

How to Avoid the Most Common OSHA Citations in Breweries

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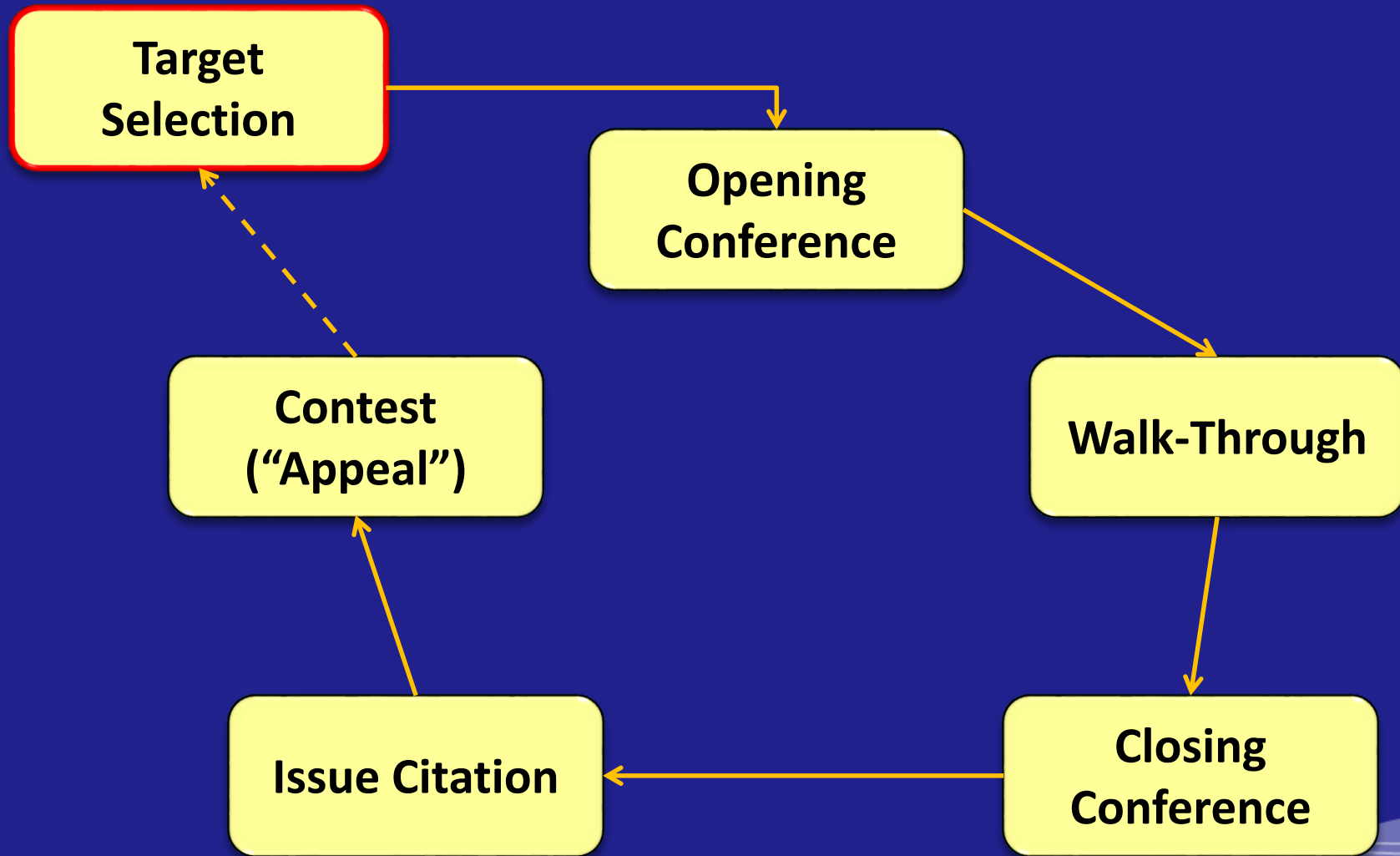
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Agenda

- ***OSHA Inspection Process Overview***
- Avoid the Most Common Brewery Violations
- Recordkeeping: What You Don't Know Will Hurt You
- Q&A

