DEATH ON THE JOB

THE TOLL OF NEGLECT

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

34TH EDITION • APRIL 2025

AFL-CIO

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For more information, contact the AFL-CIO Safety and Health Office at oshmail@aflcio.org.

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EXECUTIVE SUMMARY

This 2025 edition of "Death on the Job: The Toll of Neglect" marks the 34th year the AFL-CIO has produced the only comprehensive report on the state of safety and health protections for America's workers. This report features national and state information on workplace fatalities, injuries and illnesses, as well as workplace safety inspections, penalties, funding, staffing and public employee coverage under the Occupational Safety and Health Act (OSH Act). It also includes information on the state of mine safety and health, key topics such as workplace violence, musculoskeletal disorders and heat illness prevention, and transitions in policies on government occupational data reporting, transparency and equity.

This report focuses on the most recent data available from several different sources: job fatality, injury and illness data from 2023, and enforcement data from FY 2024.

Fifty-four years ago on April 28, the OSH Act went into effect, promising every worker the right to a safe job. More than 712,000 workers now can say their lives have been saved since the passage of the OSH Act. The federal Mine Safety and Health Act was enacted 48 years ago. Since that era, workplace safety and health conditions have improved. But too many workers remain at serious risk of injury, illness or death as chemical plant explosions, major fires, construction collapses, infectious disease outbreaks, workplace assaults, toxic chemical exposures and other preventable tragedies continue to permeate the workplace. Workplace hazards kill approximately 140,000 workers each year—including 5,283 from traumatic injuries and an estimated 135,000 from occupational diseases in 2023. That is 385 workers each day—and many worker protections are under threat. Job injury and illness numbers continue to be severe undercounts of the real problem.

Over the years, our progress has become more challenging, as employers' opposition to workers' rights and protections has grown, and attacks on unions have intensified. Big corporations, many conservatives and billionaires have launched an aggressive assault on workers' lives and their livelihoods by repealing job safety and health regulations, promoting deregulatory initiatives, blocking funding and pulling back resources for job safety agencies, firing federal staff doing critical work to protect worker health and safety, and requiring additional burdens in order to issue protections at all. They aim to dissolve the protection structures and shift the responsibility for providing safe jobs from employers to individual workers, and to undermine the core duties and capacity of workplace safety agencies, and more recently disregard and discard the government's responsibility to protect workers altogether.

President Trump's first 100 days of his second administration have not only attacked Biden administration progress, but confirmed his anti-worker, pro-business philosophy.

Since taking office at the end of January 2025, he has issued dozens of executive orders to roll back or review existing regulations, including an order that requires that for any new regulatory protection issued, an agency must remove 10 safeguards from the books. He has empowered Elon Musk and his so-called "Department of Government Efficiency" (DOGE) to launch a full-scale attack on workers by eliminating entire government agencies, removing the independence of other agencies, and firing tens of thousands of federal workers under the guise of eliminating waste, fraud and abuse. Although no significant waste, fraud or abuse has been identified in federal agencies, Trump and Musk have used DOGE to launch attacks on workers' rights, workers' protections, federal agencies, and private and public sector unions.

The Trump administration and DOGE have focused on totally decimating the fabric of what makes government protections work for people through attacks on job safety, public health, union rights and the independence of federal agencies. Attacks on federal workers aim to decimate the fairest employer in the country; it is not a coincidence and it is not efficient. There is no misunderstanding among workers and unions that state and local governments and the private sector will be next on the chopping block. In the most poignant and direct attack on worker safety, DOGE functionally eliminated the National Institute for Occupational Safety and Health (NIOSH), the only worker safety and health research agency. Worker safety is not a priority for this administration.

National progress over the decades has undoubtedly made workplaces safer and saved lives. But that progress is under attack, now more than ever. The nation's workers now must fight fearlessly to hold onto worker protection and public health systems, as they did a century ago to create these agencies, laws and standards that keep us safe at work. We must prioritize protecting workers from job injury, disease and death, restore dignity and justice to working people, improve livelihoods, and reduce burdens on families and communities, over the whims and greed of billionaires. Employers must meet their responsibilities under the law to protect workers and be held accountable when they put workers in danger.

There is much more work to be done to ensure the fundamental right to a safe and healthy job is a reality for all of America's workers.

The High Toll of Job Injuries, Illnesses and Deaths

In 2023:

- 385 workers died each day from hazardous working conditions.
- 5,283 workers were killed on the job in the United States.
- An estimated 135,304 workers died from occupational diseases.
- The overall job fatality rate decreased to 3.5 per 100,000 workers.
- Workers of color die on the job at a higher rate: Black and Latino worker job fatality rates are disproportionate compared with all other workers and they continue to remain high.
- Employers reported nearly 3.2 million work-related injuries and illnesses, a decrease from the previous year.
- At least 55 workers died from heat on the job, a 28% increase from 2022; fatal and nonfatal data are an undercount of the real problem.
- Workplace homicides continue to be a significant problem, even though they decreased 12.6% since 2022; workplace suicides increased 5.2% from 2022.
- Separately, unintentional overdoses at work decreased nearly 5% from 2022 to 2023, due to increased attention paid to and efforts to combat the opioid crisis.
- The rate of serious workplace violence injuries has increased to 4.3 per 10,000 workers.
- Musculoskeletal disorders from repetitive motion injuries continue to be a major problem, accounting for approximately 28% of all serious work-related injuries and illnesses in private industry.
- Underreporting of all workplace injuries and illnesses is widespread—the true toll of work-related injuries and illnesses is 5.2 million to 7.8 million each year in private industry.
- Chemical exposures continue to plague working people, leading to debilitating, life-threatening diseases that are totally preventable.

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

States with the highest fatality rates in 2023 were:

- Wyoming (16.0 per 100,000 workers)
- West Virginia (8.3 per 100,000 workers)
- Arkansas (7.5 per 100,000 workers)
- Alaska (7.4 per 100,000 workers)
- Montana (7.1 per 100,000 workers)
- North Dakota (6.9 per 100,000 workers)

Industries with the highest fatality rates in 2023 were:

- Agriculture, forestry, and fishing and hunting (20.3 per 100,000 workers)
- Mining, quarrying, and oil and gas extraction (16.9 per 100,000 workers)
- Transportation and warehousing (12.9 per 100,000 workers)
- Construction (9.6 per 100,000 workers)
- Wholesale trade (5.4 per 100,000 workers)

Black and Latino workers are more likely to die on the job. In 2023:

- Black workers' job fatality rate was 3.6 per 100,000 workers.

- 659 Black workers died on the job—the second-highest number in more than two decades.
- Latino workers' job fatality rate decreased to 4.4 per 100,000 workers—meaning they continued to face the greatest risk of dying on the job than all workers at 26% higher than the national average.
- The number of Latino worker deaths increased again to 1,250. Of those killed on the job, 67% were immigrants, an increase from 60% in 2022.

Older workers and minors are at serious risk. In 2023:
- More than one-third of workplace fatalities occurred among workers ages 55 and older.
- Workers 65 and older have 2.5 times the risk of dying on the job as other workers, with a job fatality rate of 8.7 per 100,000 workers.
- Many older workers are injured from falls on the same level.
- Many children, mostly migrants, have become the focus of stark exploitation, working in dangerous conditions.
- 23 workers younger than 18 years and 415 workers between 19 and 25 years old died on the job.

Job safety oversight and enforcement
Strong enforcement and worker protection efforts during the Biden administration occurred through several targeted enforcement initiatives:
- The Occupational Safety and Health Administration (OSHA) clarified the importance of the participation of all workers to choose their representatives during OSHA inspections.
- OSHA reinstated the collection of employer injury data for large employers to better inform inspection and prevention measures.
- OSHA instituted instance-by-instance citations for high-gravity violations, maximizing the penalty for employers who violate the law.
- OSHA signed a joint agreement with the National Labor Relations Board to strengthen information-sharing for whistleblower cases.
- OSHA instituted targeted enforcement programs and awareness campaigns on heat, silica, COVID-19, falls in construction, combustible dust, injuries in the poultry industry and warehousing.
- The Mine Safety and Health Administration (MSHA) reinstated impact inspections, focusing on mines with a poor history of compliance with MSHA standards, high numbers of injuries, illnesses or fatalities, or other indicators of unsafe mines.

