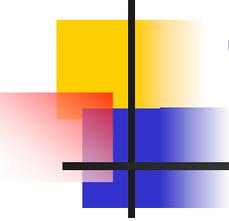


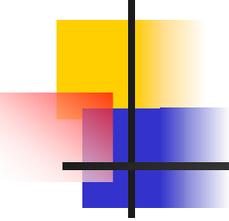
Introduction to OSHA for General Industry

Presented by:
John Boysen, MS
Safety Consultant
OSHA Consultation Program at CSU



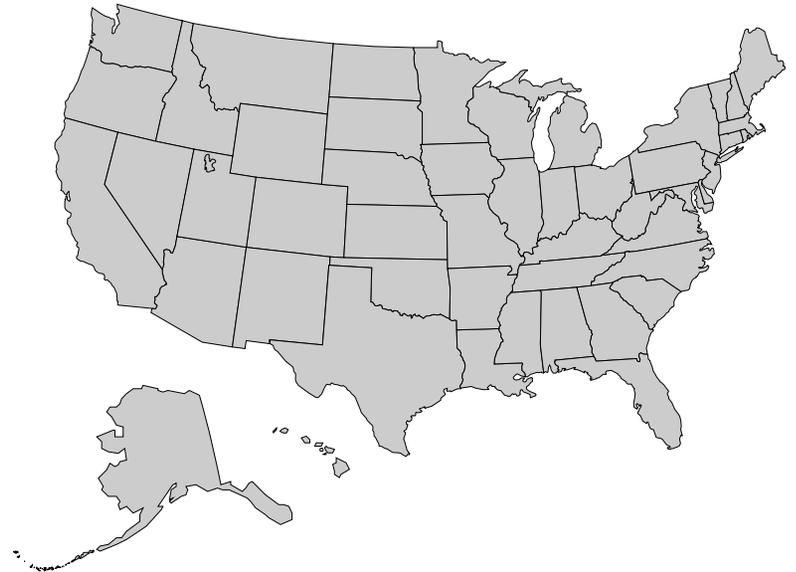
Topics

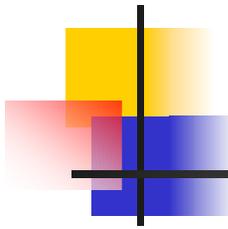
- OSHA History
- OSHA Inspection Process and Procedures Overview
- Local Injury Statistics and Frequently Cited OSHA Violations
- Current Colorado Enforcement Initiatives
- OSHA Consultation Programs
- OSHA Compliance Assistance Resources



OSHA History

- Background
 - Need for Legislation
 - OSHA Act of 1970
 - OSHA's Purpose
 - The Act's Coverage

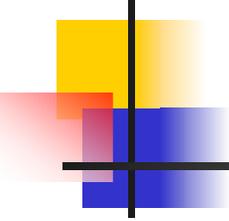




Need for Legislation

- In 1970, Congress considered these annual figures:
- Job-related accidents accounted for more than 14,000 worker deaths
- Nearly 2-1/2 million workers were disabled
- Estimated new cases of occupational diseases totaled 300,000

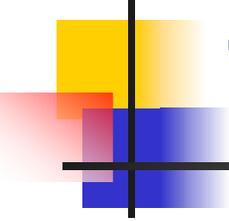
Since OSHA's establishment, worker fatalities have been cut by 60 percent, and injury and illness rates, by 40 percent.



OSH Act of 1970

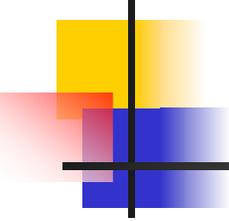
PURPOSE:

" . . . to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources."



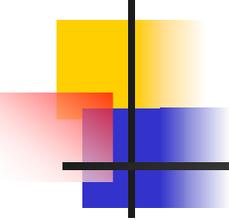
The Act's Coverage

- Extends to all employers and their employees in the 50 states, District of Columbia, Puerto Rico, and all other territories under Federal Government jurisdiction
- Coverage provided either directly by federal OSHA or through an OSHA-approved state program



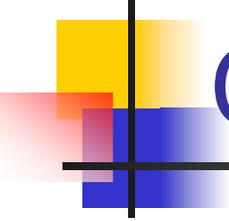
State and Local Governments

- OSHA provisions do not apply to state and local governments in their role as employers
- OSHA provisions do apply to federal agencies



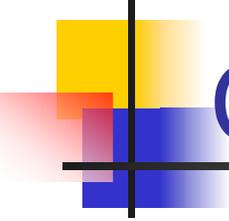
General Duty Clause

- Each employer "shall furnish . . . a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."



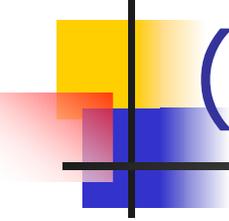
OSHA INSPECTION PRIORITIES

- Imminent Danger
 - Any condition that can be expected to cause death or serious physical harm immediately
- Fatalities/Catastrophes
 - Catastrophe - Three or more employees hospitalized
- Employee Complaints
- Referrals
 - Other governmental agencies
- Programmed Inspections



COMPLAINT INSPECTION

- Any employee or representative of employees who believe that a violation of the Act exists may request an OSHA inspection
 1. Reduced to writing
 2. Allege a hazard
 3. Signed by the employee or representative



COMPLAINT INVESTIGATION (Phone/Fax)

- Anyone who believes that a violation of the Act exists may request a complaint investigation:
 1. OSHA advises employer of alleged hazard by telephone and fax.
 2. Employer is required to provide a satisfactory written response.
 3. OSHA provides copies of employer response to complainant.