OSHA Inspection Process



Existing Safety Program Standards

- Most OSHA inspections are “partial inspections”
 - Focused on a specific employee complaint issue or within the scope of a special emphasis program, but OSHA may expand the scope when warranted
 - Some are “comprehensive inspections” (wall-to-wall)
- Implementing the required safety programs greatly reduces your enforcement risk
 - Standard specific written program requirements
 - LOTO, Confined Spaces, Hazcom, Bloodborne Pathogens
 - PPE, Respiratory Protection, Hearing Conservation
 - Grain Handling, Fall Protection, Emergency Action Plan
 - Most OSHA State Plans specific written standards
 - In some cases, citation settlement agreements

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Most Common Cited OSHA Violations:

Standard		# Violations	Total Penalty	Avg Penalty
1910.212	Machine Guarding	2,773	\$ 11,261,920	\$ 4,061
1910.23	Guarding Floor & Wall Openings	1,547	\$ 5,665,117	\$ 3,662
1910.147	Lockout / Tagout	3,445	\$ 10,839,575	\$ 3,146
1910.132	Personal Protective Equipment	1,734	\$ 3,617,293	\$ 2,086
1910.178	Powered Industrial Trucks	3,203	\$ 6,652,155	\$ 2,077
1910.303	Electrical, General Requirements	2,840	\$ 5,064,365	\$ 1,783
1910.1030	Bloodborne Pathogens	1,569	\$ 2,712,367	\$ 1,729
1910.305	Electrical, Wiring Methods	3,545	\$ 5,804,070	\$ 1,637
1910.134	Respiratory Protection	3,249	\$ 3,276,808	\$ 1,009
1910.1200	Hazard Communication	5,160	\$ 4,426,206	\$ 858

All industries -- Most cited General Industry standards ranked by average penalty

Easiest to Cite Requirements...

- No written safety program (or procedures)
 - In most State Plan states: overall safety program
 - LOTO, Hazcom, Confined Space, Resp Protection
 - Bloodborne Pathogens, Noise Conservation, etc.
- Effectiveness of employee training
 - Simple OSHA test ... 'quiz' the employees during interviews to ascertain level of understanding
 - Language barriers
- Temporary workers
 - OSHA views them to be the same as company workers

Most Frequently Cited Violations in Breweries

- Some of the most frequently cited standards
 - Process Safety Management (PSM)*
 - Respiratory Protection / PPE
 - Lockout / Tagout (LOTO)
 - Confined Spaces
 - Hazard Communications
 - Machine / Equipment Guarding
 - PITs (Forklifts)
 - Walking & Working Surfaces
 - Safety Showers

* Choice of refrigerant can trigger PSM

Most Commonly Cited Provisions

- 1910.151(C) First Aid [Safety Showers]:
 - *Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.*
- 1910.147(c)(4)(1) LOTO:
 - *Procedures shall be developed, documented and utilized for the control of potentially hazardous energy when employees are engaged in the activities covered by this section.*
- 1904(b)(3) Recordkeeping:
 - *How do I certify the annual summary? A company executive must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes, based on his or her knowledge of the process by which the information was recorded, that the annual summary is correct and complete.*
- 1910.1200(e)(1) Hazard Communication:
 - *Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified ... for labels and other forms of warning, safety data sheets, and employee information and training will be met...*

Most Commonly Cited Provisions

● 1910.120(q)(1) Hazardous Waste & Emergency Resp:

- *Emergency response plan. An emergency response plan shall be developed and implemented to handle anticipated emergencies prior to the commencement of emergency response operations. The plan shall be in writing and available for inspection and copying by employees, their representatives and OSHA personnel. Employers who will evacuate their employees from the danger area when an emergency occurs, and who do not permit any of their employees to assist in handling the emergency, are exempt from the requirements of this paragraph if they provide an emergency action plan in accordance with 29 CFR 1910.38.*

● 1910.23(c)(1) Guarding Floor & Hole Openings:

- *Every open-sided floor or platform 4 feet or more above adjacent floor or ground level shall be guarded by a standard railing (or the equivalent as specified in paragraph (e)(3) of this section) on all open sides except where there is entrance to a ramp, stairway, or fixed ladder. The railing shall be provided with a toeboard wherever, beneath the open sides...*

● 1910.212(a)(1) Machine Guarding:

- *Types of guarding. One or more methods of machine guarding shall be provided to protect the operator and other employees in the machine area from hazards such as those created by point of operation, ingoing nip points, rotating parts, flying chips and sparks. Examples of guarding methods are-barrier guarding, interlocking or safety devices, trip devices, electronic safety devices, etc.*

Most Commonly Cited Provisions

● 1910.134(c)(1) Respiratory Protection:

- *In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable...*

● 1910.132(d)(1)&(2) PPE:

- *(1) Select PPE that properly fits each affected employee.*
- *(2) The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment.*

● 1910.146(c)(1) Confined Spaces:

- *The employer shall evaluate the workplace to determine if any spaces are permit-required confined spaces.*

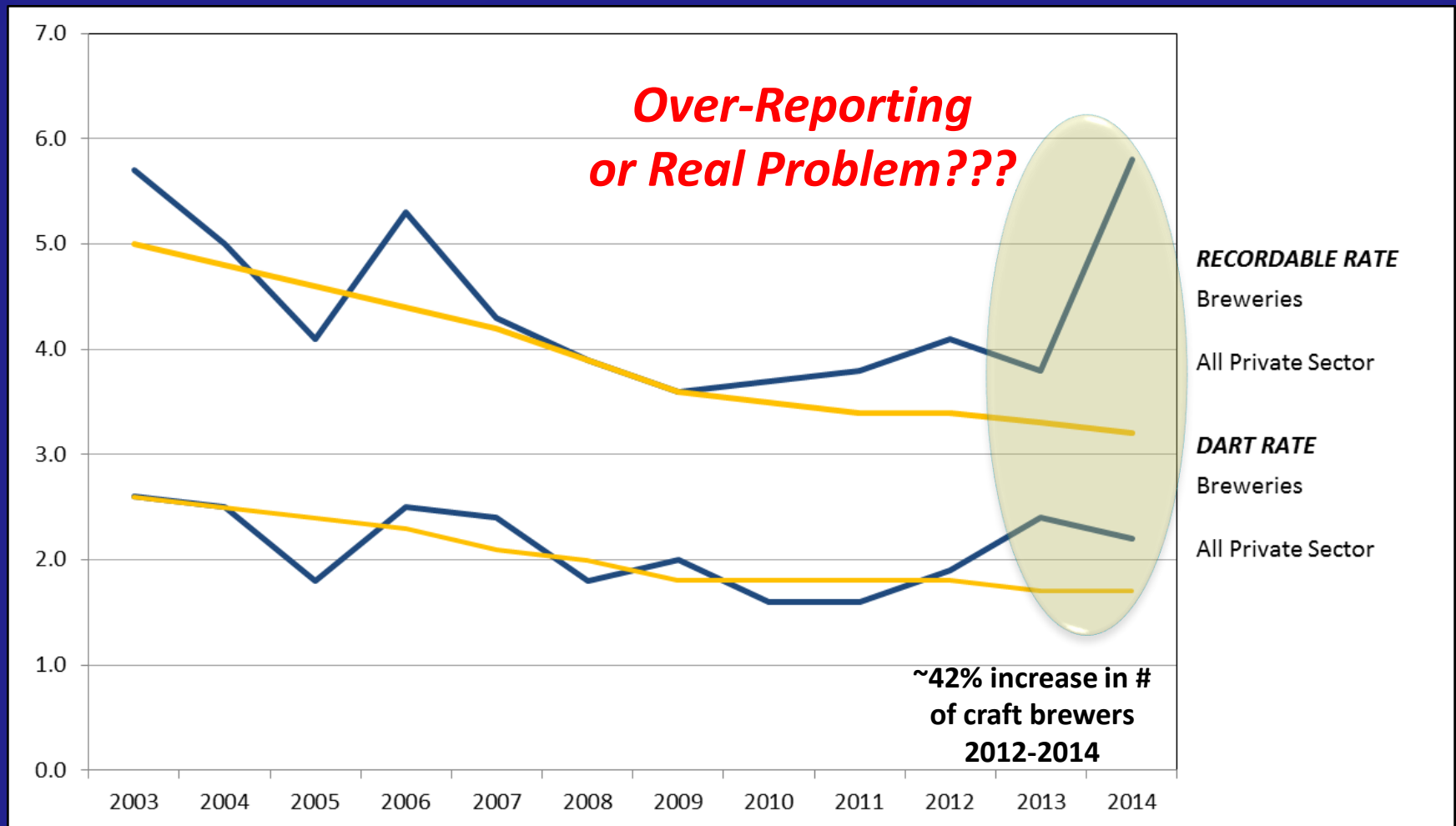
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First, FYI: New Injury Reporting Requirements