OSHA resources in FY 2024 still are too few to be a deterrent:
- There are 1,802 inspectors (768 federal and 1,034 state) to inspect the 11.8 million workplaces under the Occupational Safety and Health Act's jurisdiction, covering 161 million workers—a workforce that keeps growing while OSHA staff numbers do not.
- Federal OSHA has 85 fewer inspectors than in FY 2023— only enough to now inspect workplaces once every 185 years—and state OSHA plans have 12 additional inspectors compared with FY 2023.
- There is one inspector for every 84,937 workers.
- The current OSHA budget amounts to $3.92 available to protect each worker.

Penalties in FY 2024 still are too weak:

- The average penalty for a serious violation was $4,083 for federal OSHA.
- The average penalty for a serious violation was $2,580 for OSHA state plans.
- The median penalty for killing a worker was $16,131 for federal OSHA.
- The median penalty for killing a worker was $7,031 for state OSHA plans.
- Only 137 worker death cases have been criminally prosecuted under the Occupational Safety and Health Act since 1970.

Much Work Remains to Be Done

Workers need more job safety and health protection, not less.

Action needed from Congress:

- Immediately intervene to require DOGE and the Trump administration to reinstate all staff across all NIOSH divisions, the agency with a unique and imperative role mandated by Congress.
- Reinstate appointees at independent labor agencies who were wrongfully fired as part of a broad attack on labor unions and worker rights.
- Oppose efforts by DOGE to access sensitive worker data, manipulate government structures without any context and label unique roles as “redundant” and “inefficient.”
- Oppose any attempts to destroy or decimate worker health and safety agencies, including NIOSH, OSHA and MSHA, and hold operators of these agencies accountable to the responsibility assigned to them by Congress.
- Put the critical need to protect workers’ health and safety above billionaire and corporation motives.
- Oppose attempts by corporations to weaken broad regulatory systems under the guise of “reform” that actually would make it more difficult—or impossible—for agencies to issue needed safeguards.
- Defend a federal budget that maintains and increases funding and staffing for job safety agencies for both standard-setting and enforcement, modernizing the flat-funded budget that has prevented agencies from fulfilling their obligations.
- Pass legislation on heat and workplace violence to ensure OSHA develops and issues strong standards on these major problems.
- Pass the Protecting America’s Workers Act to extend the Occupational Safety and Health Act’s coverage to workers currently excluded, strengthen civil and criminal penalties for violations, enhance anti-discrimination protections, and strengthen the rights of workers, unions and those who have been injured or made ill because of their jobs.
- Pass the Robert C. Byrd Mine Safety Protection Act to strengthen the federal Mine Safety and Health Act related to mine incident investigations, standards, miners' rights and protections, and training for miners.

Action needed from job safety agencies:

- Stand up for employers’ responsibility to protect workers under U.S. law: Defend against staff reductions and funding and resource cuts—all of which are the lifelines for protecting workers.

- Fully enforce OSHA, MSHA and Environmental Protection Agency (EPA) job safety and health protections to hold employers accountable for not following workplace safety and health laws.
- Strengthen federal OSHA oversight of state OSHA plans.
- Strengthen protections for workers facing higher job fatality, injury and illness rates, rather than launching attacks on immigrant workers and workers of color that keep them living in fear of raising safety concerns that put *all* workers in danger.
- Strengthen anti-retaliation protections and worker participation rights.
- Issue an OSHA workplace violence standard for health care and social service workers.
- Issue an OSHA heat illness and injury prevention standard to protect indoor and outdoor workers from dangerously hot working conditions.

Action needed to restore and improve injury and illness data:

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

THE STATE OF WORKERS' SAFETY AND HEALTH 2025

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Fifty-four years ago on April 28, the OSH Act went into effect, promising every worker the right to a safe job. More than 712,000 workers now can say their lives have been saved since the passage of the OSH Act.[1] The federal Mine Safety and Health Act was enacted 48 years ago. Since that era, workplace safety and health conditions have improved. But too many workers remain at serious risk of injury, illness or death as chemical plant explosions, major fires, construction collapses, infectious disease outbreaks, workplace assaults, toxic chemical exposures and other preventable tragedies continue to permeate the workplace. Workplace hazards kill approximately 140,000 workers each year—including 5,283 from traumatic injuries and an estimated 135,000 from occupational diseases in 2023. That is 385 workers each day—and many worker protections are under threat. Job injury and illness numbers continue to be severe undercounts of the real problem.

Over the years, our progress has become more challenging, as employers' opposition to workers' rights and protections has grown, and attacks on unions have intensified. Big corporations, many conservatives and billionaires have launched an aggressive assault on workers' lives and their livelihoods by repealing job safety and health regulations, promoting deregulatory initiatives, blocking funding and pulling back resources for job safety agencies, firing federal staff doing critical work to protect worker health and safety, and requiring additional burdens in order to issue protections at all. They aim to dissolve the protection structures and shift the responsibility for providing safe jobs from employers to individual workers, and to undermine the core duties and capacity of workplace safety agencies, and more recently disregard and discard the government's responsibility to protect workers altogether.

National progress over the decades has undoubtedly made workplaces safer and saved lives. But that progress is under attack, now more than ever. The nation's workers now must fight fearlessly to hold onto worker protections and public health systems, as they did a century ago to create these agencies, laws and standards that keep us safe at work. We must prioritize protecting

[1] Calculated based on changes in annual fatality rates and employment since 1970. Fatality rate data for 1970 to 1991 is from National Safety Council Accident Facts, 1994. Fatality rate data for 1992 to 2021 is from the Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Annual employment data is from the Bureau of Labor Statistics Current Population Survey.

workers from job injury, disease and death, restoring dignity and justice to working people, improving livelihoods, and reducing burdens on families and communities over the whims and greed of billionaires. Employers must meet their responsibilities under the law to protect workers and be held accountable when they put workers in danger.

There is much more work to be done to ensure the fundamental right to a safe and healthy job is a reality for all of America's workers.

TRUMP ADMINISTRATION RECORD ON WORKER SAFETY AND HEALTH

The first Trump administration rolled back progress made under the Obama administration, attacking longstanding workplace safety protections—targeting job safety rules on beryllium, mine safety examinations and injury reporting, and cutting agency budgets and staff—and attempting to dismantle the systems for future protections. The Trump administration totally failed to respond to the COVID-19 pandemic and the disparities of those most affected by work-related infection.

President Trump's first 100 days of his second administration have not only attacked Biden administration progress, but confirmed his anti-worker, pro-business philosophy. Since taking office at the end of January 2025, he has issued dozens of executive orders to roll back or review existing regulations, including an order that requires that for any new regulatory protection issued, an agency must remove 10 safeguards from the books. He has empowered Elon Musk and his so-called "Department of Government Efficiency" (DOGE) to launch a full-scale attack on workers by eliminating entire government agencies, removing the independence of other agencies, and firing tens of thousands of federal workers under the guise of eliminating waste, fraud and abuse. Although no significant waste, fraud or abuse has been identified in federal agencies, Trump and Musk have used DOGE to launch attacks on workers' rights, workers' protections, federal agencies, and private and public sector unions.

This is a significant change from the Biden administration's approach to job safety and health, which took important steps to rebuild the agencies and protect workers: prioritizing worker protections on its regulatory agenda, establishing strong enforcement efforts on urgent hazards, maximizing its penalty structure as a stronger deterrent, launching broad efforts on worker empowerment and workplace inequities, and filling staff and leadership vacancies.

The Trump administration and DOGE have focused on totally decimating the fabric of what makes government protections work for people through attacks on job safety, public health, union rights and the independence of federal agencies. Attacks on federal workers aim to decimate the fairest employer in the country; it is not a coincidence and it is not efficient. There is no misunderstanding among workers and unions that state and local governments and the private sector will be next on the chopping block. In the most poignant and direct attack on worker safety, DOGE functionally eliminated the National Institute for Occupational Safety and Health (NIOSH), the only worker safety and health research agency. Worker safety is not a priority for this administration.

