Scaffolds in Shipyards	May-02
Access and Egress in Shipyards	May-02
Accreditation of Training Programs for HAZWOPER	December-02
Injury and Illness Prevention (Safety & Health Programs)	December-02
Fall Protection in Construction	December-02
Glycol Ethers: Protecting Reproductive Health	June-04
Occupational Exposure to Tuberculosis	June-04

Source: U.S. Department of Labor Semiannual Regulatory Agenda (OSHA), Federal Register

PERMISSIBLE EXPOSURE LIMITS OF OSHA COMPARED TO OTHER STANDARDS AND RECOMMENDATIONS

CHEMICAL	OSHA PEL	CALIFORNIA PEL	ACGIH TLV	NIOSH REL	UNITS
Acetone	1000	500	500	250	ppm
Acrylamide	0.3	0.03	0.03	0.03	mg/m^3
Ammonia	50	25	25	25	ppm
Asphalt Fume	-	5	0.5	5	mg/m^3
Benzene	1	1	0.5	0.1	ppm
Beryllium	2	0.2	2	0.5	ug/m^3
Butane	-	800	1000	800	ppm
n-Butanol	100	50	20	50(c)[1]	ppm
Carbon disulfide*	20	4	1	1	ppm
Carbon monoxide*	50	25	25	35	ppm
Chlorobenzene	75	10	10	-	ppm
Dimethyl sulfate*	1	0.1	0.1	0.1	ppm
2-Ethoxyethanol (EGEE)	200	5	5	0.5	ppm
Ethyl acrylate	25	5	5	-	ppm
Gasoline	-	300	300	-	ppm
Glutaraldehyde*	-	0.05(c)[1]	0.05(c)[1]	0.2(c)[1]	ppm
Potassium hydroxide	-	2(c)[1]	2(c)[1]	2(c)[1]	mg/m^3
Styrene	100	50	20	50	ppm
Tetrachloroethylene* (Perchloroethylene)	100	25	25	-	ppm
Toluene*	200	50	20	100	ppm
Triethylamine	25	1	1	-	ppm

* Chemicals identified by OSHA for updates in permissible exposure limits but subsequenty dropped from the agency's regulatory agenda.

[1]Ceiling Level

FEDERAL OSHA BUDGET AND PERSONNEL

Budget Fiscal Year 1975 - 2007

Fiscal Year	Budget	Positions Fiscal Year 1975-2007 (Staff - Full Time Equivalent Employment)
2007	$485,074,000	2,173
2006	472,427,000	2,173
2005	464,224,000	2,208
2004	457,500,000 [2]	2,236
2003	453,256,000	2,313
2002	443,651,000	2,313
2001	425,886,000	2,370
2000	381,620,000	2,259
1999	354,129,000	2,154
1998	336,480,000	2,171
1997	324,955,000	2,118
1996	303,810,000	2,069
1995	311,660,000	2,196
1994	296,428,000	2,295
1993	288,251,000	2,368
1992	296,540,000	2,473
1991	285,190,000	2,466
1990	267,147,000	2,425
1989	247,746,000	2,441
1988	235,474,000 [1]	2,378
1987	225,811,000	2,211
1986	208,692,000	2,166
1985	219,652,000	2,239
1984	212,560,000	2,285
1983	206,649,000	2,284
1982	195,465,000	2,359
1981	210,077,000	2,655
1980	186,394,000	2,951
1979	173,034,000	2,886
1978	138,625,000	2,684
1977	130,333,000	2,717
1976	139,243,000	2,494
1975	102,327,000	2,435

Source: Occupational Safety and Health Administration

1/ Budget and personnel were increased when the California State plan turned back to Federal OSHA jurisdiction.

2/ Amount after rescission.

Job Safety and Health Appropriations
FY 2001 - 2008

CATEGORY	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005[1]	FY 2006[6]	FY 2007 CR[7]	*FY 2008 Request*
OSHA (in thousands of dollars)								
TOTAL	425,886	443,651	453,256	457,500	464,224	472,427	485,074	*490,300*
Safety & Health Standards	15,069	16,321	16,119	15,900	15,998	16,462		*16,900*
Federal Enforcement	151,836	161,768	164,039	166,000	169,601	172,575		*183,000*
State Enforcement	88,369	89,747	91,139	92,000	90,985	91,093		*91,100*
Technical Support	20,189	19,562	20,234	21,600	20,735	21,435		*22,100*
Federal Compliance Assistance	56,255	58,783	61,722	67,000	70,837	72,545		*79,600*
State Compliance Assistance	48,834	51,021	53,552	52,200	53,346	53,357		*54,500*
Training Grants[3]	11,175	11,175	11,175	10,500	10,423	10,116	10,116	*0*
Safety & Health Statistics	25,597	26,257	26,063	22,200	22,196	24,253		*32,100*
Executive Administration/Direction	8,562	9,017	9,213	10,000	10,102	10,591		*11,000*
MSHA (in thousands of dollars)								
TOTAL	246,306	254,768	271,741	268,800	279,198	303,286	299,836	*313,500*
Coal Enforcement	114,505	117,885	119,655	114,800	115,364	117,152		*140,700*
Supplemental (emergency)						25,600		
Metal/Non-Metal Enforcement	55,117	61,099	63,910	65,500	66,731	68,062		*72,300*
Standards Development	1,760	2,357	2,378	2,300	2,333	2,481		*2,700*
Assessments	4,265	4,807	4,886	5,200	5,236	5,391		*5,700*
Education Policy & Development	31,455	27,984	27,914	30,400	31,245	31,701		*34,300*
Techincal Support	27,053	28,085	28,675	24,500	25,104	25,479		*28,200*
Program Administration	12,151	12,551	14,323	12,200	15,665	11,906		*13,200*
Mine Mapping[4]	--	--	10,000	--	--	--		
Program Eval. & Info Resources[5]	--	--	--	13,900	17,520	15,514		*16,200*
NIOSH (in thousands of dollars)								
TOTAL	260,134	276,460	274,899	278,885	285,357	254,401*	254,401	*253,000*

[1] Includes a .83% recision, that was part of the final FY 2005 Consolidated Appropriations bill (Dec 8, 2004).

[2] From the President's Request, Budget of the United States Government, FY 2006 - Appendix (2/7/05).

[3]This line item was previously combined with Federal Compliance Assistance.

[4]This line item was added in the Senate appropropiations committee recommendation January 15, 2003.

[5]This line item was added in the President's FY 2004 budget request.

* $34.8 million transferred to business services. TAP for administrative services eliminated. Direct comparison with NIOSH funding for earlier years, which included these aministrative costs, cannot be made.

[6] Reflects 1% across the board recision.

[7]Amounts do not include the 50% of costs for salary and benefit increases provided for under the Continuing Resolution for FY 2007(House Joint Resolution 20) enacted on

Prepared by: AFL-CIO Safety and Health, February 15, 2007

Funding for OSHA Worker Safety Training Programs Versus Employer Compliance Assistance Programs
($ in thousands)

Fiscal Year	Worker Safety and Health Training	Employer Compliance Assistance (Federal and State)
FY 2001	$11,175	$105,089
FY 2002 Request	$8,175	$106,014
FY 2002 Enacted	$11,175	$109,804
FY 2003 Request	$4,000	$112,800
FY 2003 Enacted	$11,175	$115,274
FY 2004 Request	$4,000	$120,000
FY 2004 Enacted	$11,102	$119,968
FY 2004 Rescission	$10,500	$119,200
FY 2005 Request	$4,000	$125,200
FY 2005 Enacted	$10,500	$124,200
FY 2006 Request	$0	$124,200
FY 2006 Enacted	$10,116	$125,902
FY 2007 Request	$0	$129,914
FY 2007 Enacted	$10,116	$126,015
FY 2008 Request	$0	$134,100

Sources: Budget of the United States Government, FY 2001 - FY 2008 and Department of Labor, Occupational Safety and Health Administration

NUMBER OF U.S. ESTABLISHMENTS AND EMPLOYEES COVERED PER OSHA FULL TIME EQUIVALENT (FTE) STAFF, 1975 - 2005

Fiscal Year	Annual Average Employment[1]	Annual Average Establishments[1]	OSHA Full Time Equivalent (FTE) Staff [2]	Establishments Covered Per OSHA FTE	Employees Covered Per OSHA FTE
2005	131,571,623	8,571,144	2,208	3,882	59,589
2000	129,877,063	7,879,116	2,259	3,488	57,493
1995	115,487,841	7,040,677	2,196	3,206	52,590
1990	108,657,200	6,076,400	2,425	2,506	44,807
1985	96,314,200	5,305,400	2,239	2,370	43,017
1980	73,395,500	4,544,800	2,951	1,540	24,871
1975	67,801,400	3,947,740	2,435	1,621	27,845

[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 (OSHA)

Funding for Federal Health Research Agencies
(in millions of dollars)

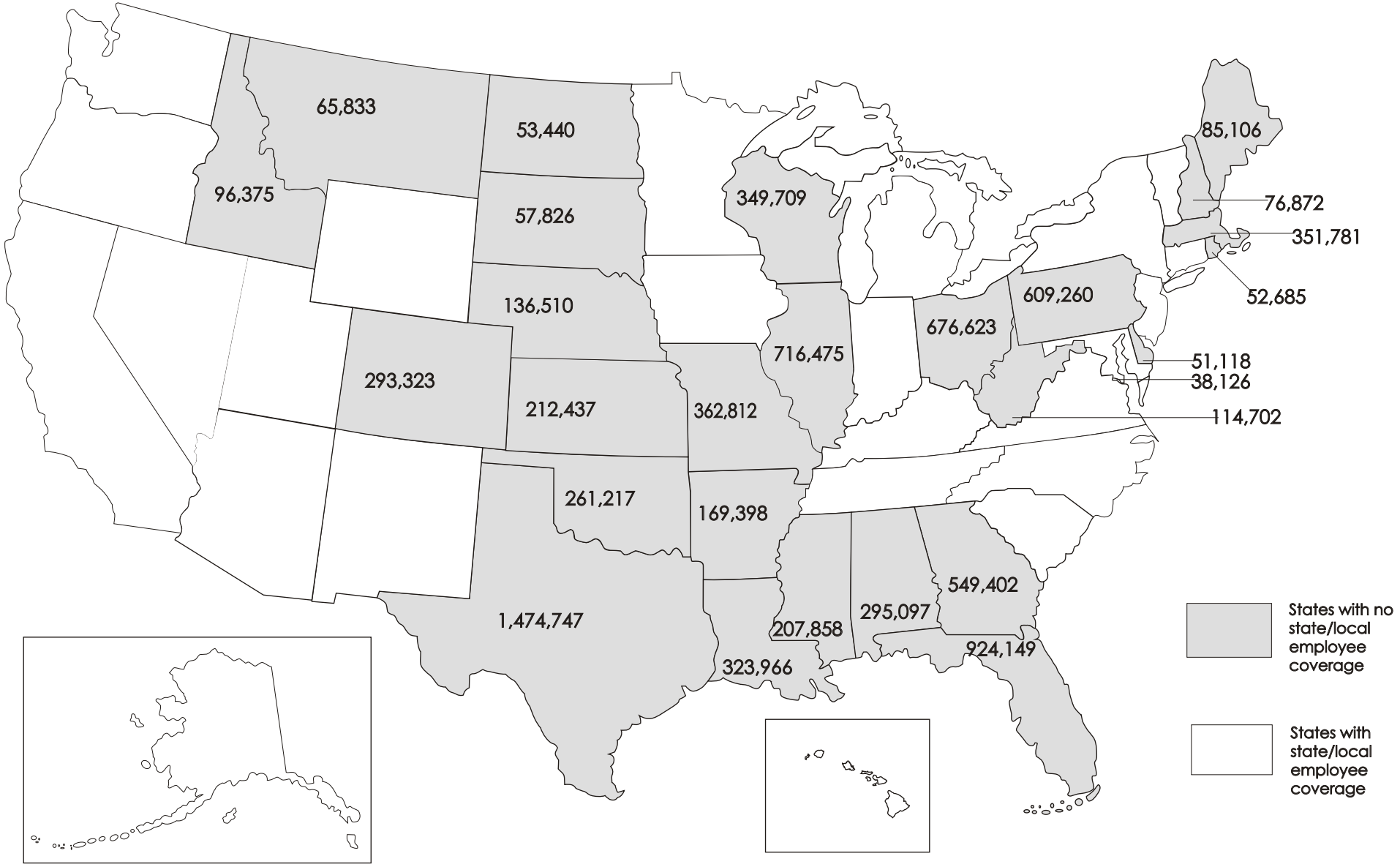
Agency	FY 2001	*FY 2002 Request*	FY 2002	*FY 2003 Request*	FY 2003	*FY 2004 Request*	FY 2004	*FY 2005 Request*	FY 2005	*FY 2006 Request*	FY 2006	*FY 2007 Request*	FY 2007 CR[1]	*FY 2008 Request*
National Cancer Institute	$3,754	*$4,177*	$4,190	*$5,122*	$4,622	*$4,771*	$4,771	*$4,870*	$4,842	*$4,866*	$4,793	*$4,754*	$4,793	*$4,782*
National Heart, Lung and Blood Institute	$2,299	*$2,567*	$2,576	*$2,746*	$2,812	*$2,868*	$2,897	*$2,964*	$2,951	*$2,965*	$2,922	*$2,901*	$2,922	*$2,925*
National Institute of General Medical Sciences	$1,535	*$1,720*	$1,725	*$1,842*	$1,859	*$1,923*	$1,916	*$1,960*	$1,955	*$1,960*	$1,936	*$1,923*	$1,936	*$1,941*
National Institute of Diabetes, Digestive and Kidney Disorders	$1,400	*$1,555*	$1,467	*$1,579*	$1,633	*$1,670*	$1,682	*$1,726*	$1,722	*$1,728*	$1,855	*$1,844*	$1,855	*$1,708*
National Institute of Neurological Disorders and Stroke	$1,176	*$1,316*	$1,328	*$1,417*	$1,466	*$1,468*	$1,511	*$1,546*	$1,550	*$1,552*	$1,535	*$1,525*	$1,535	*$1,537*
National Institute of Allergy and Infectious Disease*	$2,042	*$2,355*	$2,372	*$3,959*	$3,731	*$4,335*	$4,335	*$4,426*	$4,459	*$4,440*	$4,383	*$4,395*	$4,383	*$4,592*
National Institute of Mental Health	$1,106	*$1,238*	$1,249	*$1,332*	$1,350	*$1,382*	$1,391	*$1,421*	$1,418	*$1,424*	$1,404	*$1,395*	$1,404	*$1,405*
National Institute of Child Health and Human Development	$976	*$1,097*	$1,114	*$1,191*	$1,214	*$1,245*	$1,251	*$1,281*	$1,278	*$1,281*	$1,265	*$1,257*	$1,265	*$1,265*
National Instutute of Environmental Health Sciences	$565	*$632*	$567	*$681*	$618	*$710*	$637	*$650*	$648	*$650*	$641	*$637*	$641	*$637*
National Institute of Arthritis and Musculoskeletal Disorders	$397	*$444*	$449	*$478*	$489	*$503*	$504	*$515*	$513	*$515*	$508	*$505*	$508	*$508*
National Institute for Occupational Safety and Health (NIOSH)	$260	*$266*	$276	*$247*	$275	*$246*	$279	*$279*	$285	*$286*	$254	*$250*	$254	*$253*

* Since FY 2003, includes transfer of funds.