The Inspection Process

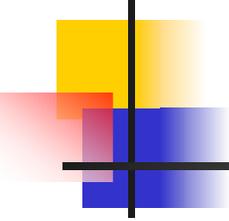
- Opening Conference
- Walkthrough
- Closing Conference
- Citations and Penalties
- Informal Conference
- Notice of Contest



Opening Conference

- Inspector explains the purpose and scope of the visit
- Inspector asks for an employer representative to accompany them during the inspection
- Request for records and programs

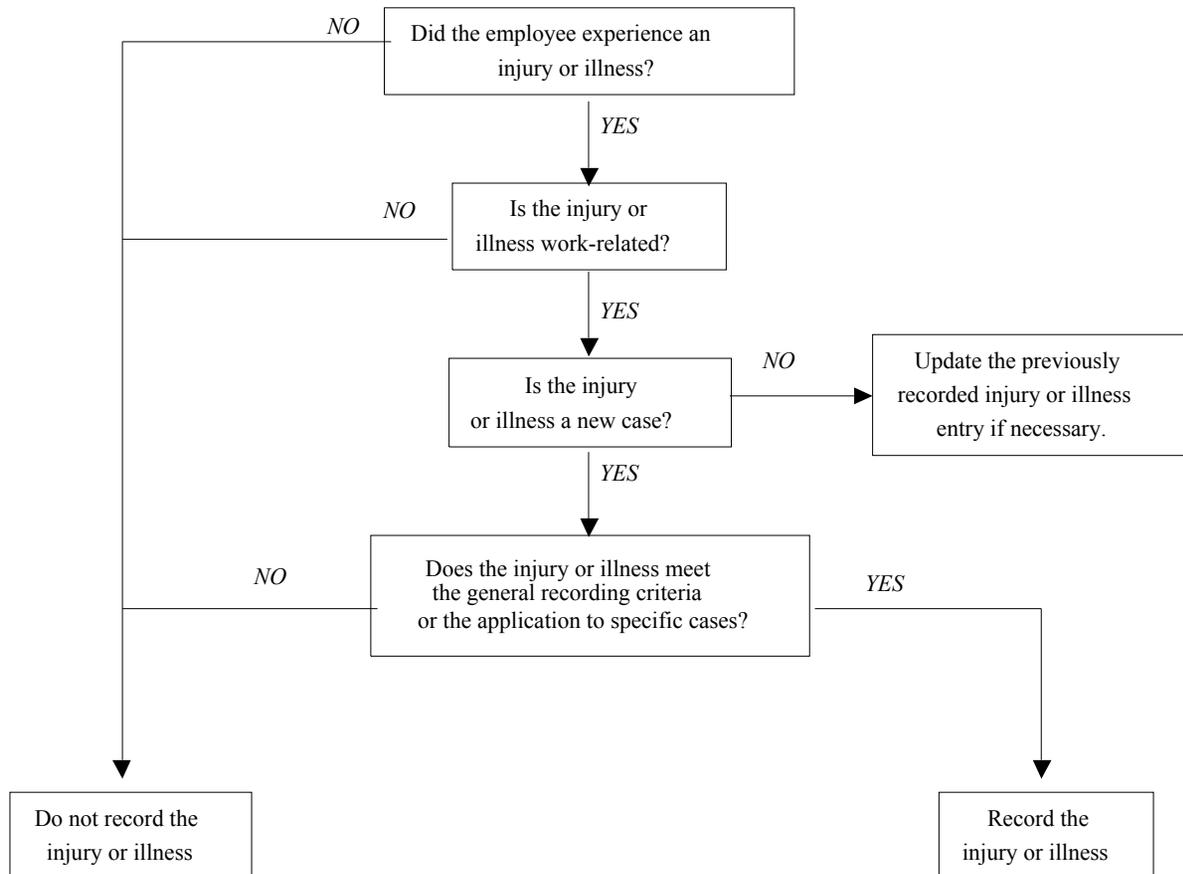


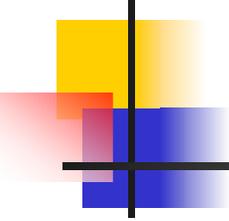


OSHA New Recordkeeping Rule

- New rule implemented on January 1, 2002
- Delayed effective date until Jan. 1, 2003 for Hearing loss criteria and MSDs
- Forms revised in October 2003:
 - New Forms required for recording 2004 injuries and illnesses
 - Hearing loss column added
 - “Days Away” column and “Job Transfer or Restriction” column interchanged

Recording Criteria Decision Tree





Forms



- Updates three recordkeeping forms
 - OSHA Form 300 – Log of Work-Related Injuries and Illnesses
 - OSHA Form 301 – Injury and Illness Incident Report
 - OSHA Form 300A – Summary of Work-Related Injuries and Illnesses