NIOSH Destruction

Overnight on April 1, 2025, Musk and his DOGE team eliminated more than 85% of NIOSH. This gutting of the agency makes up a massive 10% of the Department of Health and Human Services (HHS) staff cuts, even though this highly efficient and specialized agency is only a tiny part of the HHS budget. HHS Secretary Robert F. Kennedy Jr. says he is "not familiar" with the cuts on essential health programs and departments.[2]

[2] Venet, Jasmine. "RFK Jr. Has Stunning Response to Cuts to Vital Public Health." Daily Beast. April 9, 2025. *Available at* Yahoo.com/news/rfk-jr-stunning-response-cuts-180427756.html.

Eliminating NIOSH staff destroys the U.S. government's ability to protect workers. These attacks eliminate the core functions of NIOSH and completely endanger workers' health and safety on the job. More workers will be injured, made ill and die because of work.

NIOSH is a unique agency and no other agency can do its job. DOGE has made the Trump administration think the Occupational Safety and Health Administration (OSHA) and NIOSH serve the same function and therefore are redundant, which is entirely incorrect. Statutory authorities created OSHA and the Mine Safety and Health Administration (MSHA) under the Department of Labor (DOL) and NIOSH under HHS for specific reasons. These agencies were directed to collaborate and coordinate, but NIOSH was created as a separate and independent agency to ensure that the research and recommendations were based only on the science and not other policy or political considerations.

Without NIOSH staff, the U.S. government will no longer be able to certify respirators that protect workers and the public from a wide variety of deadly exposures, investigate emerging workplace hazards and technologies for industries, and research serious health and safety concerns for employers in coal mining, firefighting, commercial fishing, oil and gas extraction construction, health care and beyond.

NIOSH has a long track record of saving workers' lives and preventing chronic disease, and conducting critical health and safety research for employers. NIOSH provides the scientific basis for workplace safety and health standards; monitors and conducts hazard investigations on exposures like asbestos, coal dust, lead and other toxins; conducts mine safety and health research; and oversees medical examinations for miners, 9/11 responders and nuclear workers during the Cold War, and other workers. NIOSH certifies and approves all respirators for our nation—initial and ongoing certifications that combat counterfeit products and make sure American workers are not given a false sense or protection. NIOSH investigators have been instrumental in developing protections for workers exposed to avian flu, and NIOSH's respirator certification program prevented a massive number of fake respirators from flooding the market during the COVID-19 pandemic, and every day since.

Eliminated programs include NIOSH's highly specialized National Personal Protective Equipment Laboratory, the health hazard evaluations for employers and workers, its respiratory division, all of its Education and Research Centers (ERCs) that educate health and safety professionals throughout the country, the only construction safety and health research center, its agriculture, forestry and fishing program, and mining research programs that prevent illness and injury for and facilitate medical screenings of hundreds of thousands of mine workers, and its National Occupational Research Agenda that funds critical intramural and extramural research. All of these programs have proven effective in reducing morbidity and mortality in America's most dangerous industries.

The Trump administration has stated it is keeping some staff in the World Trade Center Health Program that provides 9/11 responders and survivors with medical monitoring and treatment, and the dose reconstruction division required to carry out the functions of the Energy Employees Occupational Illness Compensation Program Act to compensate Cold War civilian veterans exposed to deadly hazards from manufacturing, testing and clean-up of nuclear weapons.

However, both of these programs cannot function without the rest of NIOSH, i.e., the physicians, epidemiologists, industrial hygienists and researchers who facilitate the statutory obligation of these other programs, so even the fate of these programs remains uncertain.

Without NIOSH's research, technical expertise and collaboration, industries/workers not covered by OSHA or MSHA will not have critical, nonpunitive guidelines to protect workers, and OSHA and MSHA cannot do their jobs or fully enforce their standards. MSHA already has paused silica enforcement in coal mines due to NIOSH decimation; this will start affecting other workers across industries very soon.

War on Coal Miners

Trump has vowed to bring coal back, again. Meanwhile, he has declared war on coal miners' health and lives. Just days before MSHA's new silica standard was set to be enforced, MSHA announced a four-month "temporary enforcement pause." The reason given was the elimination of NIOSH's personal protective equipment laboratory, which certifies and ensures the effectiveness of respirators. Without certified and effective respirators to protect miners against black lung disease, the standard cannot be enforced, according to MSHA.

NIOSH is the lead agency in charge of tracking and combating the black lung epidemic. The elimination of NIOSH also means the closing of NIOSH's Spokane, Washington, and Pittsburgh, Pennsylvania, offices as well as the Pittsburgh Mining Research Division, which focuses on coal miner safety, and the Spokane Mining Research Division, which specializes in hard rock mining. It means the end of NIOSH's Mobile Occupational Safety and Health Unit, which traveled to mining towns offering chest radiographs and blood pressure screenings. It means the elimination of the Coal Workers' Health Surveillance Program (CWHSP)—the program mandated by the Federal Coal Mine and Safety Act that conducts free black lung screenings, tracks results and gives every miner in the country access to free health care.

Meanwhile, the Trump administration has also announced the closure of 34 MSHA field offices in 19 states.

Weakening OSHA

As of the publication date of this report, it is unclear what form Trump's attack on OSHA will take. At the beginning of the administration, numerous important publications were removed from OSHA's webpage during the DEI purge because they allegedly contained banned words. Most of those publications have since been restored after pushback because they were critical health and safety documents that used words such as "diverse" to describe industries. DOGE has announced plans to close 11 OSHA area offices across the country, which will make it far more difficult for OSHA inspectors to reach far-flung workplaces to enforce the law.[3]

In addition, every cabinet department has been ordered by the White House to develop "Agency RIF and Reorganization Plans" (ARRPs). The ARRPs must significantly reduce the number of agency employees by eliminating positions that are not required, getting rid of buildings and reducing their budgets—all with the goal of "increased efficiency" and "better service for the

[3] Haskin, Caroline. "Labor Leaders Fear Elon Musk and DOGE Could Gain Access to Whistleblower Files." WIRED. April 10, 2025. *Available at* Wired.com/story/elon-musk-doge-osha-whistleblower-files/.

American people." Agencies were also encouraged to reduce layers of management and the use of private sector consultants and contractors.

With conservative control of both houses of Congress and the presidency, OSHA's budget is on the chopping block. Trump has committed to repealing multiple regulations that protect workplace safety, as well as environmental and consumer regulations that protect Americans' health and safety. No Republican administration has issued a major OSHA standard in almost 35 years, except when required by the courts or Congress, and Trump's Executive Order 14192 requires 10 regulations to be repealed for every one issued. Two regulations issued under the Biden administration are under threat. One allowed nonunion workers to choose their own walkaround representatives, and the other required certain employers to submit detailed worker injury information to OSHA—information published on OSHA's webpage.

Meanwhile, Trump's director of the Office of Management and Budget has vowed to repeal government regulations without going through notice and comment rulemaking, or, where that is not possible, the administration plans to simply stop enforcing regulatory safeguards.

Nominations

In his first term, Trump nominated corporate officials to head the job safety agencies—people who had records of opposing enforcement and regulatory actions, and who often lacked safety experience—and subsequently failed to permanently fill many positions.

This is a sharp contrast to the Biden administration, which appointed officials who had experience administering safety and health programs, and enforced protections for workers across industries, with needed attention on vulnerable and high-hazard groups.

In his second term, Trump nominated David Keeling as OSHA's new head, but he is not yet confirmed. Keeling was previously vice president for global health and safety at Amazon and vice president for global safety at UPS. Trump nominated Wayne Palmer as head of MSHA; he is also not yet confirmed. Palmer was the deputy assistant secretary for MSHA during the first Trump administration. Before that, he was chief of staff to Trump's first labor secretary, Alexander Acosta. During the Biden administration, Palmer served as executive vice president at the Essential Minerals Association, which says it "represents the interests of companies that mine or process minerals that are critical to manufacturing, energy, agriculture, infrastructure, transportation, and technology industries."