[1]This amount does not include the 50% of costs for salary and benefit increases provided for under the Continuing Resolution for FY 2007 (House Joint Resolution 20), enacted February 15, 2007.

Source: Budget of the United States Government, FY 2001 - 2008.

8.6 Million State and Local Employees Lack OSHA Coverage



Source: U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.

Prepared by the AFL-CIO

PROFILES OF MINE SAFETY AND HEALTH

Coal Mines

	1995	2000	2001	2002	2003	2004	2005
Number of coal mines	2,946	2,124	2,144	2,065	1,972	2,011	2,063
Number of miners	132,111	108,098	114,458	110,966	104,824	108,734	116,436
Fatalities	47	38	42	27	30	28	22
Fatal injury rate [1]	0.0398	0.0393	0.0402	0.0270	0.0312	0.0273	0.0196
All injury rate [1]	8.22	6.64	6.03	6.03	5.38	5.00	4.62
States with coal mining	26	26	26	26	26	26	26
Coal production (millions of tons)	1,030	1,078	1,128	1,094	1,071	1,111	1,133

Metal and Nonmetal Mines

	1995	2000	2001	2002	2003	2004	2005
Number of metal/nonmetal mines	10,913	12,289	12,479	12,455	12,419	12,467	12,603
Number of miners	229,536	240,450	232,770	218,148	215,325	220,274	228,401
Fatalities	53	47	30	42	26	27	35
Fatal injury rate [1]	0.0250	0.0218	0.0146	0.0220	0.0138	0.0137	0.0170
All injury rate [1]	5.24	4.45	4.1	3.86	3.65	3.55	3.54
States with M/NM mining	50	50	50	50	50	50	50

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

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

COAL FATALITIES BY STATE, 1993 - 2006

STATE	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	TOTAL
ALABAMA	2	4	2	1	1	14		2	1	1	2	3	2	1	35
ALASKA															0
ARIZONA	1									1	1		1		4
ARKANSAS						1									1
CALIFORNIA															0
COLORADO							1	1	2		1	1			6
CONNECTICUT															0
DELAWARE															0
FLORIDA															0
GEORGIA															0
HAWAII															0
IDAHO															0
ILLINOIS				3		1	2	1		1	2	2	2	1	15
INDIANA			1	1	1	2	1	1		1			1		9
IOWA															0
KANSAS															0
KENTUCKY	16	8	6	9	9	5	13	9	12	5	12	12	12	19	147
LOUISIANA															0
MAINE															0
MARYLAND	1							1							2
MASSACHUSETTS															0
MICHIGAN															0
MINNESOTA															0
MISSISSIPPI															0
MISSOURI															0
MONTANA	1														1
NEBRASKA															0
NEVADA															0
NEW HAMPSHIRE															0
NEW JERSEY															0
NEW MEXICO					1								1	1	3

COAL FATALITIES BY STATE, 1993 - 2006

STATE	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	TOTAL
NEW YORK															0
NORTH CAROLINA															0
NORTH DAKOTA										1				1	2
OHIO		1				2		2	1				1		7
OKLAHOMA		1													1
OREGON															0
PENN (ANTH)	1	1	1		3	3	2	2			1	4	3	2	23
PENN (BITUM)		3		1					1	4	2	4	4	3	22
PUERTO RICO															0
RHODE ISLAND															0
SOUTH CAROLINA															0
SOUTH DAKOTA															0
TENNESSEE			1							1		1		4	7
TEXAS						1		1					1		3
UTAH	1		2		1		4			3	2	2	2		17
VERMONT															0
VIRGINIA	1		3	3	4	2	4	5	5	5	2	1	3	1	39
WASHINGTON													1		1
WEST VIRGINIA	23	3	12	10	6	13	9	9	7	7	12	16	10	13	150
WISCONSIN															0
WYOMING		1		2	1		2	1			1	1	1	1	11
TOTAL	47	22	28	30	27	42	38	35	29	30	38	47	45	47	506

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

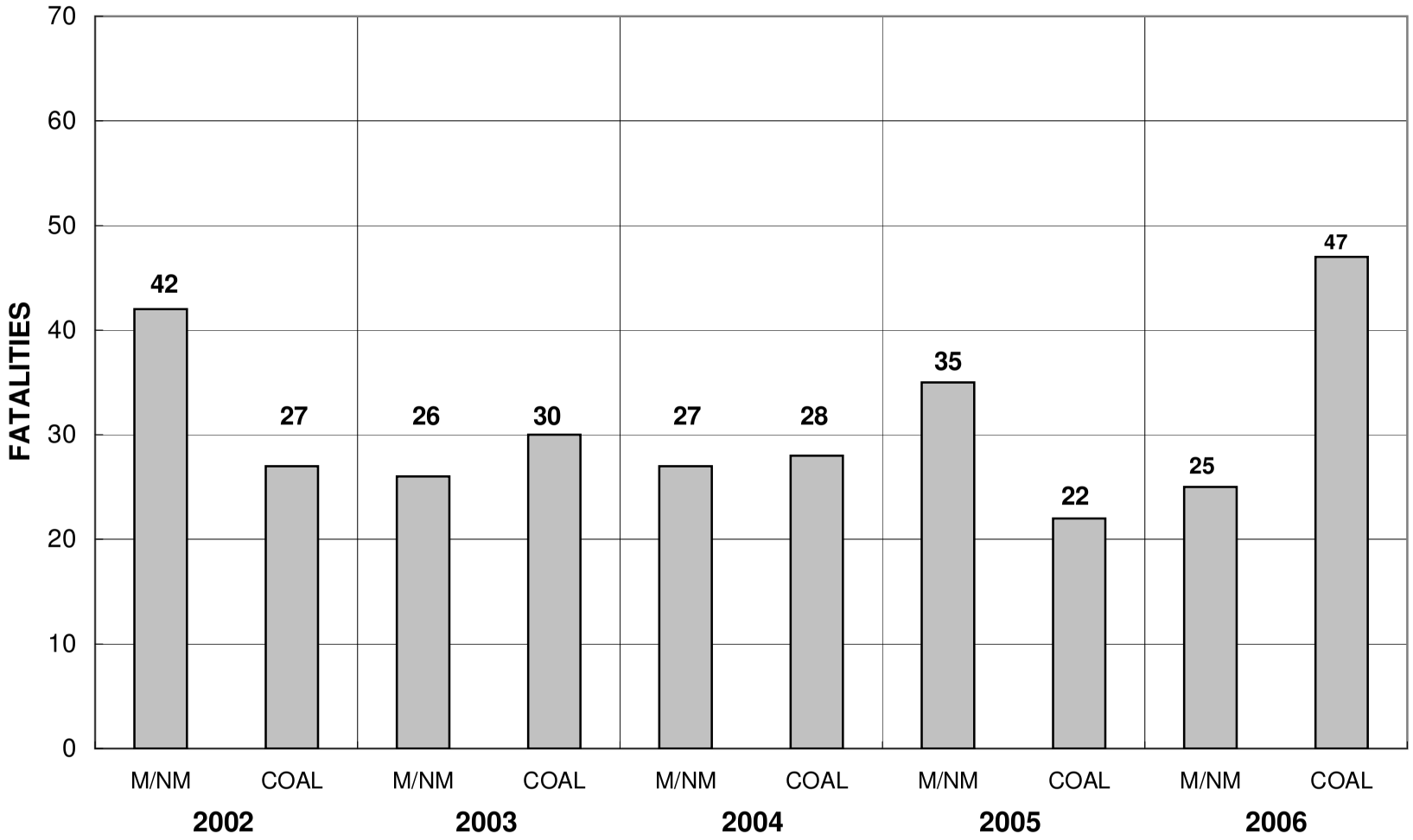
METAL AND NONMETAL FATALITIES BY STATE, 1993 - 2006

STATE	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	TOTAL
ALABAMA		1		2		1		3	1	1	2	1			8
ALASKA	1									1		1	1		4
ARIZONA	1	2			4	2	3	3	3	3	2	4		6	33
ARKANSAS				1	1		1		2		1			2	8
CALIFORNIA	2			2		1	2		3	6	4	5	3	3	31
COLORADO		2		1	2	2	1	2	1	1		1	1	1	15
CONNECTICUT								2		2		2			3
DELAWARE															0
FLORIDA	1	2			4	1		2	2	5	1	3			21
GEORGIA			1	1	1	1	1		1	3		3	3		15
HAWAII			1			1									2
IDAHO					1	2	1		2	2	1		1	2	12
ILLINOIS				1	2		1	1	1	3	2		2	2	15
INDIANA	1		2		1		2	3					2		11
IOWA			1			1		1	3	1	1		1	1	10
KANSAS				1				3	1	2				2	9
KENTUCKY	1	3		1		1		1	1	2	1		1	1	13
LOUISIANA	1						2		1		1	1			6
MAINE															0
MARYLAND					1				1		2	1			5
MASSACHUSETTS	1								1	1			1		4
MICHIGAN	3	1	2	1	1		1	2	3	1	1	2		2	20
MINNESOTA	3	1				1	2		1				1		9
MISSISSIPPI		2						3		1	1	1			8
MISSOURI		1	2		3		1	1	1	3	3	3	2	1	21
MONTANA		1				3	1				1	2			8
NEBRASKA		1			1		1						1	1	5

METAL AND NONMETAL FATALITIES BY STATE, 1993 - 2006

STATE	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	TOTAL
NEVADA		3	4	2	2	4	6	9	2	5	4	7	4	2	54
NEW HAMPSHIRE				2						2					3
NEW JERSEY		1		1						1		1	1		5
NEW MEXICO		2	1	1	2			1		1		2		2	12
NEW YORK			1		1			2	1	1		1			7
NORTH CAROLINA			1	1		2	2	2	1	1	2		1	1	14
NORTH DAKOTA															0
OHIO		2		2			2	2	2			1	1	1	13
OKLAHOMA			2			1	2				2				7
OREGON	1	1	1	1	2		1	2	3	2	2				16
PENNSYLVANIA	2	1	2			1	2	2	2		5	1	2	5	25
PUERTO RICO	1				1		1				2			1	6
RHODE ISLAND															0
SOUTH CAROLINA		1	1	12	1		1			1	1	2		1	11
SOUTH DAKOTA					1							1	1		3
TENNESSEE	2	1	1	1	3		1	2	2	3	1	2		1	19
TEXAS	1	2	3	2	4		4	2	5	6	3		1	3	35
UTAH	1					1	1	2	2	1	1	1		2	12
VERMONT													2		2
VIRGINIA	1	1					2	1			1	2	2	2	12
WASHINGTON	1	1		1	1	2	1			1		2	2	1	13
WEST VIRGINIA															0
WISCONSIN		1				1	1	1	2		1		1	4	12
WYOMING		1	1		2	1		1	1			1	2	1	11
TOTAL	25	35	27	26	42	30	47	55	51	61	47	53	40	51	588