Log of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

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

Establishment name _____
 City _____ State _____

| Identify the person | | Describe the case | | | | Classify the case | | | | Enter the number of days the injured or ill worker was: | | Check the "Injury" column or choose one type of illness: | | | | |
|---------------------|------------------------|------------------------------------|---|---|---|--|--------------------------|----------------------------|--------------------------|---|----------|--|--------------------------|---------------------------|--------------------------|--------------------------|
| (A) Case no. | (B) Employee's name | (C) Job title (e.g., Welder) | (D) Date of injury or onset of illness | (E) Where the event occurred (e.g., Loading dock north end) | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) | Using these four categories, check ONLY the most serious result for each case: | | | | On job transfer or restriction (K) / Away from work (L) | | (M) | | | | |
| | | | | | | Death (G) | Days away from work (H) | Remained at work (I) / (J) | | | | Injury (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | All other illnesses (5) |
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| _____ | _____ | _____ | month/day | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ days | ___ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | month/day | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ days | ___ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| _____ | _____ | _____ | month/day | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ days | ___ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | month/day | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ days | ___ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | | | | | | | | | | | | | | | |

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

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

Year 20__
U.S. Department of Labor
Occupational Safety and Health Administration

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

Establishment name _____
City _____ State _____

| Identify the person | | Describe the case | | | Classify the case | | | | Enter the number of days the injured or ill worker was: | | Check the "injury" column or choose one type of illness: | | | | | | | | | | |
|---------------------|------------------------|---------------------------------|--------------------------------|--|--|--------------------------|--------------------------|--------------------------|--|-----------------------------|--|------------------------|--------------------------------|-------|----------------|----------------------------|-----|--|--|--|--|
| (A) Case no. | (B) Employee's name | (C) Job title (e.g., Welder) | (D) Date of injury or onset | (E) Where the event occurred (e.g., Loading dock north end) | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) | | | | Using these four categories, check ONLY the most serious result for each case: | | | | On job transfer or restriction | | Away from work | | (M) | | | | |
| | | | | | | Death | | Days away from work | | Job transfer or restriction | | Other recordable cases | | (K) | (L) | Injury (1) (2) (3) (4) (5) | | | | | |
| | | | | | | (G) | (H) | (I) | (J) | | | | | days | days | | | | | | |
| Old (2003) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | _____ | _____ | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | _____ | _____ | | | | | | |

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

Log of Work-Related Injuries and Illnesses

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

Year 20__
U.S. Department of Labor
Occupational Safety and Health Administration

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

Establishment name _____
City _____ State _____

| Identify the person | | Describe the case | | | Classify the case | | | | Enter the number of days the injured or ill worker was: | | Check the "injury" column or choose one type of illness: | | | | | | | | | | |
|---------------------|------------------------|---------------------------------|--------------------------------|--|--|--------------------------|--------------------------|--------------------------|---|-----------------------------|--|------------------------|----------------|-------|--------------------------------|--------------------------------|-----|--|--|--|--|
| (A) Case no. | (B) Employee's name | (C) Job title (e.g., Welder) | (D) Date of injury or onset | (E) Where the event occurred (e.g., Loading dock north end) | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) | | | | CHECK ONLY ONE box for each case based on the most serious outcome for that case: | | | | Away from work | | On job transfer or restriction | | (M) | | | | |
| | | | | | | Death | | Days away from work | | Job transfer or restriction | | Other recordable cases | | (K) | (L) | Injury (1) (2) (3) (4) (5) (6) | | | | | |
| | | | | | | (G) | (H) | (I) | (J) | | | | | days | days | | | | | | |
| New (2004) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | _____ | _____ | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | _____ | _____ | | | | | | |



OSHA's Form 301

Injury and Illness Incident Report

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



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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA Form 301

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

| Total number of deaths | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|------------------------|--|--|--|
| _____ | _____ | _____ | _____ |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days of job transfer or restriction | Total number of days away from work |
|---|-------------------------------------|
| _____ | _____ |
| (K) | (L) |

Injury and Illness Types

| Total number of . . . | |
|----------------------------|-------|
| (M) | |
| (1) Injuries | _____ |
| (2) Skin disorders | _____ |
| (3) Respiratory conditions | _____ |
| (4) Poisonings | _____ |
| (5) All other illnesses | _____ |

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-36240 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*) _____

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

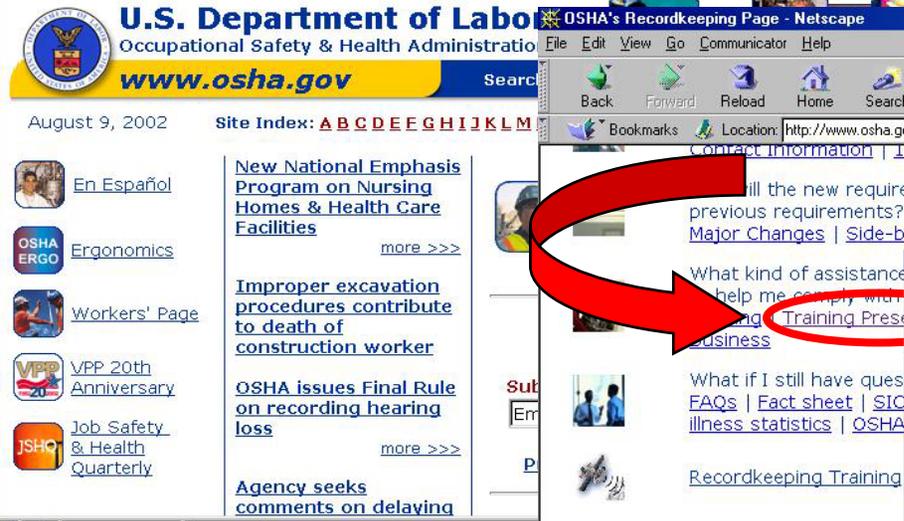
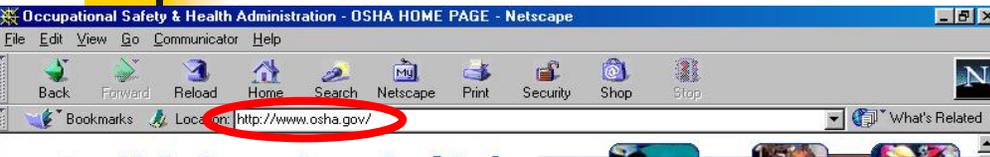
Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