- New OSHA reporting requirements became effective on Jan 1, 2015 (“serious reportable injury rule”)
- Requires employers to notify OSHA when there is:
 - Fatality within 8hrs (no change)
 - Notify OSHA within 24 hours when there is:
 - 1 in-patient hospitalization (previously 3 hospitalizations)
 - Amputation (new)
 - Loss of eye injury (new)
 - Call OSHA at: 1-800-321-OSHA(6742)
 - Or electronic submission through www.osha.gov
- OSHA instituted “triage process” to determine which reports get inspected: Cat 1, Cat 2, Rapid Response
- ~12,000 cases / year run rate
- ALL brewers must comply

Is Brewery Industry Injury Data Reliable?



Not surprising: OSHA “injury recordability” regulations are among the most nuanced and complicated to understand!

Why is Accurate Reporting Important?

- OSHA presumes under-reporting is a serious problem while ignoring the realities of over-reporting.
- New reporting requirements coming soon which could require some brewers to report their OSHA logs every year.
- Reported injury data can (is) used by OSHA for inspection targeting purposes.
- Accurate data is needed for the brewer to be able to assess their safety programs, performance, etc.
- Review of one brewery client revealed multiple years of over-reporting of First Aid cases as Recordable.
- Although a couple examples of unknowingly under-reporting found, virtually EVERY brewery client had at least several over-recorded cases.

Reference Resource: Recording Criteria

- Regulations 1904.5 through 1904.11 define which incident cases should or should not be recorded in the OSHA forms 300, 300A, 301