COMPARISON OF YEAR-TO-DATE AND TOTAL FATALITIES FOR METAL/NONMETAL AND COAL



Source: Mine Safety and Health Administration

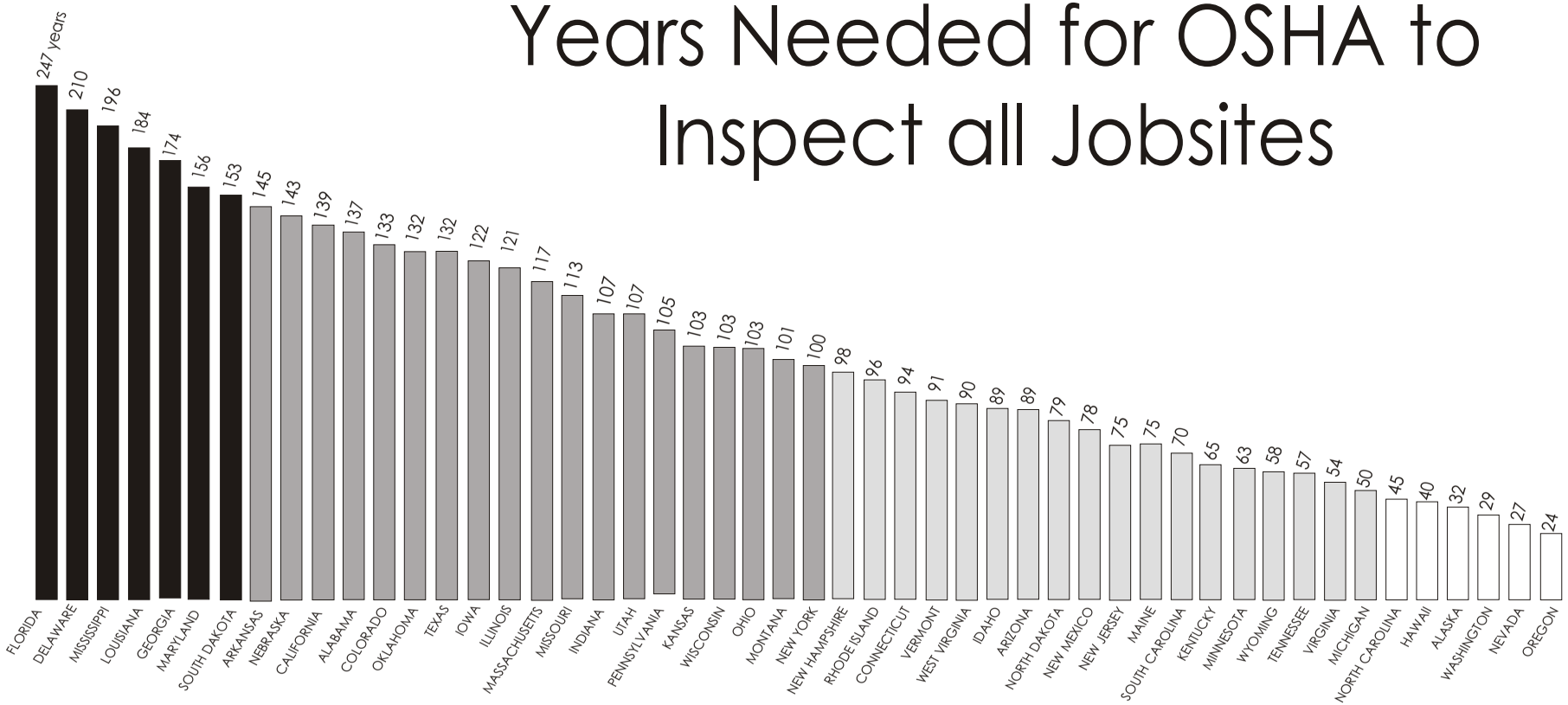
MSHA REGULTIONS WITHDRAWN FROM REGULATORY AGENDA, 2002 - 2006

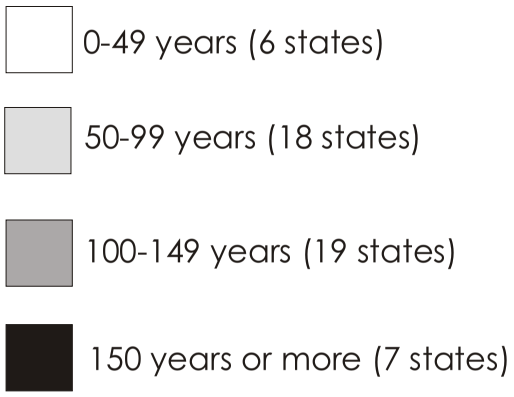
Regulation	Reg Agenda Date
Confined Spaces	December-01
Metal/Nonmetal Impoundments	December-01
Surface Haulage	December-01
Safety Standard Revisions for Underground Anthracite Mines	December-01
Electrical Grounding Standards for Metal and Nonmetal Mines	December-01
Training and Retraining of Miners	December-01
Respirable Crystalline Silica	December-01
Safety Standards Self-Contained Self-Rescue Devices in Underground Mines	December-01
Verification of Surface Coal Mine Dust Control Plans	December-01
Surge and Storage Piles	December-01
Escapeways and Refuges	December-01
Accident Investigation Hearing Procedures	December-01
Continuous Monitoring of Respirable Coal Mine Dust in Underground Coal Mines	December-01
Requirements for Approval of Flame-Resistant Conveyor Belts	May-02
Air Quality, Chemical Substances, and Respiratory Protection	May-02
Mine Rescue Teams	December-02
Occupational Exposure to Coal Mine Dust	December-02
Focused Inspections	December-02

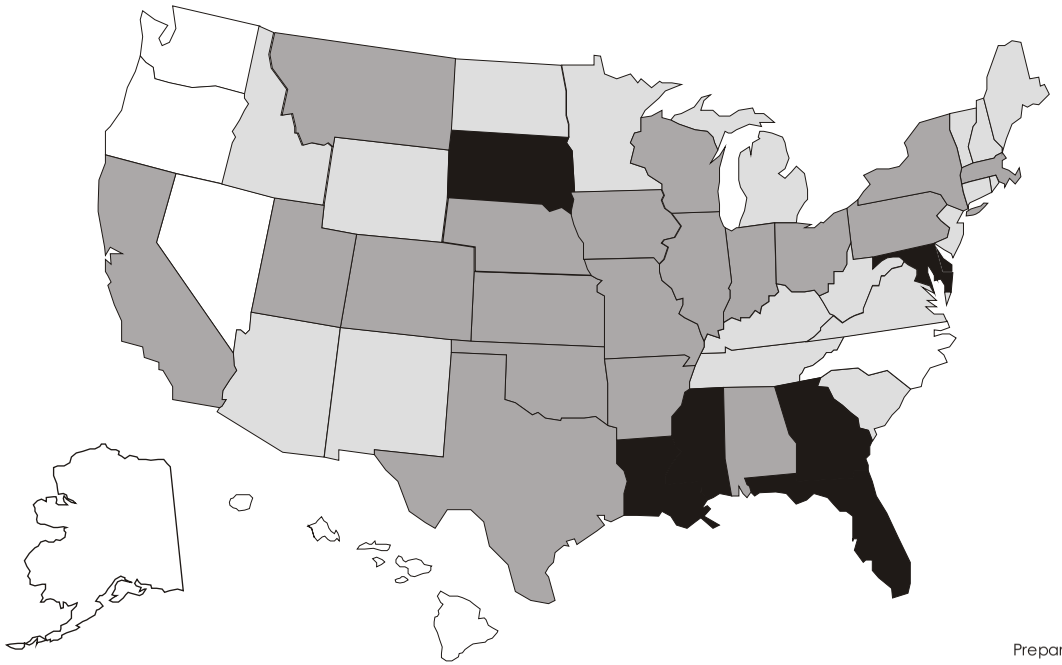
Source: U.S. Department of Labor Semiannual Regulatory Agenda (MSHA), Federal Register

STATE COMPARISONS

Years Needed for OSHA to Inspect all Jobsites







Source: U. S. Department of Labor, Bureau of Labor Statistics, "Employment and Wages Annual Averages, 2005" and Occupational Safety and Health Administration IMIS data on worksite inspections FY 2006.

Prepared by the AFL-CIO

NUMBER OF OSHA INSPECTORS BY STATE COMPARED WITH ILO BENCHMARK NUMBER OF LABOR INSPECTORS

STATE	NUMBER OF EMPLOYEES[1]	ACTUAL NUMBER OF OSHA INSPECTORS[2]	NUMBER OF LABOR INSPECTORS NEEDED TO MEET ILO BENCHMARK[3]	RATIO OF OSHA INSPECTORS/NUMBER OF EMPLOYEES
ALABAMA	1,894,616	19	189	1/99,716
ALASKA	302,330	14	30	1/21,595
ARIZONA	2,489,462	26	249	1/95,749
ARKANSAS	1,147,615	10	115	1/114,762
CALIFORNIA	15,234,188	231	1,523	1/65,949
COLORADO	2,189,516	26	219	1/84,212
CONNECTICUT	1,644,274	25	164	1/65,771
DELAWARE	417,692	3	42	1/139,231
FLORIDA	7,747,729	48	775	1/161,411
GEORGIA	3,933,315	36	393	1/109,259
HAWAII	603,668	24	60	1/25,153
IDAHO	614,548	8	61	1/76,819
ILLINOIS	5,748,355	56	574	1/102,649
INDIANA	2,873,795	72	287	1/39,914
IOWA	1,446,568	31	145	1/46,663
KANSAS	1,305,440	15	131	1/87,029
KENTUCKY	1,757,997	49	176	1/35,877
LOUISIANA	1,841,046	18	184	1/102,280
MAINE	594,481	11	59	1/54,044
MARYLAND	2,497,487	63	250	1/39,643
MASSACHUSETTS	3,159,934	32	316	1/98,748

NUMBER OF OSHA INSPECTORS BY STATE COMPARED WITH ILO BENCHMARK NUMBER OF LABOR INSPECTORS

STATE	NUMBER OF EMPLOYEES[1]	ACTUAL NUMBER OF OSHA INSPECTORS[2]	NUMBER OF LABOR INSPECTORS NEEDED TO MEET ILO BENCHMARK[3]	RATIO OF OSHA INSPECTORS/NUMBER OF EMPLOYEES
MICHIGAN	4,297,017	86	430	1/49,965
MINNESOTA	2,640,326	55	264	1/48,006
MISSISSIPPI	1,111,269	11	111	1/101,024
MISSOURI	2,664,447	28	266	1/95,159
MONTANA	413,460	6	41	1/68,910
NEBRASKA	892,397	7	89	1/127,485
NEVADA	1,215,783	36	122	1/33,772
NEW HAMPSHIRE	620,893	10	62	1/62,089
NEW JERSEY	3,917,397	65	392	1/60,268
NEW MEXICO	778,233	10	78	1/77,823
NEW YORK	8,348,739	126	835	1/66,260
NORTH CAROLINA	3,856,748	122	386	1/31,613
NORTH DAKOTA	328,097	7	33	1/46,871
OHIO	5,308,808	57	531	1/93,137
OKLAHOMA	1,465,969	17	147	1/86,233
OREGON	1,652,773	83	165	1/19,913
PENNSYLVANIA	5,552,301	67	555	1/82,870
RHODE ISLAND	477,420	7	48	1/68,203
SOUTH CAROLINA	1,819,217	31	182	1/58,684
SOUTH DAKOTA	375,707	N/A	38	N/A
TENNESSEE	2,685,491	60	269	1/44,758
TEXAS	9,583,457	86	958	1/111,436

NUMBER OF OSHA INSPECTORS BY STATE COMPARED WITH ILO BENCHMARK NUMBER OF LABOR INSPECTORS

STATE	NUMBER OF EMPLOYEES[1]	ACTUAL NUMBER OF OSHA INSPECTORS[2]	NUMBER OF LABOR INSPECTORS NEEDED TO MEET ILO BENCHMARK[3]	RATIO OF OSHA INSPECTORS/NUMBER OF EMPLOYEES
UTAH	1,115,375	19	112	1/58,704
VERMONT	300,919	10	30	1/30,092
VIRGINIA	3,578,558	62	358	1/57,719
WASHINGTON	2,766,451	119	277	1/23,247
WEST VIRGINIA	695,382	8	70	1/86,923
WISCONSIN	2,744,006	36	274	1/76,222
WYOMING	254,418	8	25	1/31,802
TOTAL	130,905,114	2,056	13,090	1/63,670

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages, Annual Averages 2005.

[2]U.S. Department of Labor, OSHA. Summary of Federal CSHO Totals by State FY 2007 and Summary of State Safety and Health Compliance Staffing, FY 2007. Total number of inspectors does not include 56 inspectors in Puerto Rico and Virgin Islands.

[3]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.