() / /
Phone Date

OSHA Recordkeeping Presentations (www.osha.gov)



Walkthrough

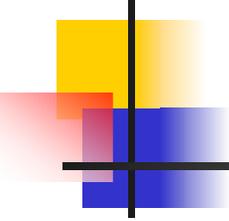
- Inspector proceeds through the worksite to identify safety and health hazards (inspection may cover part or all of the worksite)
- Inspector takes photos/videotapes
- Inspector talks privately with employees
- Inspector points out unsafe or unhealthful conditions and discusses feasible corrective action



Closing Conference



- Inspector reviews all observed unsafe and unhealthful conditions
- Inspector indicates violations for which a citation and penalty may be issued
- Good time for the employer to produce records of compliance efforts and provide information to help determine timeframes for abatement



Citations

- Employer will receive citations and notices by certified mail
- Employer must post a copy of each citation at or near the place the violation occurred for 3 days or until it is abated

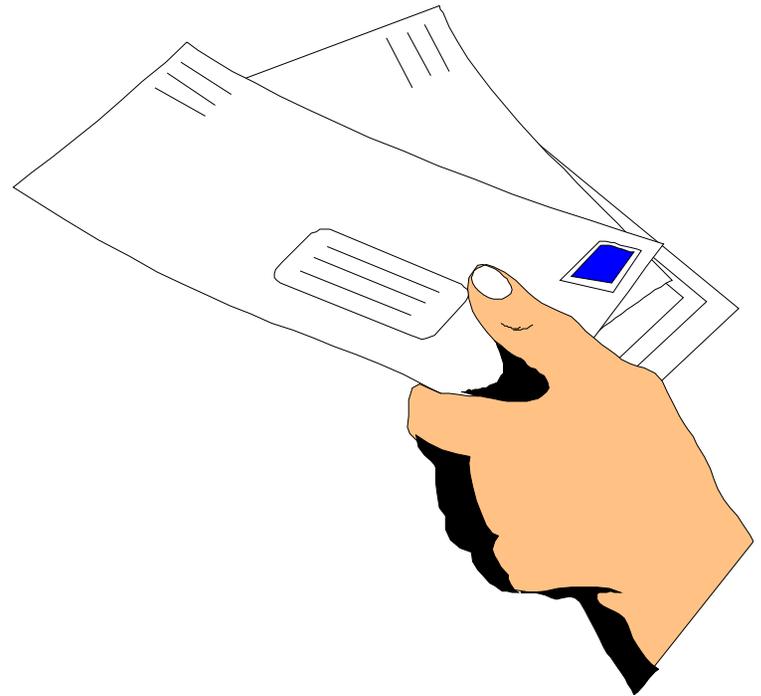
Informal Conference

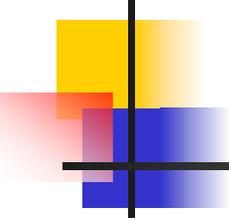


- Employer may request an informal conference with the Area Director
- Area Director is authorized to enter into settlement agreements
- Area Director may revise citations and penalties to avoid prolonged legal disputes for speedier hazard abatement

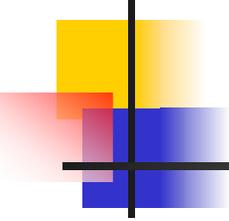
Notice of Contest

- Employer has 15 working days to contest the citation, penalty, or abatement period
- Must be in writing
- Hearing with OSHRC scheduled near the employer's workplace

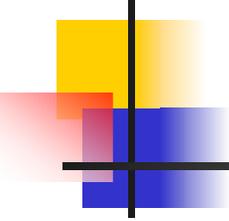




Questions about OSHA Procedures?



Regional and Colorado Enforcement Programs

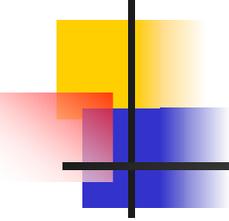


Regional & Colorado General Industry Emphasis Programs

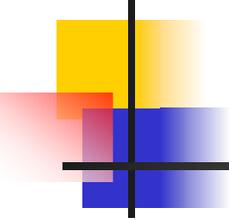
- Lead in Radiator Shops (Denver)
- Logging (Denver and Englewood)
- Silica in Stone Fabrication (Denver)
- Oil and Gas Well Servicing (Denver)
- Woodworking (Denver and Englewood)
- MDI in Sprayed-On Bedliners (Denver and Englewood)
- Warehousing (Region)
- Tree-Trimming (Region)
- Concrete Products (Region)

Other Inspection Programs

- Programmed
 - Site-Specific Targeting (SST)
 - Dodge List
- Unprogrammed
 - Complaint
 - Fatality
 - Referral
 - Imminent danger



National Enforcement Programs



New OSHA Strategic Management Plan: High Incident/High Severity industries

- Public warehousing and storage
- Oil and Gas field services
- Preserve fruits and vegetables
- Concrete and concrete products
- Blast furnace and basic steel products
- Ship & boat building and repair
- Landscaping/horticultural services

Site-Specific Targeting (SST)

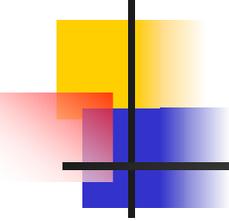
Since 1995, OSHA has been collecting injury and illness recordkeeping data from various establishments.