Attacks on Unions

In the most significant attack on the labor movement in history, President Trump issued an executive order stripping collective bargaining rights from more than 1 million federal workers in the Department of Defense, Department of Veterans Affairs, Immigration and Customs Enforcement, State Department, U.S. Agency for International Development (USAID), an immigration review office part of the Department of Justice (DOJ) and others, under the guise of "national security." Federal employees in those agencies no longer can negotiate over pay, workplace safety, benefits or hiring/firing decisions, unlike workers in the private sector. Meanwhile, "right to work" attacks continue throughout the states to weaken unions and worker rights, which puts workers at greater risk of dying on the job.

President Trump has fired National Labor Relations Board (NLRB) Member Gwynne Wilcox, the first Black woman to serve on the board. The NLRB is a multimember body that acts as a court to adjudicate labor disputes in bargaining and organizing campaigns. Current law states that only misconduct, and not political disagreements with the president, are grounds for removal, although the courts may invalidate those restrictions. The Trump administration plans to undo all significant legal precedents issued by the NLRB during the Biden administration, without going through legally mandated review procedures.

As part of his purge of diversity, equity and inclusion (DEI) in the federal government, Trump has also fired two of the three Democratic commissioners—Charlotte Burrows and Jocelyn Samuels—on the Equal Employment Opportunity Commission, which enforces civil rights in the workplace.

WHAT NEEDS TO BE DONE

While there is a broader fight to save our nation's entire fabric of government protections, workers are fighting for their lives on the job.

Workers need government protections and oversight to ensure their employers are following the law. Workers need stronger—not weaker—laws that ensure they do not have to choose between providing for their families and putting their lives in danger. The promises the United States made to workers in 1970 and 1977 through passage of two crucial pieces of worker health and safety legislation, as well as all of the work to implement those laws and build strong foundations for health and safety protections, needs constant attention to ensure they are fulfilled. But now those promises and the responsibilities assigned to the government for carrying them out are under total assault and facing elimination.

Workers need to be able to fully exercise their rights to a workplace free from recognized hazards, including the abilities to: report injuries and illnesses and raise unsafe working conditions without retaliation, rely on the government to help ensure their employers are following the law, fully utilize worker representatives throughout OSHA investigations at their workplaces, return home at the end of their shifts, and be fully compensated when the job has injured them or made them ill.

Workers need to be able to freely join a union and collectively bargain with their employers for safer working conditions. Worker organizing should be stronger than ever, from the shop floor to the halls of government, to demand action directly from employers and from our elected officials.

Elected leaders need to hold DOGE accountable to working people and stop unelected billionaires and artificial intelligence systems from accessing sensitive data, including workers' personal data, active OSHA investigations of Elon Musk's companies, and from making "efficiency" decisions about the very existence of entire government agencies and departments.[4] Elected leaders need to work with the agency staff experts of those programs to understand their work and help defend it.

NIOSH, the core worker safety and health research agency decimated by DOGE, needs to be fully restored with the staff fully reinstated. Respirators and other critical technologies that keep us all safe need NIOSH approval and certification and prevent counterfeit equipment in our workplaces in such areas as mining, construction, firefighting, health care, fishing, agriculture and many other dangerous industries. These sectors depend on NIOSH for critical, unbiased research and interventions to keep business moving safely; health hazard evaluations are critical nonpunitive tools that help employers investigate clusters of disease or hazards at their worksites. The entire field of occupational health and safety professionals is trained through NIOSH programs.

[4] AFL-CIO. Memorandum: Elon Musk's Disregard For Worker Safety At His Companies. April 9, 2025. *Available at* AFLCIO.org/sites/default/files/2025-04/Memo%20on%20Elon%20Musk%20OSHA%20cases_.pdf.

OSHA and MSHA field offices need to be maintained and staffed in order to respond to major workplace safety incidents in a timely manner and proactively make sure employers are following the law to prevent workplace deaths and injury. These agencies nationwide need to be fully staffed and fully funded. Job safety agencies need to be defended, instead of destroyed.

Congress continues to fund job safety at stagnant levels, intentionally allowing an OSHA budget that still only amounts to $3.92 to protect each worker covered by the OSH Act. Existing and emerging hazards continue to expand the responsibilities of and needs for OSHA and other job safety agencies, without increased funding, not even to match inflation. At these levels, the agencies continue to have a paltry number of staff to write standards, analyze data, conduct inspections, orchestrate needed research on important hazards and respond to emerging threats. But the threat is much worse now: major reductions in force by the Trump administration, the budget reconciliation process and FY 2026 budget process will determine the tools worker safety and health agencies will have to carry out their mission for the nation's workers.

Certain groups of workers are especially vulnerable to the unreasonable choice between raising job safety concerns and retaliation, including job loss, change in pay or shifts and deportation without due process. Severe inequities in dangerous working conditions have created unacceptable disparities in those who face the largest burdens of disease, injury and death because of their jobs, especially as our nation's demographics are changing. Initiatives to address the safety and health risks posed by changes in the workforce and employment arrangements must take more prominence. We need to continue to elevate initiatives that address the increased risk of fatalities and injuries faced by workers of color, immigrant workers, aging workers and child workers who are often exploited, and enhance efforts to protect temporary and contract workers.

Workplace violence is a growing and serious threat, particularly to women workers and those in the health care and social services sectors. OSHA must issue a workplace violence standard, and issue rules on heat illness prevention, emergency response and infectious disease. More attention and resources are needed to address health hazards in the workplace. OSHA standards for chemical hazards are obsolete and must be updated. EPA must continue to fully implement the new toxic chemicals reform law and coordinate with OSHA and NIOSH, taking action to address the risks to the public and to workers. New initiatives are needed to address musculoskeletal disorders and combustible dust.

Job safety agencies need to fully enforce standards and other workplace safety laws by fully investigating complaints, performing on-site inspections, issuing violations and penalties that reflect the size and scope of the real problem and deter other employers, enhance the use of corporatewide settlements, and ensure workers' rights to report unsafe working conditions and refuse dangerous work. Workers and their representatives must be able to fully participate in the workplace inspections as employers and their representatives do.

In mining, MSHA must continue initiatives to focus increased attention on mines with a record of repeated violations and stronger enforcement action against mines with patterns of violations. Congress must strengthen job safety laws to prevent tragedies like the Massey Upper Big Branch mining disaster, which killed 29 miners in West Virginia. Improvements in the Mine Safety and

Health Act are needed to give MSHA more authority to shut down dangerous mines and to enhance enforcement against repeat violators.

The Occupational Safety and Health Act is now more than 50 years old and is outdated. Congress must pass the Protecting America's Workers Act to extend the law's coverage to workers currently excluded, strengthen civil and criminal penalties for violations, and strengthen the rights of workers and their representatives. Improvements to update and strengthen the OSH Act's anti-retaliation provisions are particularly needed, so workers can report job hazards and injuries, and exercise safety and health rights without fear.

This agenda requires urgent national attention, dedication and action on the enormous role and impact job safety and health agencies play to provide workplace oversight and prevent the disease, injuries and death that plague working people across the country. Employers and elected leaders must recognize that employment is a significant determinant of health. Employers must meet their responsibilities to protect workers and be held accountable if they put workers in danger.

Only then can the promise of safe jobs for all of America's workers be fulfilled.