PROFILE OF WORKPLACE SAFETY AND HEALTH IN THE UNITED STATES

STATE	FATALITIES 2005 [1]			INJURIES/ILLNESSES 2005 [2]		PENALITIES [3] FY 2006		INSPECTORS [4]	YEARS TO INSPECT EACH WORKPLACE ONCE	STATE OR FEDERAL PROGRAM [5]
	NUMBER	RATE	RANK[6]	NUMBER	RATE	AVERAGES($)	RANK[7]			
Alabama	128	6.1	39	63,200	4.6	1,290	3	19	137	FEDERAL
Alaska	29	8.2	47	12,000	6.2	719	32	14	32	STATE
Arizona	99	3.6	18	81,500	4.8	1,100	6	26	89	STATE
Arkansas	80	6.1	39	42,200	5.0	933	14	10	145	FEDERAL
California	465	2.7	12	503,700	4.7	5,398	1	231	139	STATE
Colorado	125	5.2	34	N/A	N/A	886	19	26	133	FEDERAL
Connecticut	46	2.6	8	59,000	5.0	767	26	25	94	FEDERAL
Delaware	11	2.6	8	11,000	3.7	1,137	5	3	210	FEDERAL
Florida	406	4.8	28	246,300	4.5	1,049	8	48	247	FEDERAL
Georgia	200	4.5	25	125,400	4.3	1,043	9	36	174	FEDERAL
Hawaii	15	2.3	4	18,500	4.9	586	41	24	40	STATE
Idaho	35	4.9	29	N/A	N/A	643	37	8	89	FEDERAL
Illinois	194	3.2	16	170,100	4.1	757	28	56	121	FEDERAL
Indiana	157	5.1	33	117,400	5.8	715	33	72	107	STATE
Iowa	90	5.6	36	64,300	6.5	935	13	31	122	STATE
Kansas	81	5.5	35	46,800	5.3	592	40	15	103	FEDERAL

PROFILE OF WORKPLACE SAFETY AND HEALTH IN THE UNITED STATES

STATE	FATALITIES 2005 [1]			INJURIES/ILLNESSES 2005 [2]		PENALITIES [3] FY 2006		INSPECTORS [4]	YEARS TO INSPECT EACH WORKPLACE ONCE	STATE OR FEDERAL PROGRAM [5]
	NUMBER	RATE	RANK[6]	NUMBER	RATE	AVERAGES($)	RANK[7]			
Kentucky	122	6.3	42	75,900	6.2	1,322	2	49	65	STATE
Louisiana	111	5.6	36	40,300	3.1	646	36	18	184	FEDERAL
Maine	15	2.2	3	28,900	7.2	723	31	11	75	FEDERAL
Maryland	95	3.3	17	72,700	4.2	737	29	63	156	STATE
Massachusetts	75	2.3	4	93,000	4.2	939	12	32	117	FEDERAL
Michigan	110	2.3	4	161,700	5.3	460	47	86	50	STATE
Minnesota	87	3.1	15	90,600	5.0	632	38	55	63	STATE
Mississippi	112	8.9	48	N/A	N/A	901	17	11	196	FEDERAL
Missouri	185	6.4	44	102,600	5.4	724	30	28	113	FEDERAL
Montana	50	10.3	49	17,000	6.6	626	39	6	101	FEDERAL
Nebraska	36	3.8	21	30,400	5.0	1,037	10	7	143	FEDERAL
Nevada	57	4.9	29	50,800	5.7	1,199	4	36	27	STATE
New Hampshire	18	2.5	7	N/A	N/A	849	21	10	98	FEDERAL
New Jersey	112	2.6	8	104,400	3.8	815	24	65	75	FEDERAL
New Mexico	44	4.7	27	22,400	4.4	758	27	10	78	STATE
New York	239	2.7	12	176,500	3.2	928	15	126	100	FEDERAL

PROFILE OF WORKPLACE SAFETY AND HEALTH IN THE UNITED STATES

STATE	FATALITIES 2005 [1]			INJURIES/ILLNESSES 2005 [2]		PENALITIES [3] FY 2006		INSPECTORS [4]	YEARS TO INSPECT EACH WORKPLACE ONCE	STATE OR FEDERAL PROGRAM [5]
	NUMBER	RATE	RANK[6]	NUMBER	RATE	AVERAGES($)	RANK[7]			
North Carolina	165	3.8	21	107,600	4.0	529	44	122	45	STATE
North Dakota	22	6.3	42	N/A	N/A	664	35	7	89	FEDERAL
Ohio	168	3.0	14	N/A	N/A	923	16	57	103	FEDERAL
Oklahoma	95	5.7	38	47,300	4.6	889	18	17	132	FEDERAL
Oregon	65	3.6	18	59,200	5.4	300	50	83	24	STATE
Pennsylvania	224	3.7	20	N/A	N/A	839	23	67	105	FEDERAL
Rhode Island	6	1.1	1	17,800	5.5	785	25	7	96	FEDERAL
South Carolina	132	6.7	45	44,500	3.6	358	49	31	70	STATE
South Dakota	31	7.5	46	N/A	N/A	559	42	N/A	153	FEDERAL
Tennessee	139	5.0	32	90,600	4.8	885	20	60	57	STATE
Texas	495	4.6	26	246,000	3.6	1,014	11	86	132	FEDERAL
Utah	54	4.4	24	41,000	5.6	1,073	7	19	107	STATE
Vermont	7	2.0	2	12,800	6.2	546	43	10	91	STATE
Virginia	186	4.9	29	99,400	4.0	473	46	62	54	STATE
Washington	85	2.6	8	109,900	6.1	384	48	119	29	STATE
West Virginia	46	6.1	39	26,800	5.5	710	34	8	90	FEDERAL

PROFILE OF WORKPLACE SAFETY AND HEALTH IN THE UNITED STATES

STATE	FATALITIES 2005 [1]			INJURIES/ILLNESSES 2005 [2]		PENALITIES [3] FY 2006		INSPECTORS [4]	YEARS TO INSPECT EACH WORKPLACE ONCE	STATE OR FEDERAL PROGRAM [5]
	NUMBER	RATE	RANK[6]	NUMBER	RATE	AVERAGES($)	RANK[7]			
Wisconsin	125	4.3	23	109,900	5.8	848	22	36	103	FEDERAL
Wyoming	46	16.8	50	9,500	5.8	515	45	8	58	STATE
TOTAL OR NATIONAL AVERAGE:	**5,734**	**4.0**		**4.2 MILLION**	**4.6**	**$881** [8]		**2,112** [9]	**89** [10]	

[1] Bureau of Labor Statistics, rate per 100,000 workers. National and state fatality rates come directly from BLS, Census of Fatal Occupational Injuries.

[2] Bureau of Labor Statistics, rate of total cases per 100 workers. Number and rate are for private sector only and includes Guam, Puerto Rico and the Virgin Islands. An additional 578,200 cases occurred among state and local government employees in the 29 states and territories where this data is collected.

[3] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006. Penalties shown are averages per serious citation for conditions creating a substantial probability of death or serious physical harm to workers. For CT, NJ and NY, averages are based only on federal data.

[4] From OSHA records, FY 2007. Includes only safety and industrial hygiene Compliance Safety and Health Officers who conduct workplace inspections. Supervisory CSHO's are included if they spend at least 50% of their time conducting inspections.

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

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

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

[8] National average is per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $873 per citation; state plan OSHA states average $890 per citation.

[9] Total number of inspectors includes 818 Federal OSHA inspectors and 1,294 state OSHA inspectors including inspectors in the Virgin Islands and Puerto Rico.

[10] Frequency of all covered establishments for all states combined. Average inspection frequency of covered establishments for federal OSHA states is once every **133** years; inspection frequency of covered establishments for state OSHA plan states is once every 62 years.

Prepared by AFL-CIO Safety and Health – April 2007

Workplace Safety and Health Statistics, by State 2000 - 2005

State	Fatality Rates [1]						Injury/Illness Rates[2]						Average Penalties ($)[3]					
	2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005	FY 01	FY02	FY03	FY04	FY05	FY06
Alabama	5.5	7.4	5.6	6.0	6.4	6.1	6.2	5.9	5.2	4.6	5.1	4.6	1,218	1,099	1,301	1,326	1,195	1,290
Alaska	19.2	22.6	14.6	9.2	12.7	8.2	7.6	8.5	7.4	7.0	5.1	6.2	743	769	803	888	683	719
Arizona	5.3	3.9	4.5	3.0	3.1	3.6	5.8	5.8	5.0	4.6	4.5	4.8	1,611	1,463	1,186	1,278	1,144	1,100
Arkansas	9.4	6.0	7.1	7.2	5.7	6.1	6.5	5.8	5.7	5.1	4.7	5.0	839	918	988	863	826	933
California	3.7	3.4	3.2	2.7	2.4	2.7	6.1	5.4	5.6	5.4	4.9	4.7	4,818	4,996	5,466	5,278	5,597	5,398
Colorado	5.4	6.3	5.7	4.3	4.9	5.2	N/A	N/A	N/A	N/A	N/A	N/A	1,111	1,062	928	815	981	886
Connecticut	3.3	2.4	2.4	2.1	3.1	2.6	6.7	6.3	5.4	5.1	4.8	5.0	868	796	865	807	732	767
Delaware	3.2	2.5	2.7	1.5	2.2	2.6	5.3	4.8	4.3	4.3	3.7	3.7	1,499	1,401	983	1,092	1,000	1,137
Florida	4.7	5.1	4.9	4.5	5.2	4.8	5.8	5.7	5.1	5.0	4.9	4.5	1,277	1,115	904	991	1,009	1,049
Georgia	5.0	6.1	5.2	4.7	5.3	4.5	5.1	4.8	4.7	4.3	3.9	4.3	1,136	976	977	1,006	1,071	1,043
Hawaii	3.6	7.4	4.3	3.5	4.1	2.3	6.0	5.7	5.8	5.4	4.9	4.9	643	785	616	645	690	586
Idaho	6.2	7.9	6.8	6.4	5.7	4.9	N/A	N/A	N/A	N/A	N/A	N/A	1,098	953	759	504	671	643
Illinois	3.5	3.9	3.3	3.4	3.4	3.2	6.1	5.3	5.0	4.6	4.4	4.1	851	807	822	815	824	757
Indiana	5.4	5.3	4.8	4.4	5.0	5.1	7.6	7.6	6.9	6.2	6.3	5.8	607	607	575	640	617	715
Iowa	4.9	4.3	4.0	4.9	5.1	5.6	8.2	8.1	7.5	6.7	6.4	6.5	1,113	896	621	826	833	935
Kansas	6.5	7.0	6.8	5.7	5.7	5.5	7.8	7.3	6.2	5.5	5.5	5.3	868	817	795	678	616	592
Kentucky	7.5	6.0	8.5	7.7	7.6	6.3	8.3	7.4	7.2	6.4	6.1	6.2	1,252	1,360	1,248	1,356	1,470	1,322
Louisiana	7.6	6.3	5.6	5.0	6.3	5.6	4.3	4.6	3.8	3.6	3.4	3.1	1,135	929	1,030	670	800	646
Maine	4.4	3.9	5.1	3.5	2.4	2.2	9.0	8.7	8.1	7.7	6.9	7.2	692	580	522	699	704	723
Maryland	3.5	2.6	4.2	3.3	2.9	3.3	4.6	4.3	4.3	4.1	4.2	4.2	497	494	556	618	765	737

Workplace Safety and Health Statistics, by State 2000 - 2005

State	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties ($)[3]					
	2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005	FY 01	FY02	FY03	FY04	FY05	FY06
Massachusetts	2.0	1.6	1.4	2.4	2.2	2.3	5.5	5.1	4.6	N/A	4.3	4.2	864	886	950	971	1,034	939
Michigan	3.4	3.9	3.4	3.2	2.6	2.3	8.1	7.3	6.8	6.3	5.6	5.3	540	478	477	435	479	460
Minnesota	2.6	2.9	3.1	2.6	2.9	3.1	7.0	6.3	6.2	5.5	5.3	5.0	734	626	506	575	625	632
Mississippi	11.0	10.0	8.5	8.1	7.0	8.9	N/A	N/A	N/A	N/A	N/A	N/A	879	1,074	879	860	958	901
Missouri	5.5	5.4	6.7	5.4	5.7	6.4	6.8	6.1	6.0	5.0	5.3	5.4	651	588	604	631	633	724
Montana	11.1	15.1	13.1	8.6	8.4	10.3	8.2	8.3	6.8	7.6	7.2	6.6	878	927	709	629	626	626
Nebraska	6.7	6.4	9.5	5.1	4.8	3.8	6.6	7.4	5.7	5.9	5.3	5.0	972	1,030	992	855	851	1,037
Nevada	5.0	3.8	4.3	4.7	5.3	4.9	7.2	6.6	6.0	5.7	5.5	5.7	917	947	767	926	928	1,199
New Hampshire	2.1	1.5	3.1	2.8	2.1	2.5	N/A	N/A	N/A	N/A	N/A	N/A	820	684	557	741	888	849
New Jersey	3.0	3.3	3.3	2.5	3.1	2.6	4.9	4.8	4.3	4.2	3.8	3.8	873	812	871	873	846	815
New Mexico	4.9	8.1	8.5	5.4	6.6	4.7	4.4	4.8	5.2	6.1	4.8	4.4	597	646	630	758	1,222	758
New York	2.7	2.6	2.9	2.5	2.9	2.7	3.9	3.6	3.5	3.1	3.0	3.2	906	847	898	928	906	928
North Carolina	6.1	5.3	4.5	4.5	4.5	3.8	5.3	4.8	4.0	4.0	4.1	4.0	462	467	459	487	481	529
North Dakota	11.0	8.0	8.0	7.5	6.6	6.3	N/A	N/A	N/A	N/A	N/A	N/A	592	478	594	700	720	664
Ohio	3.8	3.8	3.8	3.7	3.6	3.0	N/A	N/A	N/A	N/A	N/A	N/A	845	901	840	900	815	923
Oklahoma	5.6	7.9	6.4	6.2	5.6	5.7	6.6	6.5	6.1	5.0	5.6	4.6	959	1,005	886	1,031	1,202	889
Oregon	3.2	2.8	4.0	4.4	3.4	3.6	6.3	6.2	6.0	5.6	5.8	5.4	261	269	299	306	272	300
Pennsylvania	3.6	4.1	3.4	3.5	3.9	3.7	N/A	N/A	N/A	N/A	N/A	N/A	810	732	753	816	775	839
Rhode Island	1.5	3.6	1.7	3.3	1.3	1.1	7.1	6.8	5.3	5.4	5.2	5.5	677	655	835	764	800	785
South Carolina	6.3	5.0	6.1	6.0	5.4	6.7	5.5	4.5	4.5	4.4	4.1	3.6	354	387	386	369	405	358

Workplace Safety and Health Statistics, by State 2000 - 2005

State	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties ($)[3]					
	2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005	FY 01	FY02	FY03	FY04	FY05	FY06
South Dakota	9.6	9.6	9.9	6.6	5.8	7.5	N/A	N/A	N/A	N/A	N/A	N/A	520	743	689	653	745	559
Tennessee	6.0	5.2	5.4	4.9	5.2	5.0	6.6	6.1	5.7	5.4	5.3	4.8	836	782	780	827	889	885
Texas	6.2	5.7	4.5	4.7	4.2	4.6	4.7	4.9	4.3	4.0	3.7	3.6	1,032	954	1,002	1,065	1,109	1,014
Utah	5.8	6.2	5.0	4.7	4.4	4.4	6.7	6.6	6.0	5.6	5.7	5.6	1,247	1,179	1,013	985	1,086	1,073
Vermont	5.1	2.0	3.7	4.2	2.1	2.0	6.9	7.0	6.7	5.2	5.8	6.2	601	550	579	689	652	546
Virginia	4.3	4.2	4.2	4.2	4.6	4.9	5.3	4.6	4.3	4.0	3.8	4.0	605	623	505	483	568	473
Washington	2.8	3.8	3.1	2.8	3.2	2.6	8.5	7.8	7.3	6.8	6.9	6.1	480	447	441	423	379	384
West Virginia	6.7	9.2	5.9	6.9	7.7	6.1	7.0	7.2	6.3	6.1	6.1	5.5	595	704	636	663	649	710
Wisconsin	3.9	4.0	3.4	3.4	3.2	4.3	8.9	7.8	7.1	6.5	6.4	5.8	974	1,052	856	938	921	848
Wyoming	15.6	16.9	13.4	13.9	15.5	16.8	N/A	N/A	5.6	6.0	5.3	5.8	366	386	338	332	312	515
National Average	4.3	4.3	4.0	4.0	4.1	4.0	6.1	5.7	5.3	5.0	4.8	4.6	$910	$886	$871	$873	$883	$881

[1]Bureau of Labor Statistics, rate per 100,000 workers. National fatality rate comes directly from BLS.