Each year the SST plan is updated with the most current data.

Since 1998, OSHA has used the information from each data collection to identify approximately 13,000 establishments in Federal jurisdiction with high lost workday injury and illness case rates.

OSHA sends letters to these establishments indicating its concern about the high injury and illness rate at the establishment.

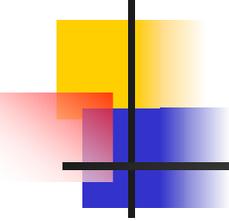
On February 11th, letters went out to employers with more than 40 employees who reported high LWDII rates for CY 2001. Inspections for the SST-03 program began in June of this year.



OSHA Consultation Programs

**Colorado
State**
University

Knowledge to Go Places



Consultation Programs in the 4 Corners

- **ARIZONA**

Consultation & Training

Industrial Commission of Arizona

Division of Occupational Safety & Health

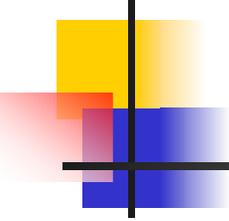
800 West Washington Street

Phoenix, Arizona 85007- 2922

(602) 542-5795

(602) 542-1614 FAX

E-mail: pat.ryan@osha.gov



Consultation Programs in the 4 Corners

- **COLORADO**

Colorado State University
Occupational Safety and Health Section
115 Environmental Health Building
Fort Collins, Colorado 80523

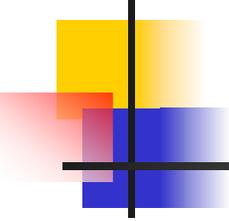
(970) 491-6151

(970) 491-7778 FAX

E-mail: del.sandfort@colostate.edu

Website:

<http://www.bernardino.colostate.edu/public>



Consultation Programs in the 4 Corners

- **NEW MEXICO**

New Mexico Environment Department
Occupational Health & Safety Bureau
525 Camino DeLos Marquez, Suite 3
PO Box 26110

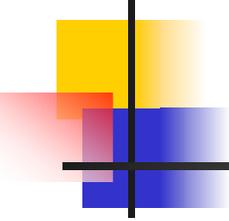
Santa Fe, New Mexico 87502

(505) 827-4230

(505) 827-4422 FAX

E-mail: robert_genoway@nmenv.state.nm

Website: <http://www.nmenv.state.nm.us/>



Consultation Programs in the 4 Corners

- **UTAH**

State of Utah Labor Commission
Workplace Safety & Health
Consultation Services

160 East 300 South

Salt Lake City, Utah 84114-6650

801-530-6901

(801) 530-6992 FAX

E-mail: lsilva@utah.gov

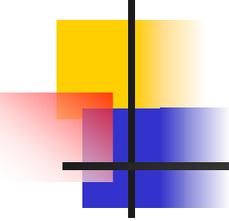
Website:

http://www.uosh.utah.gov/Consultation_Services/consultation_services.html

Onsite Consultation Programs

- Independent from OSHA Compliance
- No citations, fines or penalties
- Free to qualified employers
- Confidential

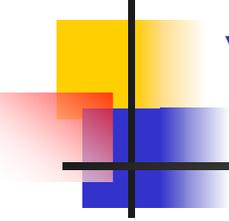




Consultation Provides

- Comprehensive Safety & Health Evaluations and Written Reports
- Recommendations for Hazard Abatement
- Industrial Hygiene Sampling
- Training and Follow-Up
- SHARP exemption program





"SHARP"

Safety

Health

Achievement

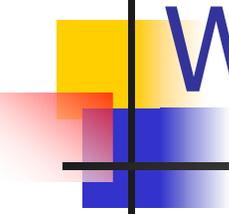
Recognition

Program

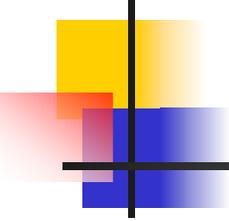


SHARP

What is SHARP and Who Can Get It?

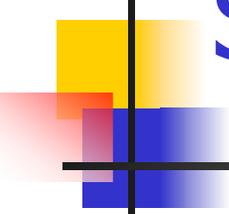


- Program from the Dept. of Labor to recognize achievements of safety and health excellence.
- SHARP means long-term prevention of work-related injuries and illnesses, and the potential for significant cost savings.
- SHARP guarantees an OSHA General Schedule Inspection Exemption.
- SHARP is only for small, high hazard workplaces with < 250 employees.
- SHARP is about Excellence & Good Business!



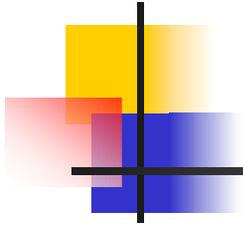
SHARP Requirements

- Undergo a comprehensive safety & health survey/evaluation.
- Correct all identified hazards.
- Commit in writing to work with CSU for a probationary period of up to 18 months.
- Maintain your injury and illness rates below the National average for your SIC.
- Establish and maintain an effective Safety and Health Program.