[1904.4](#) Recording criteria

[1904.5](#) Work-relatedness

[1904.6](#) New case

[1904.7](#) General recording criteria

[1904.8](#) Needlesticks/sharps

[1904.9](#) Medical removal

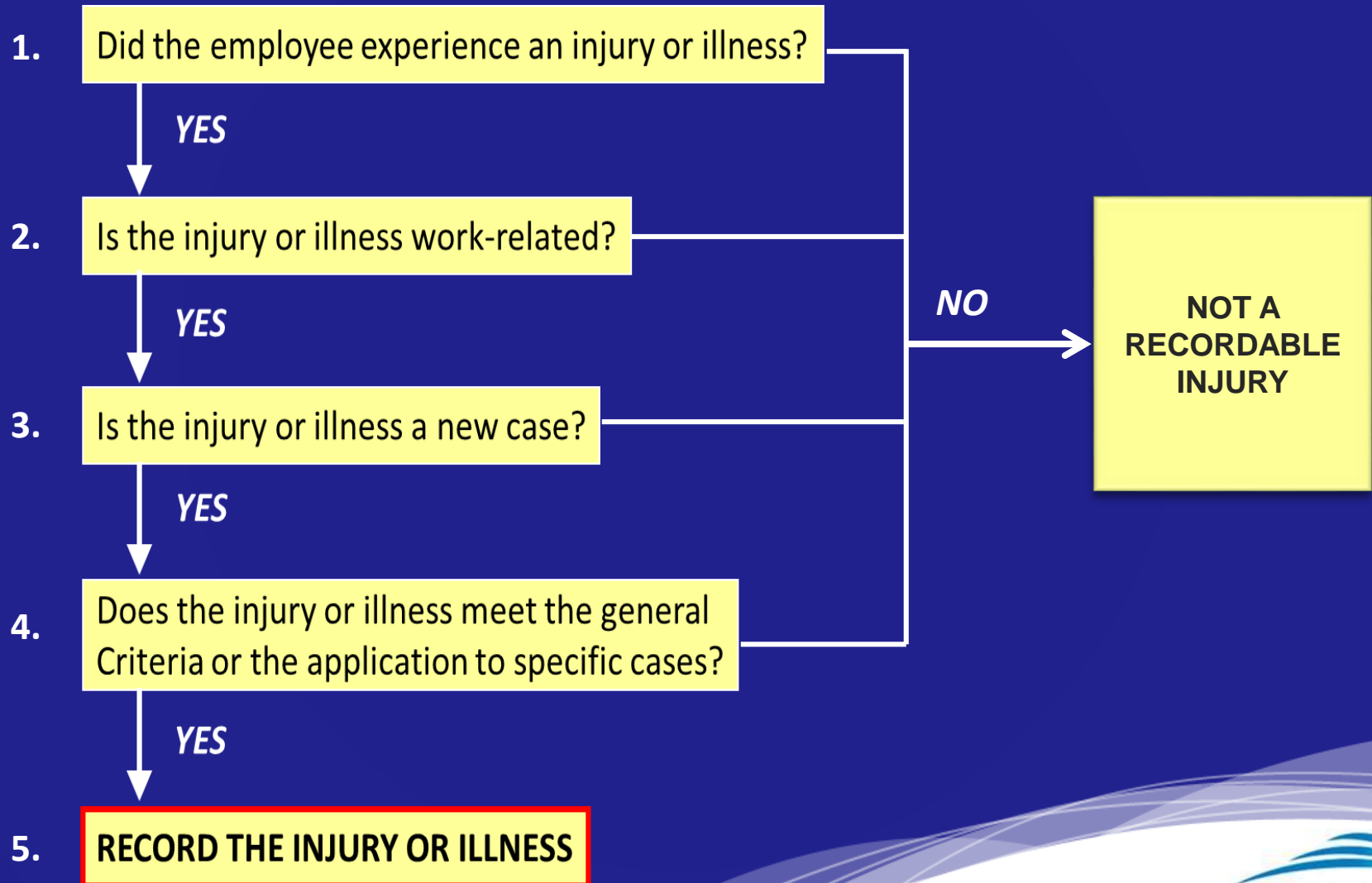
[1904.10](#) Hearing loss

[1904.11](#) Tuberculosis (TB)

● OSHA Forms

- OSHA 300: Log of Work-Related Injuries and Illnesses
- OSHA 300A: Summary of Work-Related Injuries and Illnesses
- OSHA 301: Injury and Illness Incident Report
- Link to [300/300A/301 Worksheets](#)

5 Step Determination Process if Recordable Injury (OSHA 300/300A/301 Logs)



What is First Aid?

- Using non-prescription medications at nonprescription strength;
- Administering tetanus immunizations;
- Cleaning, flushing, or soaking wounds on the skin surface;
- Using wound coverings, such as bandages, band-aids, gauze pads, or using SteriStrips or butterfly bandages.
- Using hot or cold therapy;
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
- Draining fluids from blisters;
- Using eye patches; using simple irrigation or a cotton swab to
- Remove foreign bodies not embedded in or adhered to the eye;
- Using irrigation, tweezers, cotton swab or
- Other simple means to remove splinters or foreign objects

Process for Determining a Recordable

Did the employee experience an injury or illness?

YES

Is the injury or illness work-related?

YES

Is the injury or illness a new case?

YES

Does the injury or illness meet the general Criteria or the application to specific cases?

YES

RECORD THE INJURY OR ILLNESS

All Yeses:

Record the injury or illness!

If ALL previous questions are “Yes” then it is a recordable which must be logged on OSHA 300/300A/301.

Logs must be kept 5 years.

Signed by a brewery executive.

Must log injuries within 7 days (can remove later after investigation)

Post annual 300A (summary) from Feb 1 to Apr 30.