[2]Bureau of Labor Statistics; rate of total cases per 100 workers. Number and rate are for private sector only and includes Guam, Puerto Rico and the Virgin Islands. Each year there are more than 578,000 additional cases among state and local government employees in the 29 or 30 states and territories where this data is collected. Due to revisions of the OSHA recordkeeping requirements, the estimates from the BLS 2002 survey and beyond are not comparable with those from previous years.

[3]U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY2001, FY2002, FY2003, FY2004, FY2005, and FY2006. Penalties shown are averages per serious citation for conditions creating a substantial probability of death or serious physical harm to workers. For CT, NJ and NY, averages are based only on federal data.

Note: Due to the revised recordkeeping rule, which became effective January 1, 2002, the estimates from the 2002 BLS Survey of Occupational Injuries and Illnesses and beyond are not comparable with those from previous years. Among the changes that could affect comparisons are: changes to the list of low-hazard industries that are exempt from recordkeeping, employers are no longer required to record all illnesses regardless of severity, there is 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. For a complete list of the major changes, see the OSHA website at http://www.osha.gov/recordkeeping/Rkmajorchanges.html.

Prepared by the AFL-CIO Safety and Health - April 2007

Workplace Fatalities, 1992 - 2005

State	Overall Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Alabama	145	138	153	150	155	139	135	123	103	138	102	124	133	128
Alaska	91	66	60	78	63	51	43	42	53	64	42	28	42	29
Arizona	67	55	79	86	77	61	74	70	118	87	101	80	84	99
Arkansas	82	71	85	92	88	102	86	76	106	68	80	87	70	80
California	644	657	639	646	641	651	626	602	553	515	478	459	467	465
Colorado	103	99	120	112	90	120	77	106	117	139	123	102	117	125
Connecticut	42	31	35	32	35	32	57	38	55	41	39	36	54	46
Delaware	11	13	15	12	18	17	11	14	13	10	11	9	10	11
Florida	329	345	358	391	333	366	384	345	329	368	354	347	422	406
Georgia	204	230	249	237	213	242	202	229	195	237	197	199	232	200
Hawaii	28	26	21	24	27	19	12	32	20	41	24	21	25	15
Idaho	45	43	50	53	62	56	51	43	35	45	39	43	38	35
Illinois	250	252	247	250	262	240	216	208	206	231	190	200	208	194
Indiana	148	136	195	156	143	190	155	171	159	152	136	132	153	157
Iowa	110	88	74	54	70	80	68	80	71	62	57	76	82	90
Kansas	82	99	106	95	85	93	98	87	85	94	89	78	80	81
Kentucky	117	143	158	140	141	143	117	120	132	105	146	145	143	122
Louisiana	153	171	187	139	134	137	159	141	143	117	103	95	121	111

Workplace Fatalities, 1992 - 2005

State	Overall Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Maine	19	20	22	18	23	19	26	32	26	23	30	23	16	15
Maryland	103	82	80	86	82	82	78	82	84	64	102	92	81	95
Massachusetts	67	85	74	66	62	69	44	83	70	54	46	78	72	75
Michigan	143	160	180	149	155	174	179	182	156	175	152	152	127	110
Minnesota	103	113	82	84	92	72	88	72	68	76	81	72	80	87
Mississippi	123	121	126	128	103	104	113	128	125	111	94	102	88	112
Missouri	140	131	155	125	140	123	145	165	148	145	175	154	165	185
Montana	65	38	50	34	50	56	58	49	42	58	51	39	39	50
Nebraska	43	78	83	54	56	46	56	66	59	57	83	51	46	36
Nevada	49	38	41	51	52	55	60	58	51	40	47	52	61	57
New Hampshire	10	13	14	12	11	23	23	14	13	9	19	19	15	18
New Jersey	138	145	114	118	100	101	103	104	115	129	129	104	129	112
New Mexico	35	55	54	58	60	50	48	39	35	59	63	46	57	44
New York	314	345	364	302	317	264	243	241	233	220	240	227	254	239
North Carolina	169	214	226	187	191	210	228	222	234	203	169	182	183	165
North Dakota	20	30	21	28	23	35	24	22	34	25	25	26	24	22
Ohio	203	190	209	186	201	201	186	222	207	209	202	206	202	168
Oklahoma	78	86	97	200	87	104	75	99	82	115	92	100	91	95

Workplace Fatalities, 1992 - 2005

State	Overall Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Oregon	88	84	80	73	85	84	72	69	52	44	63	75	60	65
Pennsylvania	242	241	354	233	282	259	235	221	199	225	188	208	230	224
Rhode Island	17	16	12	11	6	11	12	11	7	17	8	18	7	6
South Carolina	100	87	83	115	109	131	111	139	115	91	107	115	113	132
South Dakota	28	28	31	26	32	23	28	46	35	35	36	28	24	31
Tennessee	145	154	170	179	152	168	150	154	160	136	140	137	145	139
Texas	536	529	497	475	514	459	523	468	572	536	417	491	440	495
Utah	59	66	66	51	64	66	67	54	61	65	52	54	50	54
Vermont	11	7	8	16	7	9	16	14	15	6	11	14	7	7
Virginia	175	135	164	132	153	166	177	154	148	146	142	155	171	186
Washington	97	112	118	109	128	112	113	88	75	102	86	83	98	85
West Virginia	77	66	61	56	66	53	57	57	46	63	40	51	58	46
Wisconsin	135	138	109	117	108	114	97	105	107	110	91	103	94	125
Wyoming	26	36	35	32	28	29	33	32	36	40	33	37	43	46
Totals	6,217	6,331	6,632	6,275	6,202	6,238	6,055	6,054	5,920	5,915	5,534	5,575	5,764	5,734

Source: U.S. Department of Labor, Bureau of Labor Statistics, in cooperation with State and Federal agencies, Census of Fatal Occupational Injuries.

Fatal Occupational Injuries by State and Event or Exposure, 2005

State	Total Fatalities 2005	Transportation Incidents	Assaults and Violent Acts	Contact with Objects and Equipment	Falls	Exposure to Harmful Substances or Environments	Fires and Explosions
Alabama	128	55	19	23	21	8	--
Alaska	29	21	--	--	3	--	--
Arizona	99	42	16	17	9	11	--
Arkansas	80	53	5	9	8	3	--
California	465	165	87	76	59	51	14
Colorado	125	76	8	17	9	11	3
Connecticut	46	12	14	10	8	--	--
Delaware	11	--	--	--	3	--	--
District of Columbia	12	--	4	--	4	--	--
Florida	406	186	47	39	72	50	8
Georgia	200	81	32	31	39	13	3
Hawaii	15	6	--	--	3	4	--
Idaho	35	15	--	12	5	--	--
Illinois	194	74	30	34	24	26	6
Indiana	157	72	15	25	23	14	8
Iowa	90	44	3	26	8	--	4
Kansas	81	40	12	16	4	5	--
Kentucky	122	54	16	30	16	5	--
Louisiana	111	53	11	18	10	13	--
Maine	15	5	--	5	3	--	--

Fatal Occupational Injuries by State and Event or Exposure, 2005

State	Total Fatalities 2005	Transportation Incidents	Assaults and Violent Acts	Contact with Objects and Equipment	Falls	Exposure to Harmful Substances or Environments	Fires and Explosions
Maryland	95	31	23	16	19	4	--
Massachusetts	75	23	12	15	14	7	--
Michigan	110	40	16	20	19	10	5
Minnesota	87	34	12	26	11	3	--
Mississippi	112	49	19	20	17	6	--
Missouri	185	91	20	42	12	12	6
Montana	50	19	8	14	7	--	--
Nebraska	36	18	4	10	3	--	--
Nevada	57	26	7	7	10	6	--
New Hampshire	18	9	--	5	3	--	--
New Jersey	112	51	17	16	15	6	5
New Mexico	44	23	9	4	4	--	--
New York	239	87	49	40	33	23	7
North Carolina	165	62	22	31	30	15	5
North Dakota	22	9	--	5	5	3	--
Ohio	168	71	23	34	18	18	4
Oklahoma	95	57	9	10	10	5	4
Oregon	65	31	5	15	11	--	--
Pennsylvania	224	107	41	30	33	10	--
Rhode Island	6	--	--	--	--	--	--

Fatal Occupational Injuries by State and Event or Exposure, 2005

State	Total Fatalities 2005	Transportation Incidents	Assaults and Violent Acts	Contact with Objects and Equipment	Falls	Exposure to Harmful Substances or Environments	Fires and Explosions
South Carolina	132	61	18	21	13	17	--
South Dakota	31	16	--	7	3	--	--
Tennessee	139	70	18	29	14	5	3
Texas	495	200	67	80	54	63	31
Utah	54	29	--	12	5	4	--
Vermont	7	--	--	4	--	--	--
Virginia	186	69	22	35	33	21	6
Washington	85	40	6	20	8	8	--
West Virginia	46	23	5	7	3	7	--
Wisconsin	125	48	20	22	25	6	3
Wyoming	46	25	3	11	--	--	--

Source: U.S. Department of Labor, Bureau of Labor Statistics, in cooperation with State and Federal agencies, Census of Fatal Occupational Injuries, 2005.

Note: State totals include other events and exposures, such as bodily reaction, in addition to those shown separately. Dashes indicate less than 0.5 percent or data that are not available or that do not meet BLS publication criteria.

Hispanic[1] Worker Fatalities by State, 1992-2005

State	Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Alabama	5	--	--	--	--	--	--	--	--	--	5	8	6	9
Alaska	--	--	--	--	--	--	--	--	--	--	--	--	--	3
Arizona	13	16	23	11	17	13	27	26	26	34	28	17	25	36
Arkansas	--	--	--	--	--	--	--	8	9	--	5	9	5	8
California	163	177	175	178	183	189	174	216	172	188	176	164	188	190
Colorado	11	17	10	19	10	22	15	19	27	25	16	25	25	19
Connecticut	--	--	--	--	--	--	10	--	12	9	7	--	10	5
Delaware	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Florida	32	57	67	67	68	84	58	68	75	84	98	90	119	113
Georgia	--	6	7	7	7	11	19	17	26	36	16	26	29	25
Hawaii	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Idaho	--	--	6	5	--	--	--	6	5	--	9	3	6	3
Illinois	19	21	14	20	22	17	17	21	17	30	27	22	29	23
Indiana	--	--	--	--	--	--	--	--	--	8	9	7	7	5
Iowa	--	--	--	--	--	--	--	--	--	--	--	--	7	--
Kansas	--	--	11	9	--	5	15	5	5	6	5	4	11	10
Kentucky	--	--	--	--	--	--	--	--	--	--	--	3	--	6
Louisiana	--	--	--	--	--	--	--	--	5	5	--	--	9	8
Maine	--	--	--	--	--	--	--	--	--	--	14	--	--	--

Hispanic[1] Worker Fatalities by State, 1992-2005

State	Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Maryland	--	--	--	5	--	--	--	--	6	--	10	11	17	8
Massachusetts	--	--	--	6	--	6	--	6	--	6	5	6	9	6
Michigan	--	--	6	--	--	--	6	12	6	7	7	4	6	8
Minnesota	--	--	--	--	--	--	--	--	5	--	--	5	3	6
Mississippi	--	--	--	--	--	--	--	--	5	11	5	--	4	3
Missouri	--	--	--	--	--	--	--	--	--	8	--	6	4	--
Montana	--	--	--	--	--	--	--	--	--	5	--	--	--	4
Nebraska	--	--	--	--	--	--	--	--	--	--	9	3	4	--
Nevada	5	--	--	7	5	9	9	6	10	10	8	10	17	9
New Hampshire	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New Jersey	15	13	16	15	10	12	12	17	23	25	33	24	34	30
New Mexico	12	12	14	17	23	23	17	13	9	27	21	9	12	19
New York	52	108	52	54	58	31	34	42	55	45	43	36	45	34
North Carolina	--	6	5	9	12	18	14	12	22	20	25	21	26	27
North Dakota	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Ohio	--	--	--	--	--	--	5	--	5	6	--	15	5	5
Oklahoma	--	--	--	5	--	8	5	--	--	16	8	3	13	8
Oregon	8	--	5	--	--	--	10	--	6	5	--	7	4	6
Pennsylvania	--	10	9	--	--	5	7	8	16	10	12	10	6	11

Hispanic[1] Worker Fatalities by State, 1992-2005

State	Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Rhode Island	--	--	--	--	--	--	--	--	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--	--	7	12	9	7	18	13	10
South Dakota	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Tennessee	--	--	--	5	5	--	--	5	12	5	7	8	9	5
Texas	136	122	143	136	137	133	175	151	190	170	147	163	150	200
Utah	--	--	--	--	6	--	9	5	6	8	6	11	5	4
Vermont	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Virginia	8	--	6	6	6	9	6	12	5	12	15	13	13	24
Washington	5	11	--	--	11	11	17	--	13	13	15	5	14	7
West Virginia	--	--	--	--	--	--	--	--	--	--	--	--	--	4
Wisconsin	--	6	--	--	--	--	--	--	--	8	--	3	--	9
Wyoming	--	--	--	--	--	--	--	--	5	5	8	--	3	--
Totals	533	634	624	619	638	658	707	730	815	891	840	794	902	923

Source: U.S. Department of Labor, Bureau of Labor Statistics, in cooperation with State and Federal agencies, Census of Fatal Occupational Injuries.