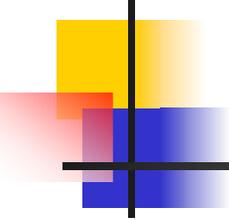


SHARP Benefits

- Formal recognition from the Assistant Secretary of Labor, OSHA and Colorado State University
- Removal from OSHA's inspection schedule
- Lowered Injury & Illness rates
- Real Cost Savings:
 - Workers Comp Prems, Deductible Med Costs, Mod Rate
 - Qualification for State Cost Containment
- Continued priority for free services
- Improved communication, morale and productivity
- Positive image maker & marketing tool

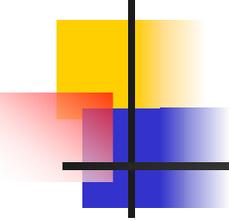


Compliance Assistance Resources



Compliance Assistance Resources

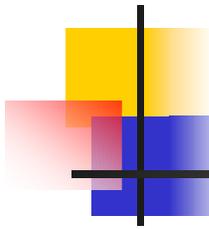
- Compliance Assistance Specialists
- OSHA's Website
 - Technical Links
 - E-Tools
- Compliance Assistance CD
- Compliance Assistance Network
 - Quarterly Newsletter



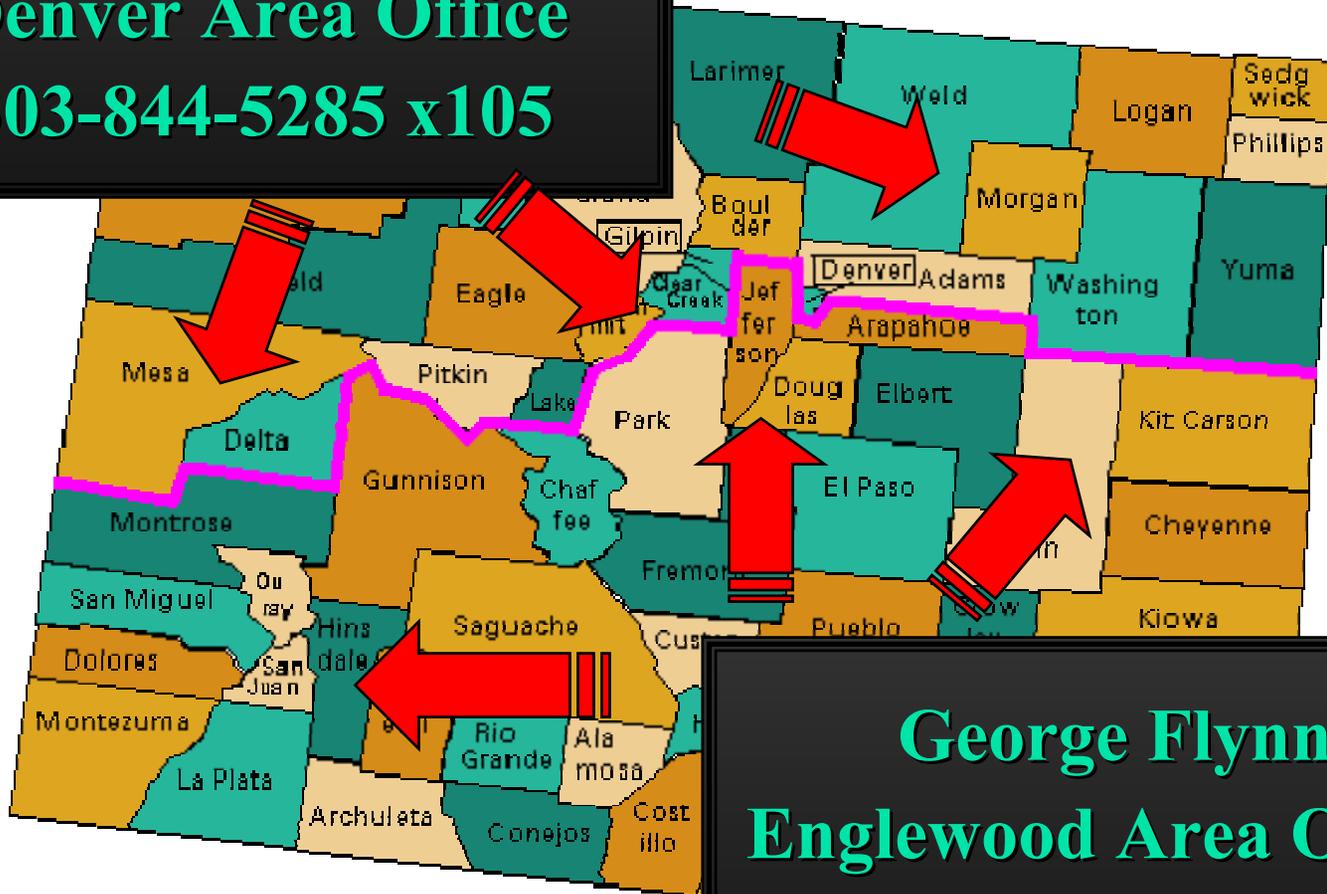
Compliance Assistance Specialist (CAS)

- Provides compliance advice and assistance to businesses (especially small businesses), labor affiliates and other stakeholders within the Area Office jurisdiction.
- **100%, full-time compliance assistance**