Trump Administration's Worker Safety and Health Record
January–April 2025

Effectively Eliminated the Only Worker Health and Safety Research Agency

- Gutted the National Institute for Occupational Health (NIOSH) by firing 85% of its staff, which eliminated core worker health and safety programs that Congress just funded and impaired the operation of two remaining programs.
- Eliminated the U.S. program that certifies respirators for thousands of workers who rely on them, such as in firefighting, health care, manufacturing, construction, lead and asbestos abatement, and many other dangerous industries.
- Eliminated the only program that can carry out the Coal Workers' Health Surveillance Program.
- Eliminated the Health Hazard Evaluation program relied on by dangerous industries such as coal mining, firefighting, commercial fishing, oil and gas extraction, construction, health care and beyond.
- Eliminated funding for more than 50 research centers doing critical occupational health research, including Education and Research Centers, the National Construction Center, and the Agriculture, Forestry and Fishing Program.
- Eliminated funding to train the primary pipeline of occupational health and safety professionals.
- Slashed the staff numbers and claim review capabilities for the Energy Workers Program, which compensates Cold War civilian veterans exposed to deadly hazards from manufacturing, testing and clean-up of nuclear weapons.
- Slashed the staff numbers, research and claim review capabilities of the World Trade Center Health Program, which facilitates medical care and compensation for 9/11 responders and survivors.

Undermining Workplace Safety Agencies and Inspectors

- Withdrew job offers for 90 mine safety inspector positions across the country, putting the agency's ability to conduct mandatory inspections in serious jeopardy.
- Terminated leases for 34 MSHA field offices in 19 states that are critical for enforcing mine safety and health regulations.
- Terminated leases for 11 OSHA field offices, which are responsible for enforcing workplace safety standards and responding to serious incidents of worker harm.
- Illegally fired Department of Labor probationary employees, who were reinstated by the courts.
- Proposed to slash job safety agency budgets, which would decrease capacity for job safety enforcement, issuing protections and processing worker complaints.
- Issued an executive order granting the "Department of Government Efficiency" (DOGE) access to workers' personal information, claims and complaints; access to safety investigations of Elon Musk's companies; and access to Musk's competitors' information and confidential business information.
- Nominated corporate executives—often from dangerous industries that have not followed the law—to run government worker safety agencies.

- Overhauled and cut crucial health agencies in a major reconstruction of HHS agencies, leading to the deconstruction of NIOSH and 10,000 layoffs in HHS overall.
- Fired the top vaccine official of the Food and Drug Administration.
- Fired the first Black woman to serve on the National Labor Relations Board.
- Issued an executive order stripping the independence from independent federal agencies that serve as workers' safeguards against employers who challenge organizing drives and who retaliate against workers for speaking up about unsafe working conditions.
- Closed the field offices and drastically cut the labor-management mediators and other staff of a key labor agency, the Federal Mediation and Conciliation Service.

Delaying and Abandoning Protections

- Paused enforcement of MSHA's new silica standard that would protect mineworkers just days before it was going into effect.
- Issued an executive order freezing all final rules that were not yet in effect.
- Issued an executive order requiring that whenever an agency promulgates a new rule, regulation or guidance, it must identify at least 10 existing ones to repeal.
- Issued executive orders for massive deregulation without public input.
- Announced plans to revise the Environmental Protection Agency's (EPA's) protective framework for evaluating workers' risks to chemicals like asbestos.
- Announced plans to revise EPA's rule to prevent chemical accidents, putting workers, the public and first responders in danger.
- Announced plans to address significant nationwide bird flu outbreaks only through an economic approach, rather than human or animal health approaches.

Limiting Access to Information and Input

- Removed critical safety information from OSHA's website, using attacks on diversity, equity and inclusion to wrongly pull documents on "diverse" construction industries and "gender" and age considerations for respirator protection.
- Directed federal health agencies to freeze external communications and to stop publishing material in the Federal Register, which prevented critical health information from reaching the public.
- Halted federal advisory committee meetings, the longstanding committees for workers, employers, and safety and health experts to guide the Occupational Safety and Health Administration, the National Institute for Occupational Safety and Health and other public health agencies.
- Withdrew the United States from the World Health Organization.

Prepared by the AFL-CIO, April 2025

Trump Administration's Worker Safety and Health Record 2017–2021

Rollbacks and Repeals

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

Delaying and Abandoning Protections

- Delayed enforcement of OSHA's silica standard in construction for 90 days until Sept. 23, 2017, and full enforcement until Oct. 23, 2017, allowing continued high exposures to deadly silica dust.
- Revoked the requirement for large employers to report detailed injury data to OSHA, after delaying the requirement for all employers to submit summary injury data to the agency.
- Abandoned work on more than a dozen new OSHA rules, including rules on styrene, combustible dust and noise in construction.
- Suspended work on new OSHA standards on infectious diseases, process safety management, workplace violence to protect workers in health care and social assistance, and emergency planning to protect first responders.
- Withdrew OSHA's walkaround policy that gave nonunion workers the right to have a representative participate in OSHA inspections.
- Reviewed MSHA's coal dust standard to determine whether it should be modified to be less burdensome on industry.
- Abandoned work on new MSHA rules for civil penalties and refuge alternatives in coal mines, and suspended work on new standards on proximity detection systems for mobile mining equipment and on the crisis of silica-related lung disease among miners.

- Proposed to revoke child labor protections for 16- and 17-year-olds working in health care that restricted the operation of powered patient lifting devices.
- Undermined the federal risk assessment process in order to issue weaker protections for workers against chemicals, despite Congress' bipartisan mandate to treat workers as a vulnerable group that needed enhanced protections.
- Refused to address worker exposures to asbestos, methylene chloride and other hazards in implementing the new toxic chemicals control law.
- Refused to include exposures to "legacy" asbestos in its risk assessment, until directed by a scientific committee to do so.

Limiting Access to Information and Input, and Undermining Workplace Safety Agencies

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

Prepared by the AFL-CIO, January 2021

Biden Administration's Worker Safety and Health Record

Finalized Worker Protection Rules That Save Lives

- Reinstituted a final injury tracking rule that requires large employers to electronically submit workplace injury data to the Occupational Safety and Health Administration (OSHA) so that hazards can be identified, and injuries and illnesses prevented.
- Issued a final OSHA rule to clarify workers' right to choose their own representative during OSHA inspections.
- Issued a final MSHA rule that would provide miners the same level of protection from deadly silica dust as other workers, as advanced technology has increased hazardous dust levels in mines, resulting in increased silica-related disease.
- Issued a final OSHA rule to require all construction workers, including women, to be provided with personal protective equipment that fits them. This provides construction workers with the same rights as other workers.
- Reinstituted an EPA risk management program rule to prevent and reduce the impact of hazardous chemical releases from facilities that use, manufacture and store chemicals.
- Issued final EPA rules that phase out all current uses and imports of chrysotile asbestos, and a phase out of and worker protection requirements for methylene chloride (used in paint strippers and other uses), TCE, PCE, carbon tetrachloride and PBTs.
- Issued an EPA new chemicals framework that enhances transparency of new chemicals on the market for workers who have to use them.
- Issued OSHA emergency temporary rules to protect health care workers from COVID-19.
- Issued OSHA hazard alerts on workplace heat exposures and severe injuries in food processing.

Advanced Other Protections

- Proposed to protect emergency responders through modernization of OSHA's emergency response rule.
- Proposed to protect indoor and outdoor workers from heat through a proposed OSHA standard.
- Proposed an EPA risk evaluation rule to address the risks of "legacy" asbestos still present in our old buildings and infrastructure.
- Issued a Memorandum of Understanding (MoU) between OSHA and EPA on worker protections from chemical exposure, under the Toxic Substances Control Act.

Strengthened Enforcement Resources for Job Safety Agencies to Protect Workers

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

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

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

- Established a new federal OSHA office in the South to focus on unique challenges for vulnerable workers in the region.
- Modernized the regulatory review process to improve public participation, transparency, efficiency and inclusivity in developing our regulations.
- Instituted equity considerations in the cost-benefit analysis when developing a regulation to ensure that women and vulnerable workers are treated equally.
- Instituted status protections for immigrant workers who are victims of workplace health and safety violations or crimes through prosecutorial discretion and certification of U/T visas.
- Signed an agreement between the Department of Labor and National Labor Relations Board to strengthen whistleblower protections.
- Issued a policy on artificial intelligence to ensure it does not undermine rights, worsen job quality, encourage undue worker surveillance, lessen market competition, introduce new health and safety risks, or cause harmful labor force disruptions.
- Issued an important research study on the dangerous impact of line speeds for poultry and swine workers.
- Appointed labor representatives to a longstanding industry-dominated CDC advisory committee on health care worker protections.
- Finalized the public posting of large employer injury data so that it can be used by researchers, advocates and others to identify and prevent hazards.