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

[1]Hispanic or Latino, includes both foreign-born and native born.

Foreign-Born[1] Worker Fatalities, 1992 - 2005

State	Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Alabama	5	--	--	--	--	--	--	--	--	--	5	3	6	10
Alaska	--	--	6	--	9	5	--	--	--	9	--	--	7	5
Arizona	13	9	9	11	11	10	23	21	19	29	22	15	21	31
Arkansas	--	--	--	--	7	--	--	5	9	--	--	--	4	--
California	162	198	180	169	167	134	111	223	195	208	170	146	174	203
Colorado	6	5	7	12	6	15	12	15	11	23	11	22	21	11
Connecticut	--	--	--	--	8	6	13	5	14	20	7	7	15	7
Delaware	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Florida	56	68	62	65	87	106	65	69	91	96	106	109	123	119
Georgia	8	12	14	9	16	14	22	14	28	57	20	34	24	31
Hawaii	6	5	--	--	--	--	--	--	6	11	8	4	9	4
Idaho	7	--	7	5	--	--	--	5	5	--	8	3	4	3
Illinois	23	36	24	35	34	37	29	31	28	52	37	42	44	36
Indiana	5	--	11	5	5	7	8	5	7	11	11	9	10	13
Iowa	--	--	--	--	--	--	--	--	--	--	--	--	5	--
Kansas	--	--	--	--	--	--	8	--	5	5	7	6	10	12
Kentucky	--	--	--	--	--	--	--	--	--	--	8	--	3	7
Louisiana	--	5	--	--	8	6	7	--	7	9	--	--	3	10

[1] The definition of "foreign-born" employed by the Census of Fatal Occupational Injuries refers simply to workers not born in the U.S. or U.S. territories and does not convey information on citizenship at birth.

Foreign-Born[1] Worker Fatalities, 1992 - 2005

State	Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Maine	--	--	--	--	--	--	5	--	--	--	15	--	--	--
Maryland	6	5	6	10	9	--	9	15	12	8	16	21	24	26
Massachusetts	19	14	11	12	9	7	6	16	5	7	14	14	22	22
Michigan	8	12	9	7	9	13	7	24	18	15	15	16	11	12
Minnesota	--	5	--	--	6	--	--	--	--	--	5	5	4	10
Mississippi	--	--	--	--	--	5	--	--	--	6	5	--	3	8
Missouri	--	--	--	--	--	--	--	10	7	6	7	5	9	6
Montana	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Nebraska	--	--	--	--	--	--	--	--	--	--	12	--	3	--
Nevada	--	--	--	5	5	6	7	9	9	12	13	9	15	8
New Hampshire	--	--	--	--	--	--	--	--	--	--	--	3	--	--
New Jersey	29	26	29	29	29	30	26	25	31	37	41	41	39	47
New Mexico	--	--	--	--	13	11	8	--	--	15	6	4	6	7
New York	133	133	113	93	98	67	66	67	91	75	80	73	74	79
North Carolina	6	5	11	5	11	19	13	17	7	22	26	26	25	29
North Dakota	--	--	--	--	--	--	--	--	--	--	--	4	--	--
Ohio	9	8	16	8	6	12	8	9	12	7	13	18	10	11
Oklahoma	--	--	--	--	--	8	--	--	--	13	15	7	11	--

[1] The definition of "foreign-born" employed by the Census of Fatal Occupational Injuries refers simply to workers not born in the U.S. or U.S. territories and does not convey information on citizenship at birth.

Foreign-Born[1] Worker Fatalities, 1992 - 2005

State	Fatalities													
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Oregon	10	--	--	--	5	--	5	11	--	--	6	5	6	8
Pennsylvania	11	16	22	6	8	10	9	11	16	16	13	15	19	24
Rhode Island	--	5	--	--	--	--	--	--	--	--	--	4	--	--
South Carolina	--	--	--	6	--	5	6	7	16	12	8	18	18	13
South Dakota	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Tennessee	--	6	--	8	--	--	--	--	5	--	7	15	12	14
Texas	69	72	90	84	93	102	111	100	115	122	110	121	101	135
Utah	--	--	--	--	5	6	5	8	6	8	9	12	4	8
Vermont	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Virginia	10	8	15	10	8	20	10	18	17	22	20	22	41	33
Washington	7	17	13	11	22	12	19	7	13	17	19	6	21	9
West Virginia	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Wisconsin	--	8	--	7	--	--	--	7	--	9	--	5	5	9
Wyoming	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Totals	635	725	698	658	728	714	654	811	849	994	929	890	956	1,035

Source: U.S. Department of Labor, Bureau of Labor Statistics, in cooperation with State, New York City, District of Columbia, and Federal agencies, Census of Fatal Occupational Injuries. Dashes indicate no data reported or data that do not meet BLS publication criteria.

[1] The definition of "foreign-born" employed by the Census of Fatal Occupational Injuries refers simply to workers not born in the U.S. or U.S. territories and does not convey information on citizenship at birth.

STATE PROFILES

ALABAMA

Worker Safety and Health

Number of employees:[1]	1,894,616
Number of establishments:[1]	117,064
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	128
Rate per 100,000 workers, 2005:	6.1
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	39
Total cases of workplace injuries and illnesses, 2005:[4]	63,200
Rate per 100 workers:	4.6
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	29,800
Rate per 100 workers:	2.2
National rate:	2.4
Number of state and local employees:[1]	295,097
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	19
Number of workplace safety and health inspections conducted, FY 2006:[7]	816
Construction:	519
Non-construction:	297
Length of time it would take for OSHA to inspect each workplace once:	137 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,290
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

ALASKA

Worker Safety and Health

Number of employees:[1]	302,330
Number of establishments:[1]	20,503
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	29
Rate per 100,000 workers, 2005:	8.2
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	47
Total cases of workplace injuries and illnesses, 2005:[4]	12,000
Rate per 100 workers:	6.2
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	5,800
Rate per 100 workers:	3.0
National rate:	2.4
Number of state and local employees:[1]	58,913
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	14
Number of workplace safety and health inspections conducted, FY 2006:[7]	644
Construction:	330
Non-construction:	314
Length of time it would take for OSHA to inspect each workplace once:	32 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$719
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

ARIZONA

Worker Safety and Health

Number of employees:[1]	2,489,462
Number of establishments:[1]	137,510
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	99
Rate per 100,000 workers, 2005:	3.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	18
Total cases of workplace injuries and illnesses, 2005:[4]	81,500
Rate per 100 workers:	4.8
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	41,300
Rate per 100 workers:	2.4
National rate:	2.4
Number of state and local employees:[1]	330,161
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	26
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,551
Construction:	1,058
Non-construction:	493
Length of time it would take for OSHA to inspect each workplace once:	89 yrs.
Average penalty assessed for serious violation of the OSHAct, FY 2006:[7]	$1,100
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

ARKANSAS

Worker Safety and Health

Number of employees:[1]	1,147,615
Number of establishments:[1]	77,630
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	80
Rate per 100,000 workers, 2005:	6.1
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	39
Total cases of workplace injuries and illnesses, 2005:[4]	42,200
Rate per 100 workers:	5.0
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	20,100
Rate per 100 workers:	2.4
National rate:	2.4
Number of state and local employees:[1]	169,398
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	10
Number of workplace safety and health inspections conducted, FY 2006:[7]	512
Construction:	350
Non-construction:	162
Length of time it would take for OSHA to inspect each workplace once:	145 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$933
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

CALIFORNIA

Worker Safety and Health

Number of employees:[1]	15,234,188
Number of establishments:[1]	1,221,898
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	465
Rate per 100,000 workers, 2005:	2.7
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	12
Total cases of workplace injuries and illnesses, 2005:[4]	503,700
Rate per 100 workers:	4.7
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	289,000
Rate per 100 workers:	2.7
National rate:	2.4
Number of state and local employees:[1]	2,106,904
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	231
Number of workplace safety and health inspections conducted, FY 2006:[7]	8,793
Construction:	3,087
Non-construction:	5,706
Length of time it would take for OSHA to inspect each workplace once:	139 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$5,398
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

COLORADO

Worker Safety and Health

Number of employees:[1]	2,189,516
Number of establishments:[1]	169,474
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	125
Rate per 100,000 workers, 2005:	5.2
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	34
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	293,323
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	26
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,252
Construction:	771
Non-construction:	481
Length of time it would take for OSHA to inspect each workplace once:	133 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$886
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

CONNECTICUT

Worker Safety and Health

Number of employees:[1]	1,644,274
Number of establishments:[1]	110,005
State or federal OSHA program:[2]	Federal (public sector state plan only)
Number of workplace fatalities, 2005:[3]	46
Rate per 100,000 workers, 2005:	2.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	8
Total cases of workplace injuries and illnesses, 2005:[4]	59,000
Rate per 100 workers:	5.0
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	33,500
Rate per 100 workers:	2.8
National rate:	2.4
Number of state and local employees:[1]	215,214
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	25
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,171
Construction:	545
Non-construction:	626
Length of time it would take for OSHA to inspect each workplace once:	94 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$767
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

DELAWARE

Worker Safety and Health

Number of employees:[1]	417,692
Number of establishments:[1]	30,210
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	11
Rate per 100,000 workers, 2005:	2.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	8
Total cases of workplace injuries and illnesses, 2005:[4]	11,000
Rate per 100 workers:	3.7
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	5,700
Rate per 100 workers:	1.9
National rate:	2.4
Number of state and local employees:[1]	51,118
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	3
Number of workplace safety and health inspections conducted, FY 2006:[7]	142
Construction:	80
Non-construction:	62
Length of time it would take for OSHA to inspect each workplace once:	210 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,137
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

DISTRICT OF COLUMBIA

Worker Safety and Health

Number of employees:[1]	667,512
Number of establishments:[1]	30,641
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	12
Rate per 100,000 workers, 2005:	4.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	N/A
Total cases of workplace injuries and illnesses, 2005:[4]	7,300
Rate per 100 workers:	2.0
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	3,500
Rate per 100 workers:	0.9
National rate:	2.4
Number of state and local employees:[1]	38,126
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	N/A
Number of workplace safety and health inspections conducted, FY 2006:[7]	542
Construction:	516
Non-construction:	26
Length of time it would take for OSHA to inspect each workplace once:	56 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$689
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
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Prepared by AFL-CIO Safety and Health, April 2007

FLORIDA

Worker Safety and Health

Number of employees:[1]	7,747,729
Number of establishments:[1]	557,571
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	406
Rate per 100,000 workers, 2005:	4.8
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	28
Total cases of workplace injuries and illnesses, 2005:[4]	246,300
Rate per 100 workers:	4.5
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	130,700
Rate per 100 workers:	2.4
National rate:	2.4
Number of state and local employees:[1]	924,149
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	48
Number of workplace safety and health inspections conducted, FY 2006:[7]	2,236
Construction:	1,542
Non-construction:	694
Length of time it would take for OSHA to inspect each workplace once:	247 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,049
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

GEORGIA

Worker Safety and Health

Number of employees:[1]	3,932,315
Number of establishments:[1]	253,789
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	200
Rate per 100,000 workers, 2005:	4.5
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	25
Total cases of workplace injuries and illnesses, 2005:[4]	125,400
Rate per 100 workers:	4.3
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	58,400
Rate per 100 workers:	2.0
National rate:	2.5
Number of state and local employees:[1]	549,402
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	36
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,418
Construction:	841
Non-construction:	577
Length of time it would take for OSHA to inspect each workplace once:	174 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,043
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

HAWAII

Worker Safety and Health

Number of employees:[1]	603,668
Number of establishments:[1]	36,038
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	15
Rate per 100,000 workers, 2005:	2.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	4
Total cases of workplace injuries and illnesses, 2005:[4]	18,500
Rate per 100 workers:	4.9
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	11,500
Rate per 100 workers:	3.1
National rate:	2.4
Number of state and local employees:[1]	85,112
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	24
Number of workplace safety and health inspections conducted, FY 2006:[7]	896
Construction:	346
Non-construction:	550
Length of time it would take for OSHA to inspect each workplace once:	40 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$586
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

IDAHO

Worker Safety and Health

Number of employees:[1]	614,548
Number of establishments:[1]	51,889
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	35
Rate per 100,000 workers, 2005:	4.9
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	29
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	96,375
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	8
Number of workplace safety and health inspections conducted, FY 2006:[7]	555
Construction:	402
Non-construction:	153
Length of time it would take for OSHA to inspect each workplace once:	89 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$643
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

ILLINOIS

Worker Safety and Health

Number of employees:[1]	5,748,355
Number of establishments:[1]	338,207
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	194
Rate per 100,000 workers, 2005:	3.2
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	16
Total cases of workplace injuries and illnesses, 2005:[4]	170,100
Rate per 100 workers:	4.1
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	97,000
Rate per 100 workers:	2.4
National rate:	2.4
Number of state and local employees:[1]	716,475
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	56
Number of workplace safety and health inspections conducted, FY 2006:[7]	2,723
Construction:	1,449
Non-construction:	1,274
Length of time it would take for OSHA to inspect each workplace once:	121 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$757
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
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Prepared by AFL-CIO Safety and Health, April 2007