When in doubt, record the injury and delete later if it's not a recordable.

“Exceptions that Prove the Rule”

Are there situations where an injury or illness occurs in the work environment and is not considered work-related?

Yes. See ([1904.5b2](#)) table...

1904.5(b)(2)	You are not required to record injuries and illnesses if . . .
(i)	At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
(ii)	The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
(iii)	The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
(iv)	<p>The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related.</p> <p>Note: If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.</p>
(v)	The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
(vi)	The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted.
(vii)	The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
(viii)	The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
(ix)	The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

“Exceptions that Prove the Rule” (Cont’d)

1904.5(b)(6)	If the employee has . . .	You may use the following to determine if an injury or illness is work-related
(i)	checked into a hotel or motel for one or more days.	When a traveling employee checks into a hotel, motel, or into a other temporary residence, he or she establishes a "home away from home." You must evaluate the employee's activities after he or she checks into the hotel, motel, or other temporary residence for their work-relatedness in the same manner as you evaluate the activities of a non-traveling employee. When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re-enters the work environment. If the employee has established a "home away from home" and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.
(ii)	taken a detour for personal reasons.	Injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (<i>e.g.</i> , has taken a side trip for personal reasons).

Actual Injury Log Scenarios... Recordable?

- Head brewer got grain dust in his eye. Used nearby eyewash to get it out. Eye was irritated but no treatment was needed.
- Brewery employee was struck by a piece of equipment. Got a bruise and a small cut (no stitches). Neosporin and band-aid. No medical treatment was needed.
- An employee was mugged while performing work duties away from the brewery, he went home due to distress and a sore shoulder but no doctor was visited. Went to work next day.
- Employee leaves work on the back of (intoxicated) boyfriend's motorcycle. They crash in the parking lot requiring medical treatment.
- Employee stung by bee at an event.

Frequently Asked Questions

- What is the effect of workers' compensation reports on the OSHA records? Can I use WC logs as OSHA logs?
- Who is responsible for recording injuries of temporary or staffing agency employees?
- How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work?

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

Form approved OMB no. 1218-0176

Establishment name XYZ Company

City Anywhere State MA

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.

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)	Remained at Work CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)	On job transfer or restriction (L)	(M) Injury or illness type					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			(1) Injury	(2) Skin disorders	(3) Respiratory conditions	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
1	Mark Bagin	Welder	5 / 25 month/day	basement	fracture, left arm and left leg, fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry man	7 / 2 month/day	pouring deck	poisoning from lead fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	days	30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Sander	Electrician	8 / 5 month/day	2nd floor storeroom	broken left foot, fell over box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	30 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Boccella	Laborer	9 / 17 month/day	packaging dept	Back strain lifting boxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Jarrod Daniels	Machine opr.	10 / 23 month/day	production floor	dust in eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/			<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"/>	<input type="checkbox"/>
			/			<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"/>	<input type="checkbox"/>
			/			<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"/>	<input type="checkbox"/>

Source: <https://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>

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 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.

<https://www.osha.gov/recordkeeping/RKforms.html>

PROMETRIX
Consulting Services

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

Injury and Illness Types

Total number of . . . (M)	
(1) Injuries	(4) Poisonings
(2) Skin disorders	(5) Hearing loss
(3) Respiratory conditions	(6) 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 existing data sources, 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 currently valid OMB control number. If you have any comments about this estimate of burden, including suggestions for reducing the burden, write to Washington, DC 20210. Do not send the completed form to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

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

Standard Industrial Classification (SIC), if known (e.g., 3713) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

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 _____

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Contact Information

Prometrix Consulting

(800) 638-9718

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www.prometrixinc.com

[@Prometrix](https://twitter.com/Prometrix)

[Facebook.com/Prometrix](https://facebook.com/Prometrix)

Other Resources:

OSHA Recordable Manual:

www.prometrixinc.com (email: glsierra@prometrixinc.com)

OSHA's Enforcement Webpage:

<https://www.osha.gov/dep/index.html>

OSHA's Small Business Webpage:

<https://www.osha.gov/dcsp/smallbusiness/index.html>