Updated by the AFL-CIO, January 2025

DATA REPORTING, TRANSPARENCY AND EQUITY

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

In 2020 (starting with 2019 data), the Bureau of Labor Statistics (BLS) updated its disclosure methodology policy on fatalities, resulting in significantly fewer descriptive data than had been published previously under the Census of Fatal Occupational Injuries.[5] This has led to much less descriptive information published for work-related deaths in the United States, i.e., less information on the nature, events and sources of worker fatalities. Detailed occupation, country of origin and other information no longer are available for Latino immigrants and many other immigrant workers, despite fatalities among all foreign-born workers continuing to be a serious problem.[6] It no longer is possible to stratify deaths in one occupation by certain demographics like country of origin or gender, or workplace homicides by type of weapon used or by perpetrator. Therefore, we are not able to analyze and update our report's data on some of these important topics this year. More can be done to align this equitable lens with identification and reporting on occupational safety and health data that are leading to preventable injuries, illnesses and deaths.

It is not just the publication of work-related fatality data that now is limited. Data policies also have changed on the reporting of injuries that result in days away from work (DAFW), days with job transfer or restriction (DJTR) and days away, restricted or transferred (DART, the combination of DAFW and DJTR). Through its annual Survey of Occupational Injuries and Illnesses (SOII), BLS previously collected and reported detailed information (i.e., stratifying industry cases by other factors such as exposure, nature, source, demographics) for DAFW cases annually, but BLS recently ended this pilot program. This decision has resulted in serious injuries reported only biennially (every two years) instead of annually, but including more detail for these cases, i.e., now reporting detailed information for DJTR and DART, in addition to DAFW. This could provide insights into a more complete understanding of the impact and nature of injuries among different worker populations, and better inform safety resources and return-to-work strategies, but it makes it difficult to compare and identify trends on an annual basis.

BLS made these changes after a 60-day request for comment on its information collection requests for workplace injuries and illnesses,[7] and with the intention to remain "resource neutral" for the collection and reporting of data, and "burden neutral" for employers who report this injury and illness information.

The first biennial publication of these case and demographic estimates for DAFW, DJTR and DART cases (with the same level of detail previously for DAFW) began with combined data

[5] *See* answer to question six under "Accessing our data," Why are there noticeably fewer counts in CFOI data since reference year 2019? *Available at* BLS.gov/iif/questions-and-answers.htm.
[6] *See* BLS.gov/iif/oshfaq1.htm#accessingourdata.
[7] *See* 86 FR 28905.

from reference years 2021 and 2022 that were published in 2023 and are presented in this report. However, every other year, we will not be able to provide information for nonfatal injuries and illnesses on worker characteristics, selected natures, parts of the body, events or exposure or occupation; this includes data on key topics like musculoskeletal disorders and serious injuries from workplace violence or heat overexposure. Instead, we only will be able to include the DAFW, DJTR and DART rates and numbers, overall and by detailed industry.

In recent years, BLS also has restricted data access to researchers.[8] BLS is governed by the Confidential Information Protection and Statistical Efficiency Act (CIPSEA) and must report to the Office of Management and Budget on the implementation of CIPSEA.[9]

[8] *See* BLS.gov/rda/home.htm.
[9] *See* BLS.gov/bls/cipsea-report.htm.

JOB FATALITIES

In 2023, 5,283 workers lost their lives on the job as a result of traumatic injuries, according to fatality data from the Bureau of Labor Statistics (BLS). The rate of fatal job injuries in 2023 was 3.5 per 100,000 workers, a decrease from 2022 and a return to the fatality rate in 2009, 2011, 2017, 2018 and 2019.[10] Each day in this country, an average of 14 workers die because of job injuries—women and men who go to work, never to return home to their families and loved ones.

This does not include workers who die from occupational diseases, estimated to be 135,304 each year.[11] This number does not include those who died from being exposed to COVID-19 at work. Chronic occupational diseases receive less attention and place little accountability on employers because most are not detected until years after workers have been exposed to toxic chemicals and other agents, and because occupational illnesses often are misdiagnosed and poorly tracked. There is no national comprehensive surveillance system for occupational illnesses. In total, 385 workers die each day due to job injuries and illnesses.

In 2023, agriculture, forestry, and fishing and hunting continues to be the most dangerous industry (20.3 deaths per 100,000 workers), followed by mining, quarrying, and oil and gas extraction (16.9 per 100,000 workers), transportation and warehousing (12.9 per 100,000 workers)—largely from the transportation industry—construction (9.6 per 100,000 workers) and wholesale trade (5.4 per 100,000 workers).

Since 1992, the first year this report was issued, the job fatality rate in the most dangerous industries (construction, agriculture and mining) has decreased. Transportation incidents, in particular roadway collisions, continue to be the leading cause of workplace deaths, responsible for 1,942 or 36.8% of all fatalities in 2023, followed by deaths from falls, slips and trips (885, or 16.8%), violence (740, or 14%) and exposure to harmful substances or environments (820, or 15.5%), including 501 unintentional overdoses. The overall increase in unintentional overdoses occurring in the workplace is a worsening trend since 2012 and mirrors the unintentional overdose crisis seen outside of workplaces, in the overall population across the nation. In 2022 and 2021, 81,806 and 80,411 individuals respectively in the overall population died from all opioid overdoses—sharp increases from 68,630 in 2020, 47,600 in 2017 and 21,089 in 2010.[12] In 2023, 68,239 individuals in the overall population died from an unintentional overdose (opioids and other drugs), an increase from 51,435 in 2022, 51,732 in 2021 and 48,232 in 2020.[13] Unintentional overdoses now constitute nearly 10% of workplace fatalities. Opioids have commonly been

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[10] U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2023.
[11] Takala J., Hämäläinen P., Sauni R., Nygård C.H., Gagliardi D., and S. Neupane. "Global-, regional- and country-level estimates of the work-related burden of diseases and accidents in 2019." *Scand J Work Environ Health*. 2024 Mar 1;50(2):73–82. *Available at* pmc.ncbi.nlm.nih.gov/articles/PMC10927068/#suppl.
[12] National Institute of Health. National Institute on Drug Abuse. Drug Overdose Death Rates. Updated June 30, 2023. *Available at* NIDA.NIH.gov/research-topics/trends-statistics/overdose-death-rates.
[13] Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta: U.S. Department of Health and Human Services, CDC; 2020–2023 Data. *Available at* CDC.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard.

prescribed to treat the pain caused by occupational injuries, which can be prevented.[14]A new study published in 2024 by the Institute for Work & Health in Toronto, Ontario, Canada, shows that formerly injured workers have elevated rates of opioid-related poisonings compared with the general population.[15]

The job fatality rate for all self-employed workers—a group that lacks OSHA coverage—continues to remain high at 11.4 per 100,000 workers, nearly four times the rate among wage and salary workers (3.0 per 100,000). In 2023, 917 contract workers died on the job—constituting 17% of all worker deaths—and an increase from the 885 contract workers in 2022. BLS had begun reporting details on fatalities that involve workers employed as contractors in 2012 in response to concerns about safety and health issues among these workers. Fatality data in 2019 and forward no longer report other details of contractor deaths due to a 2020 BLS policy on disclosure methodology and reduction in publishable data.

States with the overall highest fatality rates include Wyoming (16.0 per 100,000 workers), West Virginia (8.3 per 100,000 workers), Arkansas (7.5 per 100,000 workers), Alaska (7.4 per 100,000 workers), Montana (7.1 per 100,000 workers) and North Dakota (6.9 per 100,000 workers). In 2023, the job fatality rate increased in 17 states, including by 45% in Alaska, 23% in Arkansas, 64% in Iowa and 26% in Wyoming.

Workers in "right to work" states are in greater danger than other workers in the United States. According to calculations performed using the BLS job fatality data, workers in states with right to work laws have a 56% greater risk of dying on the job than workers in states without these laws.