INDIANA

Worker Safety and Health

Number of employees:[1]	2,873,795
Number of establishments:[1]	153,921
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	157
Rate per 100,000 workers, 2005:	5.1
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	33
Total cases of workplace injuries and illnesses, 2005:[4]	117,400
Rate per 100 workers:	5.8
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	57,500
Rate per 100 workers:	2.8
National rate:	2.4
Number of state and local employees:[1]	361,390
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	72
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,442
Construction:	738
Non-construction:	704
Length of time it would take for OSHA to inspect each workplace once:	107 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$715
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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Prepared by AFL-CIO Safety and Health, April 2007

IOWA

Worker Safety and Health

Number of employees:[1]	1,446,568
Number of establishments:[1]	91,660
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	90
Rate per 100,000 workers, 2005:	5.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	36
Total cases of workplace injuries and illnesses, 2005:[4]	64,300
Rate per 100 workers:	6.5
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	30,200
Rate per 100 workers:	3.0
National rate:	2.4
Number of state and local employees:[1]	209,988
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	31
Number of workplace safety and health inspections conducted, FY 2006:[7]	751
Construction:	363
Non-construction:	388
Length of time it would take for OSHA to inspect each workplace once:	122 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$935
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007. . Conversation with Mary Bryant, Administrator, in Division of Labor Services (3/21/05).
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

KANSAS

Worker Safety and Health

Number of employees:[1]	1,305,440
Number of establishments:[1]	82,917
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	81
Rate per 100,000 workers, 2005:	5.5
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	35
Total cases of workplace injuries and illnesses, 2005:[4]	46,800
Rate per 100 workers:	5.3
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	21,200
Rate per 100 workers:	2.4
National rate:	2.4
Number of state and local employees:[1]	212,437
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	15
Number of workplace safety and health inspections conducted, FY 2006:[7]	759
Construction:	459
Non-construction:	300
Length of time it would take for OSHA to inspect each workplace once:	103 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$592
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

KENTUCKY

Worker Safety and Health

Number of employees:[1]	1,757,997
Number of establishments:[1]	106,058
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	122
Rate per 100,000 workers, 2005:	6.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	42
Total cases of workplace injuries and illnesses, 2005:[4]	75,900
Rate per 100 workers:	6.2
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	38,400
Rate per 100 workers:	3.1
National rate:	2.4
Number of state and local employees:[1]	256,695
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	49
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,613
Construction:	896
Non-construction:	717
Length of time it would take for OSHA to inspect each workplace once:	65 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,322
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

LOUISIANA

Worker Safety and Health

Number of employees:[1]	1,841,046
Number of establishments:[1]	119,406
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	111
Rate per 100,000 workers, 2005:	5.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	36
Total cases of workplace injuries and illnesses, 2005:[4]	40,300
Rate per 100 workers:	3.1
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	19,300
Rate per 100 workers:	1.5
National rate:	2.4
Number of state and local employees:[1]	323,966
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	18
Number of workplace safety and health inspections conducted, FY 2006:[7]	616
Construction:	284
Non-construction:	332
Length of time it would take for OSHA to inspect each workplace once:	184 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$646
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
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Prepared by AFL-CIO Safety and Health, April 2007

MAINE

Worker Safety and Health

Number of employees:[1]	594,481
Number of establishments:[1]	48,332
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	15
Rate per 100,000 workers, 2005:	2.2
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	3
Total cases of workplace injuries and illnesses, 2005:[4]	28,900
Rate per 100 workers:	7.2
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	15,800
Rate per 100 workers:	3.9
National rate:	2.4
Number of state and local employees:[1]	85,106
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	11
Number of workplace safety and health inspections conducted, FY 2006:[7]	609
Construction:	411
Non-construction:	198
Length of time it would take for OSHA to inspect each workplace once:	75 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$723
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
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Prepared by AFL-CIO Safety and Health, April 2007

MARYLAND

Worker Safety and Health

Number of employees:[1]	2,497,487
Number of establishments:[1]	160,084
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	95
Rate per 100,000 workers, 2005:	3.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	17
Total cases of workplace injuries and illnesses, 2005:[4]	72,700
Rate per 100 workers:	4.2
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	37,400
Rate per 100 workers:	2.2
National rate:	2.4
Number of state and local employees:[1]	322,876
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007[6]	63
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,026
Construction:	750
Non-construction:	276
Length of time it would take for OSHA to inspect each workplace once:	156 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$737
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
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Prepared by AFL-CIO Safety and Health, April 2007

MASSACHUSETTS

Worker Safety and Health

Number of employees:[1]	3,159,934
Number of establishments:[1]	214,349
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	75
Rate per 100,000 workers, 2005:	2.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	4
Total cases of workplace injuries and illnesses, 2005:[4]	93,000
Rate per 100 workers:	4.2
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	51,600
Rate per 100 workers:	2.3
National rate:	2.4
Number of state and local employees:[1]	351,781
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	32
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,792
Construction:	1,033
Non-construction:	759
Length of time it would take for OSHA to inspect each workplace once:	117 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$939
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

MICHIGAN

Worker Safety and Health

Number of employees:[1]	4,297,017
Number of establishments:[1]	257,035
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	110
Rate per 100,000 workers, 2005:	2.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	4
Total cases of workplace injuries and illnesses, 2005:[4]	161,700
Rate per 100 workers:	5.3
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	81,100
Rate per 100 workers:	2.7
National rate:	2.4
Number of state and local employees:[1]	577,962
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	86
Number of workplace safety and health inspections conducted, FY 2006:[7]	5,123
Construction:	3,193
Non-construction:	1,930
Length of time it would take for OSHA to inspect each workplace once:	50 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$460
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

MINNESOTA

Worker Safety and Health

Number of employees:[1]	2,640,326
Number of establishments:[1]	164,164
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	87
Rate per 100,000 workers, 2005:	3.1
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	15
Total cases of workplace injuries and illnesses, 2005:[4]	90,600
Rate per 100 workers:	5.0
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	44,300
Rate per 100 workers:	2.5
National rate:	2.4
Number of state and local employees:[1]	340,596
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	55
Number of workplace safety and health inspections conducted, FY 2006:[7]	2,600
Construction:	1,119
Non-construction:	1,481
Length of time it would take for OSHA to inspect each workplace once:	63 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$632
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

MISSISSIPPI

Worker Safety and Health

Number of employees:[1]	1,111,269
Number of establishments:[1]	67,380
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	112
Rate per 100,000 workers, 2005:	8.9
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	48
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	207,858
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	11
Number of workplace safety and health inspections conducted, FY 2006:[7]	328
Construction:	211
Non-construction:	117
Length of time it would take for OSHA to inspect each workplace once:	196 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$901
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

MISSOURI

Worker Safety and Health

Number of employees:[1]	2,664,447
Number of establishments:[1]	169,717
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	185
Rate per 100,000 workers, 2005:	6.4
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	44
Total cases of workplace injuries and illnesses, 2005:[4]	102,600
Rate per 100 workers:	5.4
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	49,400
Rate per 100 workers:	2.6
National rate:	2.4
Number of state and local employees:[1]	362,812
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	28
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,433
Construction:	765
Non-construction:	668
Length of time it would take for OSHA to inspect each workplace once:	113 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$724
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

MONTANA

Worker Safety and Health

Number of employees:[1]	413,460
Number of establishments:[1]	40,118
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	50
Rate per 100,000 workers, 2005:	10.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	49
Total cases of workplace injuries and illnesses, 2005:[4]	17,000
Rate per 100 workers:	6.6
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	7,500
Rate per 100 workers:	2.9
National rate:	2.4
Number of state and local employees:[1]	65,833
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	6
Number of workplace safety and health inspections conducted, FY 2006:[7]	378
Construction:	251
Non-construction:	127
Length of time it would take for OSHA to inspect each workplace once:	101 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$626
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NEBRASKA

Worker Safety and Health

Number of employees:[1]	892,397
Number of establishments:[1]	56,678
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	36
Rate per 100,000 workers, 2005:	3.8
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	21
Total cases of workplace injuries and illnesses, 2005:[4]	30,400
Rate per 100 workers:	5.0
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	14,700
Rate per 100 workers:	2.4
National rate:	2.4
Number of state and local employees:[1]	136,510
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	7
Number of workplace safety and health inspections conducted, FY 2006:[7]	375
Construction:	214
Non-construction:	161
Length of time it would take for OSHA to inspect each workplace once:	143 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,037
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NEVADA

Worker Safety and Health

Number of employees:[1]	1,215,783
Number of establishments:[1]	67,344
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	57
Rate per 100,000 workers, 2005:	4.9
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	29
Total cases of workplace injuries and illnesses, 2005:[4]	50,800
Rate per 100 workers:	5.7
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	25,900
Rate per 100 workers:	2.9
National rate:	2.4
Number of state and local employees:[1]	123,911
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	36
Number of workplace safety and health inspections conducted, FY 2006:[7]	2,531
Construction:	1,584
Non-construction:	947
Length of time it would take for OSHA to inspect each workplace once:	27 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,199
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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Prepared by AFL-CIO Safety and Health, April 2007

NEW HAMPSHIRE

Worker Safety and Health

Number of employees:[1]	620,893
Number of establishments:[1]	47,454
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	18
Rate per 100,000 workers, 2005:	2.5
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	7
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	76,872
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	10
Number of workplace safety and health inspections conducted, FY 2006:[7]	467
Construction:	304
Non-construction:	163
Length of time it would take for OSHA to inspect each workplace once:	98 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$849
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NEW JERSEY

Worker Safety and Health

Number of employees:[1]	3,917,397
Number of establishments:[1]	270,858
State or federal OSHA program:[2]	Federal (public sector state plan only)
Number of workplace fatalities, 2005:[3]	112
Rate per 100,000 workers, 2005:	2.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	8
Total cases of workplace injuries and illnesses, 2005:[4]	104,400
Rate per 100 workers:	3.8
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	55,100
Rate per 100 workers:	2.0
National rate:	2.4
Number of state and local employees:[1]	546,938
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	65
Number of workplace safety and health inspections conducted, FY 2006:[7]	3,610
Construction:	1,195
Non-construction:	2,415
Length of time it would take for OSHA to inspect each workplace once:	75 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$815
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NEW MEXICO

Worker Safety and Health

Number of employees:[1]	778,233
Number of establishments:[1]	50,420
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	44
Rate per 100,000 workers, 2005:	4.7
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	27
Total cases of workplace injuries and illnesses, 2005:[4]	22,400
Rate per 100 workers:	4.4
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	11,100
Rate per 100 workers:	2.2
National rate:	2.4
Number of state and local employees:[1]	151,050
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	10
Number of workplace safety and health inspections conducted, FY 2006:[7]	636
Construction:	337
Non-construction:	299
Length of time it would take for OSHA to inspect each workplace once:	78 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$758
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NEW YORK

Worker Safety and Health

Number of employees:[1]	8,348,739
Number of establishments:[1]	558,405
State or federal OSHA program:[2]	Federal (public sector state plan only)
Number of workplace fatalities, 2005:[3]	239
Rate per 100,000 workers, 2005:	2.7
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	12
Total cases of workplace injuries and illnesses, 2005:[4]	176,500
Rate per 100 workers:	3.2
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	94,500
Rate per 100 workers:	1.7
National rate:	2.4
Number of state and local employees:[1]	1,291,562
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	126
Number of workplace safety and health inspections conducted, FY 2006:[7]	5,569
Construction:	2,828
Non-construction:	2,741
Length of time it would take for OSHA to inspect each workplace once:	100 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$928
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NORTH CAROLINA

Worker Safety and Health

Number of employees:[1]	3,856,748
Number of establishments:[1]	233,808
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	165
Rate per 100,000 workers, 2005:	3.8
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	21
Total cases of workplace injuries and illnesses, 2005:[4]	107,600
Rate per 100 workers:	4.0
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	56,300
Rate per 100 workers:	2.1
National rate:	2.4
Number of state and local employees:[1]	586,178
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	122
Number of workplace safety and health inspections conducted, FY 2006:[7]	5,141
Construction:	2,484
Non-construction:	2,657
Length of time it would take for OSHA to inspect each workplace once:	45 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$529
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

NORTH DAKOTA

Worker Safety and Health

Number of employees:[1]	328,097
Number of establishments:[1]	24,841
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	22
Rate per 100,000 workers, 2005:	6.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	42
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	53,440
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	7
Number of workplace safety and health inspections conducted, FY 2006:[7]	262
Construction:	182
Non-construction:	80
Length of time it would take for OSHA to inspect each workplace once:	89 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$664
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

OHIO

Worker Safety and Health

Number of employees:[1]	5,308,808
Number of establishments:[1]	290,040
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	168
Rate per 100,000 workers, 2005:	3.0
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	14
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	676,623
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	57
Number of workplace safety and health inspections conducted, FY 2006:[7]	2,669
Construction:	1,465
Non-construction:	1,204
Length of time it would take for OSHA to inspect each workplace once:	103 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$923
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

OKLAHOMA

Worker Safety and Health

Number of employees:[1]	1,465,969
Number of establishments:[1]	94,703
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	95
Rate per 100,000 workers, 2005:	5.7
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	38
Total cases of workplace injuries and illnesses, 2005:[4]	47,300
Rate per 100 workers:	4.6
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	25,900
Rate per 100 workers:	2.6
National rate:	2.4
Number of state and local employees:[1]	261,217
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	17
Number of workplace safety and health inspections conducted, FY 2006:[7]	664
Construction:	421
Non-construction:	243
Length of time it would take for OSHA to inspect each workplace once:	132 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$889
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