Colorado Compliance Assistance Specialists



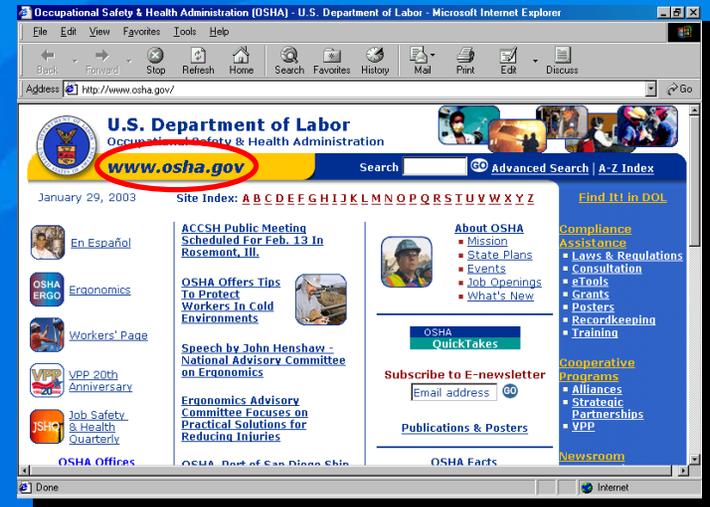
Megan Meagher
Denver Area Office
303-844-5285 x105



George Flynn
Englewood Area Office
303-843-4500 x132

Outreach and Assistance Products, Tools and Services

- **561 million hits on the website**
- **New eTools**
- **10,000 e-mail queries**
- **140,000 calls on toll-free line**
- **Nearly 30,000 subscribers to QuickTakes**



eTools

What are "eTools"?

- "Stand-alone," interactive, Web-based training tools on occupational safety and health topics
- Describe potential hazards and possible solutions to safety and health hazards
- Highly illustrated with images and animations
- Utilize graphical menus
- Selected eTools utilize additional features such as
 - Expert System modules that enable the user to answer questions and receive reliable advice on how OSHA regulations apply to their work site
 - Interactive quizzes
 - Animations

Where are eTools located?

First, go to the OSHA home page (<http://www.osha.gov>) and click on the eTools link in the blue bar at the right.

The screenshot shows the OSHA homepage with the following elements:

- Browser title: Occupational Safety & Health Administration - OSHA HOME PAGE - Microsoft Internet Explorer
- Address bar: <http://www.osha.gov/>
- Header: U.S. Department of Labor, Occupational Safety & Health Administration, www.osha.gov
- Navigation: Search, GO, Advanced Search, A-Z Index
- Site Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)
- Left sidebar: OSHA logo, "Safety & Health Add Value To Your Business. To Your Workplace. To Your Life."
- Center: "In Focus" section with a graphic of a person lifting a box and the text: "OSHA announces final ergonomics guidelines for nursing homes - practical recommendations to help nursing home operators reduce..."
- Right sidebar: "Find It! in DOI, Department of Labor" section with a list of links: Compliance Assistance, eTools (circled in red), Posters, Recordkeeping.

OSHA eTools - Examples

eTools

- [Construction](#)
- **NEW!** [Evacuation Plans and Procedures \(Beta\)](#)
- [Eye and Face Protection \(Beta\)](#)
- [Hospital \(Beta\)](#)
- [Lockout/Tagout](#)
- [Logging](#)
- **NEW!** [Machine Guarding \(Beta\)](#)
- [Nursing Home](#)
- [Poultry Processing](#)
- [Respiratory Protection](#)
- [Safety and Health Management](#)
- **NEW!** [Scaffolding I and II \(Beta\)](#)
- [Shipyard Employment I and II](#)
- **NEW!** [Shipyard Employment III, IV and V \(Beta\)](#)
- [Silica](#)
- **NEW!** [Steel Erection \(Beta\)](#)
- [Wood Products: Sawmills \(Beta\)](#)
- [Wood Products: Woodworking \(Beta\)](#)



Ergonomics eTools

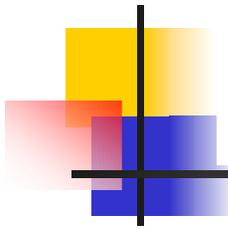
- [Baggage Handling](#)
- [Beverage Delivery](#)
- [Computer Workstations I](#)
- [Grocery Warehousing](#)
- [Sewing](#)

eTools en Español

- [El Manejo del Equipaje \(Baggage Handling\)](#)
- [La Costura \(Sewing\)](#)
- Véase también [OSHA en Español](#)

Expert Advisors

- [Asbestos](#)
- [Confined Space](#)
- [Confined Space, Permit Required \(e-PRCS\)](#)
- [Fire Safety](#)
- [Hazard Awareness](#)
- [Lead in Construction](#)
- [Lead in General Industry](#)
- [Lockout/Tagout](#)
- [SafeCare](#)
- [Safety Pays](#)



Wood Products



Sawmills eTool

- Log Handling, Sorting and Storing
- Log Breakdown, related Machinery and Facilities
- Dry Kilns and Facilities
- Lumber Storage
- Plant-Wide Hazards

MyOSHA



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

www.osha.gov



Search



[Advanced Search](#) | [A-Z Index](#)

January 21, 2004

Site Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

[Admin](#)

[MyOSHA](#)

[Customize Content](#)

[Customize Layout](#)

[Customize Colors](#)

[Help](#)

Welcome George B. Flynn [Log-out](#)

E-Tips: Who must keep records of work-related injuries and illnesses? Employers with 11 or more employees must keep such records. Certain workplaces in low hazard industries such as retail, service, finance, insurance and real estate are exempt from OSHA's recordkeeping requirements. [More E-Tips>>](#)

Working Cooperatively With OSHA

Onsite Consultation Program

- [Onsite Consultation Directory](#)



My Favorites

- [12/18/2003 - Clarification on several issues regarding OSHA's construction industry standards for fall protection.](#)
- [Recording and Reporting Occupational Injuries and](#)