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

[15] Carnide, N., Feng, G., Song, C., et al. "Occupational patterns of opioid-related harms comparing a cohort of formerly injured workers to the general population in Ontario, Canada." Can J Public Health 115, 851–861 (2024). *Available at* DOI.org/10.17269/s41997-024-00882-w.

Workplace Fatalities 1970–2007[1,2]

(Employment-Based Fatality Rates)

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

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

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

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

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

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

Workplace Fatalities 2006−2023[1]

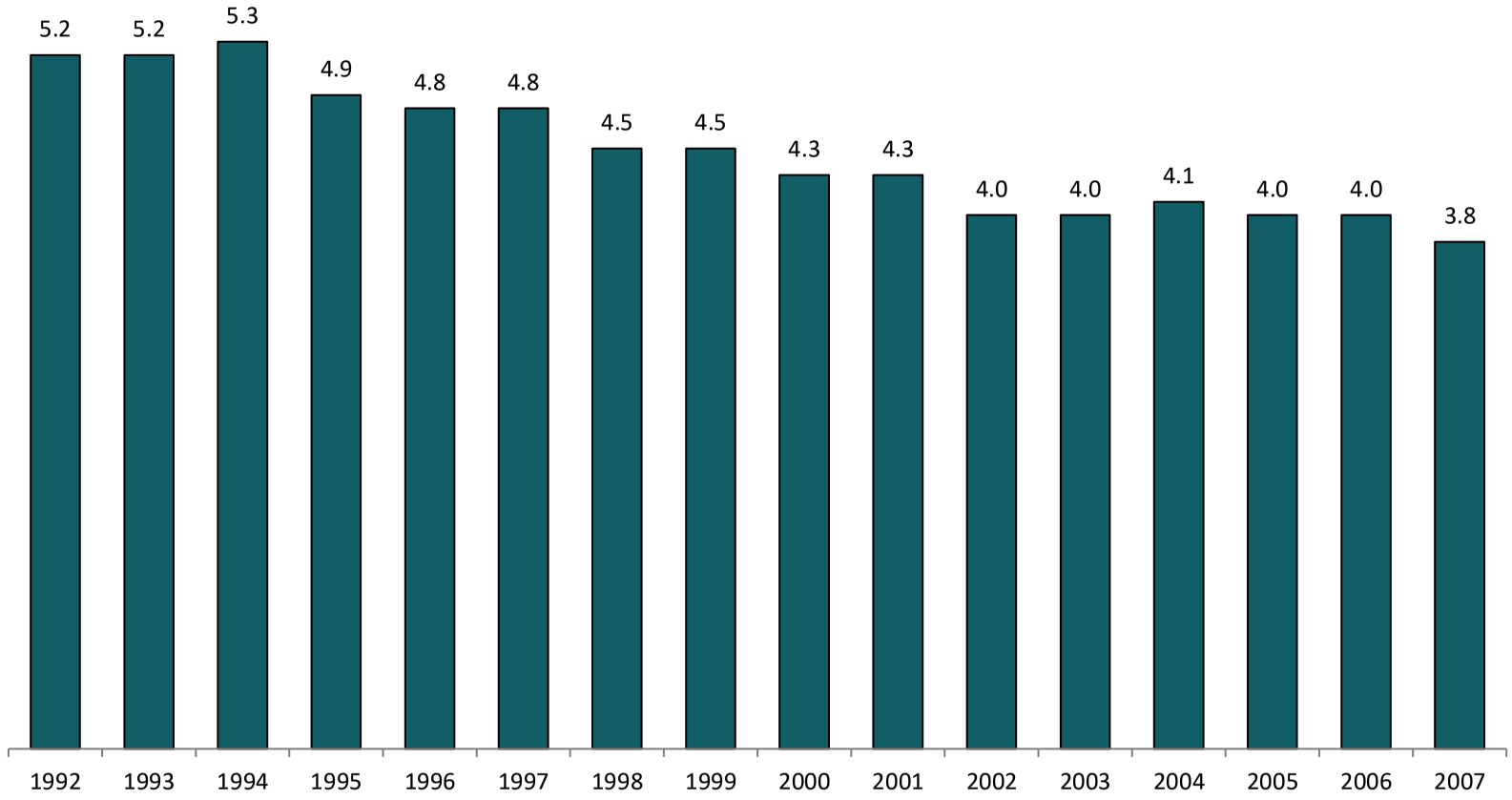
(Hours-Based Fatality Rates)

Year	Work Deaths	Total Hours Worked (Millions)[2]	Fatality Rate[3]
2006	5,840	271,815	4.2
2007	5,657	275,043	4.0
2008	5,214	271,958	3.7
2009	4,551	254,771	3.5
2010	4,690	255,948	3.6
2011	4,693	258,293	3.5
2012	4,628	264,374	3.4
2013	4,585	268,127	3.3
2014	4,821	272,663	3.4
2015	4,836	277,470	3.4
2016	5,190	283,101	3.6
2017	5,147	285,977	3.5
2018	5,250	292,528	3.5
2019	5,333	296,600	3.5
2020	4,764	269,900	3.4
2021	5,190	284,100	3.6
2022	5,486	293,800	3.7
2023	5,283	298,700	3.5

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

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

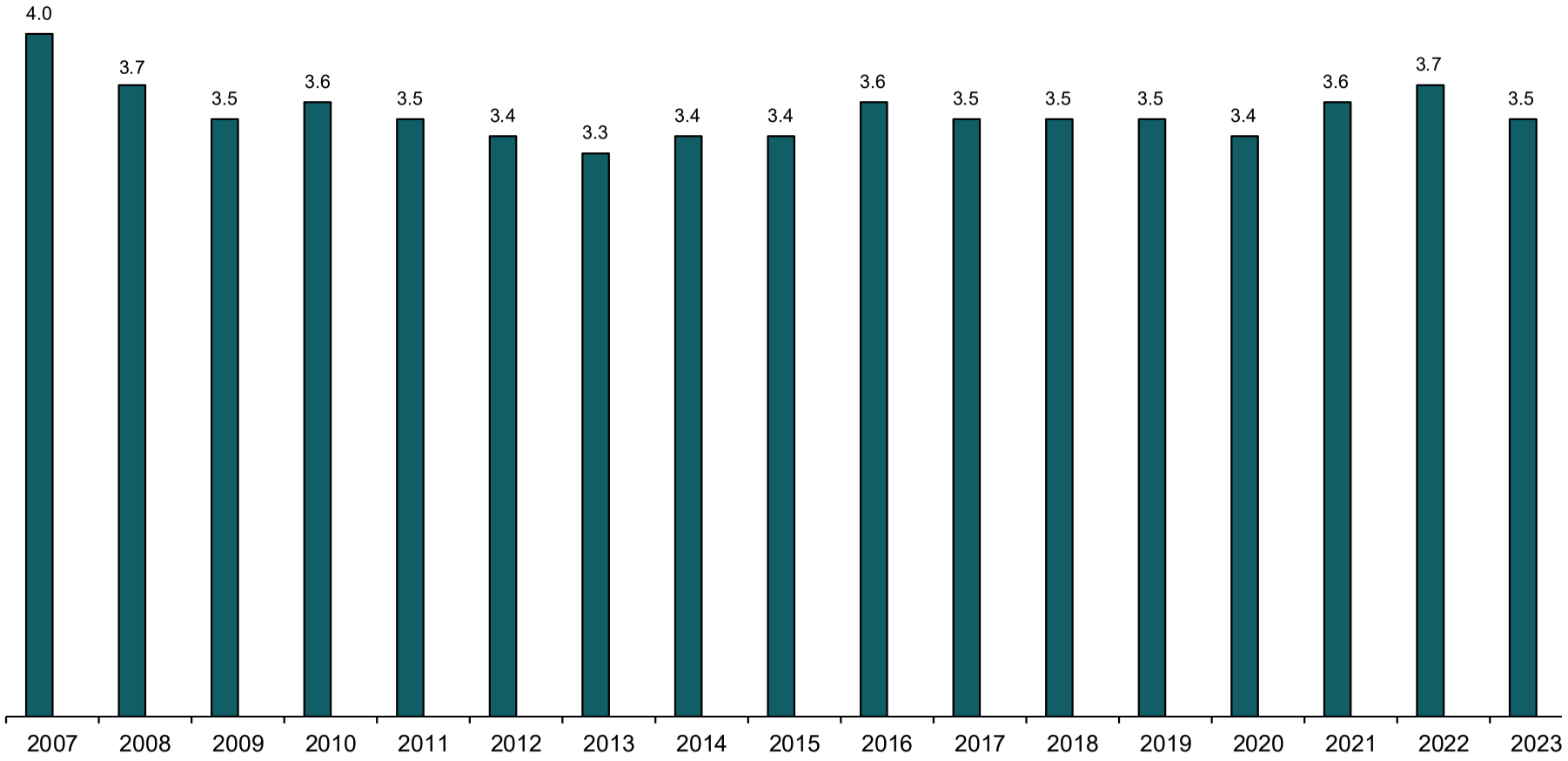
(Employment-Based Rates)