OREGON

Worker Safety and Health

Number of employees:[1]	1,652,773
Number of establishments:[1]	121,435
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	65
Rate per 100,000 workers, 2005:	3.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	18
Total cases of workplace injuries and illnesses, 2005:[4]	59,200
Rate per 100 workers:	5.4
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	31,800
Rate per 100 workers:	2.9
National rate:	2.4
Number of state and local employees:[1]	236,292
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	83
Number of workplace safety and health inspections conducted, FY 2006:[7]	5,041
Construction:	1,807
Non-construction:	3,234
Length of time it would take for OSHA to inspect each workplace once:	24 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$300
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

PENNSYLVANIA

Worker Safety and Health

Number of employees:[1]	5,552,301
Number of establishments:[1]	329,487
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	224
Rate per 100,000 workers, 2005:	3.7
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	20
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	609,260
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	67
Number of workplace safety and health inspections conducted, FY 2006:[7]	3,045
Construction:	1,613
Non-construction:	1,432
Length of time it would take for OSHA to inspect each workplace once:	105 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$839
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

RHODE ISLAND

Worker Safety and Health

Number of employees:[1]	477,420
Number of establishments:[1]	35,643
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	6
Rate per 100,000 workers, 2005:	1.1
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	1
Total cases of workplace injuries and illnesses, 2005:[4]	17,800
Rate per 100 workers:	5.5
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	9,200
Rate per 100 workers:	2.8
National rate:	2.4
Number of state and local employees:[1]	52,685
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	7
Number of workplace safety and health inspections conducted, FY 2006:[7]	365
Construction:	247
Non-construction:	118
Length of time it would take for OSHA to inspect each workplace once:	96 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$785
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

SOUTH CAROLINA

Worker Safety and Health

Number of employees:[1]	1,819,217
Number of establishments:[1]	118,502
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	132
Rate per 100,000 workers, 2005:	6.7
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	45
Total cases of workplace injuries and illnesses, 2005:[4]	44,500
Rate per 100 workers:	3.6
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	24,000
Rate per 100 workers:	1.9
National rate:	2.4
Number of state and local employees:[1]	289,884
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	31
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,680
Construction:	1,186
Non-construction:	494
Length of time it would take for OSHA to inspect each workplace once:	70 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$358
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

SOUTH DAKOTA

Worker Safety and Health

Number of employees:[1]	375,707
Number of establishments:[1]	29,138
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	31
Rate per 100,000 workers, 2005:	7.5
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	46
Total cases of workplace injuries and illnesses, 2005:[4]	N/A
Rate per 100 workers:	N/A
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	N/A
Rate per 100 workers:	N/A
National rate:	2.4
Number of state and local employees:[1]	57,826
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	N/A
Number of workplace safety and health inspections conducted, FY 2006:[7]	180
Construction:	123
Non-construction:	57
Length of time it would take for OSHA to inspect each workplace once:	153 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$559
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

TENNESSEE

Worker Safety and Health

Number of employees:[1]	2,685,491
Number of establishments:[1]	131,579
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	139
Rate per 100,000 workers, 2005:	5.0
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	32
Total cases of workplace injuries and illnesses, 2005:[4]	90,600
Rate per 100 workers:	4.8
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	47,300
Rate per 100 workers:	2.5
National rate:	2.4
Number of state and local employees:[1]	349,255
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	60
Number of workplace safety and health inspections conducted, FY 2006:[7]	2,324
Construction:	673
Non-construction:	1,651
Length of time it would take for OSHA to inspect each workplace once:	57 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$885
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

TEXAS

Worker Safety and Health

Number of employees:[1]	9,583,457
Number of establishments:[1]	523,346
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	495
Rate per 100,000 workers, 2005:	4.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	26
Total cases of workplace injuries and illnesses, 2005:[4]	246,000
Rate per 100 workers:	3.6
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	135,700
Rate per 100 workers:	2.0
National rate:	2.4
Number of state and local employees:[1]	1,474,747
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	86
Number of workplace safety and health inspections conducted, FY 2006:[7]	3,820
Construction:	2,487
Non-construction:	1,333
Length of time it would take for OSHA to inspect each workplace once:	132 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,014
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

UTAH

Worker Safety and Health

Number of employees:[1]	1,115,375
Number of establishments:[1]	81,172
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	54
Rate per 100,000 workers, 2005:	4.4
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	24
Total cases of workplace injuries and illnesses, 2005:[4]	41,000
Rate per 100 workers:	5.6
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	18,700
Rate per 100 workers:	2.6
National rate:	2.4
Number of state and local employees:[1]	154,824
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	19
Number of workplace safety and health inspections conducted, FY 2006:[7]	758
Construction:	381
Non-construction:	377
Length of time it would take for OSHA to inspect each workplace once:	107 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$1,073
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

VERMONT

Worker Safety and Health

Number of employees:[1]	300,919
Number of establishments:[1]	24,568
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	7
Rate per 100,000 workers, 2005:	2.0
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	2
Total cases of workplace injuries and illnesses, 2005:[4]	12,800
Rate per 100 workers:	6.2
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	5,700
Rate per 100 workers:	2.8
National rate:	2.4
Number of state and local employees:[1]	45,081
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	10
Number of workplace safety and health inspections conducted, FY 2006:[7]	269
Construction:	130
Non-construction:	139
Length of time it would take for OSHA to inspect each workplace once:	91 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$546
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

VIRGINIA

Worker Safety and Health

Number of employees:[1]	3,578,558
Number of establishments:[1]	212,792
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	186
Rate per 100,000 workers, 2005:	4.9
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	29
Total cases of workplace injuries and illnesses, 2005:[4]	99,400
Rate per 100 workers:	4.0
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	49,800
Rate per 100 workers:	2.0
National rate:	2.4
Number of state and local employees:[1]	495,444
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	62
Number of workplace safety and health inspections conducted, FY 2006:[7]	3,954
Construction:	2,646
Non-construction:	1,308
Length of time it would take for OSHA to inspect each workplace once:	54 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$473
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
[3] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2005.
[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

WASHINGTON

Worker Safety and Health

Number of employees:[1]	2,766,451
Number of establishments:[1]	209,116
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	85
Rate per 100,000 workers, 2005:	2.6
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	8
Total cases of workplace injuries and illnesses, 2005:[4]	109,900
Rate per 100 workers:	6.1
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	52,000
Rate per 100 workers:	2.9
National rate:	2.4
Number of state and local employees:[1]	432,130
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	119
Number of workplace safety and health inspections conducted, FY 2006:[7]	7,137
Construction:	3,679
Non-construction:	3,458
Length of time it would take for OSHA to inspect each workplace once:	29 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$384
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

WEST VIRGINIA

Worker Safety and Health

Number of employees:[1]	695,382
Number of establishments:[1]	47,993
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	46
Rate per 100,000 workers, 2005:	6.1
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	39
Total cases of workplace injuries and illnesses, 2005:[4]	26,800
Rate per 100 workers:	5.5
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	14,900
Rate per 100 workers:	3.1
National rate:	2.4
Number of state and local employees:[1]	114,702
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	8
Number of workplace safety and health inspections conducted, FY 2006:[7]	495
Construction:	183
Non-construction:	312
Length of time it would take for OSHA to inspect each workplace once:	90 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$710
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007.
[7] U.S. Department of Labor, OSHA IMIS Inspection Reports, Nation by Region for 18(B) State (only) and/or Nation by Region for Federal (only), FY 2006.
[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

WISCONSIN

Worker Safety and Health

Number of employees:[1]	2,744,006
Number of establishments:[1]	161,225
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2005:[3]	125
Rate per 100,000 workers, 2005:	4.3
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:[8]	23
Total cases of workplace injuries and illnesses, 2005:[4]	109,900
Rate per 100 workers:	5.8
National Rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	56,900
Rate per 100 workers:	3.0
National rate:	2.4
Number of state and local employees:[1]	349,709
Are state and local employees covered by the OSHAct?[2]	No
Number of workplace safety and health inspectors, FY 2007:[6]	36
Number of workplace safety and health inspections conducted, FY 2006:[7]	1,503
Construction:	743
Non-construction:	760
Length of time it would take for OSHA to inspect each workplace once:	103 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$848
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[5] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

WYOMING

Worker Safety and Health

Number of employees:[1]	254,418
Number of establishments:[1]	23,033
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2005:[3]	46
Rate per 100,000 workers, 2005:	16.8
National Rate, 2005:	4.0
Ranking of state fatality rate, 2005:	50
Total cases of workplace injuries and illnesses, 2005:[4]	9,500
Rate per 100 workers:	5.8
National rate:	4.6
Total injury and illness cases with days away from work, job transfer or restriction, 2005:[5]	4,800
Rate per 100 workers:	2.9
National rate:	2.4
Number of state and local employees:[1]	51,729
Are state and local employees covered by the OSHAct?[2]	Yes
Number of workplace safety and health inspectors, FY 2007:[6]	8
Number of workplace safety and health inspections conducted, FY 2006:[7]	392
Construction:	243
Non-construction:	149
Length of time it would take for OSHA to inspect each workplace once:	58 yrs.
Average penalty assessed for serious violations of the OSHAct, FY 2006:[7]	$515
National average:	$881

[1] U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2005.
[2] Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided that 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 OSHAct. Currently 21 states and one territory administer their own OSHA programs for both public and private sector workers. CT, NJ, NY and VI have state programs for public employees only.
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[4] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, Bureau of Labor Statistics, State Data, Survey of Fatal Occupational Injuries and Illnesses, 2005.
[6] U.S. Department of Labor, OSHA. Summary of State Safety and Health Compliance Staffing, FY 2007, Federal-State operations and CSHO totals by state, FY 2007
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[8] Ranking based on best to worst (1=best; 50=worst)

Prepared by AFL-CIO Safety and Health, April 2007

SOURCES AND METHODOLOGY FOR STATE PROFILES

Employment and Establishment Data: Employment and Wages, Annual Averages, 2005, 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. Public employees in the 26 states that do not run their own OSHA programs are not covered by the OSHAct. Statistics on the number of state and local employees are from Employment and Wages, Annual Averages, 2005

Workplace Fatality Information: Census of Fatal Occupational Injuries, 2005. 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, 2005 Bureau of Labor Statistics, U.S. Department of Labor. Rate reflects injuries and illnesses per 100 workers.

Inspector Information: The number of federal OSHA inspectors comes from OSHA records and reflects the number of inspectors, excluding supervisors and discrimination complaint inspectors. For the state-by-state profiles, inspectors are counted for the state in which the area office is located. Inspector data for state-plan states is from OSHA's Office of State Programs, and reflects the number of inspectors requested by the states in the FY 2006 state plan grant applications. National total for inspectors includes inspectors from U.S. territories and protectorates: District of Columbia, Virgin Islands, and Puerto Rico.

Inspection Information: The number of inspections comes from OSHA's Integrated Management Information System (IMIS). Two reports are obtained from IMIS: Region by State for Federal (only) and Region by State for 18(b) State (only), both for FY 2006. The inspection ratio is determined by dividing the number of inspections conducted in the state into the number of establishments in the state under the jurisdiction of the agency (as determined by the Bureau of Labor Statistics data cited above). For states covered by federal OSHA, the number of covered establishments includes private sector establishments (excluding mines, which are covered by the Mine Safety and Health Act) and federal establishments. For states that run their own OSHA programs, the number of establishments includes all private sector establishments (excluding mines), state and local establishments, and federal establishments. (Federal OSHA conducts a limited number of inspections in state-plan states, presumably federal facilities and maritime operations, for which state OSHA programs are not responsible. Both these inspections and these establishments are included in the state profiles). It should be noted that the national average includes inspection data from U.S. territories and protectorates: District of Columbia, Virgin Islands, Puerto Rico, Guam, American Samoa and the Marshall Islands.

Penalty Information: Data on average penalties comes from the above referenced IMIS reports. Average penalty data is divided into individual state penalties, federal OSHA states penalties, state OSHA states penalties and a national average of penalties. The average penalty numbers are ascertained by dividing the total cost for serious penalties by the total number of serious violations. It should be noted that the national average includes penalty data from U.S. territories and protectorates: District of Columbia, Virgin Islands, Puerto Rico, Guam, American Samoa and the Marshall 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, an average for federal OSHA states and state plan OSHA states and a national average for all states for one time inspections. Establishment data is obtained from Employment and Wages, Annual Averages, 2005, at www.bls.gov/cew/cewbultn05.htm.

For individual federal OSHA states, the total number of private industry (except mines) plus federal establishments is divided by the number of inspections per federal OSHA state. For Connecticut, New York and New Jersey, the total number of establishments (except mines) is divided by the number of federal inspections plus the number of 18(b) state inspections.

For individual state plan OSHA states, the total number of establishments (except mines) is divided by the number of inspections per state.

For the average of federal or state plans to inspect establishments one time, the total number of establishments calculated above for individual federal or state plan states are added together and then divided by the total federal or state inspections, respectively. For federal states, Connecticut, New York and New Jersey, the number of establishments includes the total number of private industry (minus mines) plus federal establishments and the number of inspections includes only federal inspections conducted in those states.

For the national average for one time inspections, the total number of establishments from the number calculated by the aforementioned procedure for both federal states and state plan states are added together then divided by the total federal and state inspections.

NOTES: Due to the revised recordkeeping rule, which became effective January 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 that are exempt from recordkeeping, employers are no longer required to record all illnesses regardless of severity, there is 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. For a complete list of the major changes, see the OSHA website at http://www.osha.gov/recordkeeping/RKmajorchanges.html.

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 and the Standard Occupation Classification system (SOC) for occupations. Prior to 2003, the surveys used the Standard Industrial Classification (SIC) 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 between the 2005 industry and occupation categories and the results from previous years.

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WM075003