Industry

Construction

- [Construction Industry Information](#)
- [Construction Resource Manual](#)
- [Construction Standards](#)
- [Home Building Construction Standards](#)
- [Sample Fall Protection Plans](#)
- [Scaffolding eTool](#)
- [Steel Erection E-Tool](#)

General Industry

- [General Industry Standards](#)

Healthcare



[Find It! in DOL](#)
Department of Labor

Compliance Assistance

- [Consultation](#)
- [eTools](#)
- [Grants](#)
- [Posters](#)
- [Recordkeeping](#)
- [Training](#)

Laws & Regulations

- [Standards](#)
- [Interpretations](#)
- [Federal Registers](#)
- [Directives](#)
- [Dockets & E-Comments](#)

Cooperative Programs

- [Alliances](#)
- [SHARP](#)
- [Strategic Partnerships](#)
- [VPP](#)

State Programs

Quick Start



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Search



Advanced Search | [A-Z Index](#)



[General Industry Quick Start »](#)

[Step 1](#)

[Step 2](#)

[Step 3](#)

[Step 4](#)

[Step 5](#)

[Step 6](#)

[Library](#)

Step 2: OSHA Requirements That Apply to Most General Industry Employers



The following are selected OSHA requirements that apply to many general industry employers.

- 1. Hazard Communication Standard.** This standard is designed to ensure that employers and employees know about hazardous chemicals in the workplace and how to protect themselves. Employers with employees who may be exposed to hazardous chemicals in the workplace must prepare and implement a written Hazard Communication Program and comply with other requirements of the standard.
 - Read a fact sheet. [OSHA Fact Sheet: Hazard Communication Standard](#)
 - See a sample program. [OSHA Publication: Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards \[PDF\]](#)
 - Learn more. [OSHA Safety and Health Topics Page: Hazard Communication](#)
- 2. Emergency Action Plan Standard.** OSHA recommends that all employers have an Emergency Action Plan. A plan is mandatory when required by an OSHA standard. An Emergency Action Plan describes the actions employees should take to ensure their safety in a fire or other emergency situation.
 - Does this apply to me? [OSHA eTool: Evacuation Plan and Procedures](#)
 - See a sample program. [Sample Emergency Action and Fire Prevention Plan, Illinois Consultation Program \[PDF\]](#)
 - Create your own plan. [OSHA eTool: Evacuation Plan and Procedures](#)
 - Learn more. [OSHA eTool: Evacuation Plan and Procedures](#)
- 3. Fire Safety.** OSHA recommends that all employers have a Fire Prevention Plan. A plan is mandatory when

Colorado Compliance Assistance Network Newsletter

- Quarterly e-newsletters to 1500+
- e-Alerts on upcoming events
- Secondary distribution estimated at over 9,000

Colorado Compliance Assistance Network Newsletter (Summer 2003)

OSHA Online
[OSHA Home](#)
[OSHA en Español](#)
[OSHA News](#)
[Worker Page](#)
[Compliance Assistance Page](#)

Small Business Resources
[OSHA Small Business Website](#)
[OSHA Advisors](#)

OSHA
Safety and Health
Add Value To Your Business. To Your Workplace. To Your Life.

OSHA Fatal Facts
Click [here](#) to view Accident Report Fatal Facts sheets representative of fatalities caused by improper work practices

Top Stories

OSHA Announces Inspection Plan for 2003 - This year's program is effective June 16 and will initially cover about 3,200 individual worksites on the primary list that reported 14.0 or more injuries or illnesses resulting in lost work days or restricted activity for every 100 full-time workers.

Like last year, OSHA will not inspect nursing homes or personal care facilities under this program. Those inspections will continue to be covered under a separate **National Emphasis Program**. The 14,000 sites are listed alphabetically, by state, on [OSHA's web site](#).

Note: Colorado OSHA offices are organizing **Safety and Health Program Improvement Seminars** in Grand Junction, Greeley and Denver to assist employers selected for inspection under this program. See page 2 of this Newsletter for further details.

National News

OSHA's 2003-2008 Strategic Management Plan Goals: 15% Drop in Fatalities, 20% Drop in Injuries and Illnesses by 2008 - John L. Henshaw, OSHA Assistant Secretary, unveiled OSHA's [new strategic management plan](#) in a speech at the American Industrial Hygiene Conference and Exposition on Monday, May 12, 2003 in Dallas, Tex.

OSHA Issues Final Rule on Recordkeeping Form - OSHA has decided not to modify the form which employers use to record workplace injuries and illnesses to include a separate column for musculoskeletal disorders (MSDs).

OSHA Issues Safety and Health Bulletin on Hazards Associated with Striking Underground Gas Lines - The new [Safety and Health Information Bulletin](#) addresses an employers' responsibility to establish a detailed work plan and train employees prior to excavations on the proper procedures for determining the locations of underground utilities.

Search the OSHA Website
[Full Site Search](#)
[Standards Search](#)

New OSHA Technical Link for Hantavirus

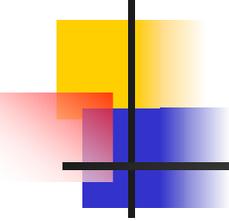
Protecting Yourself in the Sun

OSHA Offers Tips for Working in Hot Weather

Safety and Health Topics

- **Molds and Fungi**
- Recognition
- Evaluation
- Control
- Compliance
- Credits

OSHA Technical Link for Molds and Fungi



Comments?
Questions?
Concerns?