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

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

Rate of Fatal Work Injuries Per 100,000 Workers, 2007–2023[1]
(Hours-Based Rates)



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

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

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

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

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

[2] Deaths per 100,000 workers.

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

(Employment-Based Rates)

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

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

[1]Deaths per 100,000 workers.

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

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

Workplace Fatality Rates by Industry Sector, 2012–2023[1,2] (Hours-Based Rates)

Industry Sector	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
All Industries	3.4	3.3	3.4	3.4	3.6	3.5	3.5	3.5	3.4	3.6	3.7	3.5
Agriculture, Forestry, Fishing and Hunting	22.8	23.2	25.6	22.8	23.2	23.0	23.4	23.1	21.5	19.5	18.6	20.3
Mining, Quarrying, and Oil and Gas Extraction	15.9	12.4	14.2	11.4	10.1	12.9	14.1	14.6	10.5	14.2	16.6	16.9
Construction	9.9	9.7	9.8	10.1	10.1	9.5	9.5	9.7	10.2	9.4	9.6	9.6
Manufacturing	2.2	2.1	2.3	2.3	2.0	1.9	2.2	—	2.3	2.6	2.6	2.5
Wholesale Trade	5.4	5.3	5.1	4.7	4.8	4.8	5.3	4.9	4.6	5.1	5.4	5.4
Retail Trade	1.9	1.9	1.9	1.8	1.9	2.0	1.9	2.0	2.0	1.9	2.1	2.1
Transportation and Warehousing	14.6	14	14.1	13.8	14.3	15.1	14.0	13.9	13.4	14.5	14.1	12.9
Utilities	2.5	2.6	1.7	2.2	2.8	2.6	2.6	2.0	1.8	3.4	3.4	3.3
Information	1.5	1.5	1.2	1.5	1.7	1.6	1.2	—	1.3	1.5	1.9	1.1
Financial Activities	0.9	0.9	1.2	0.9	1.2	1.0	1.1	1.0	0.9	0.9	0.9	1.1
Professional and Business Services[3]	2.7	2.8	2.7	3.0	3.1	3.0	3.3	0.7	0.5	—	3.1	2.9
Educational and Health Services	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.8	0.7	0.7	0.8	0.8
Leisure and Hospitality	2.2	1.9	2.0	2.0	2.6	2.2	2.2	2.2	2.5	2.4	2.8	2.3
Other Services, Except Public Administration	2.7	2.7	2.7	3.0	3.2	2.9	2.6	3.0	3.3	3.8	2.9	3.1
Government[4]	2.0	2.0	1.9	1.9	2.2	2.0	1.8	1.8	1.8	—	2.1	1.8

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

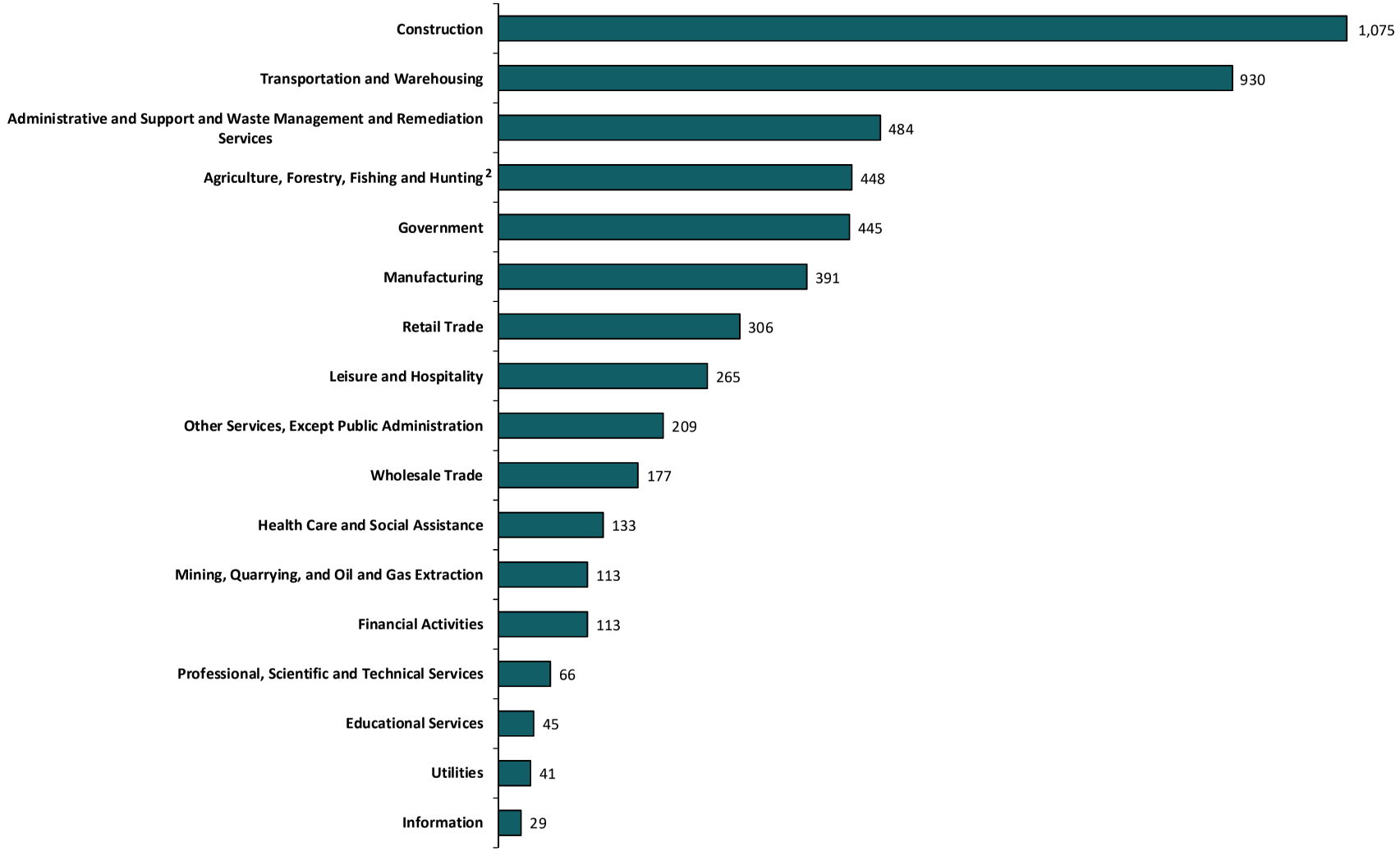
[1]Deaths per 100,000 workers.

[2]Fatality rate is an hours-based calculation using total hours worked figures that are annual average estimates of total persons at work multiplied by average hours for civilians, 16 years of age and older, from the Current Population Survey. Hours-based fatality rates should not be compared directly with employment-based rates that CFOI calculated for 1992 to 2007.

[3]In this sector, landscaping services had a fatality rate of 17.0 and waste management services and remediation services had a fatality rate of 17.5 in 2023.

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

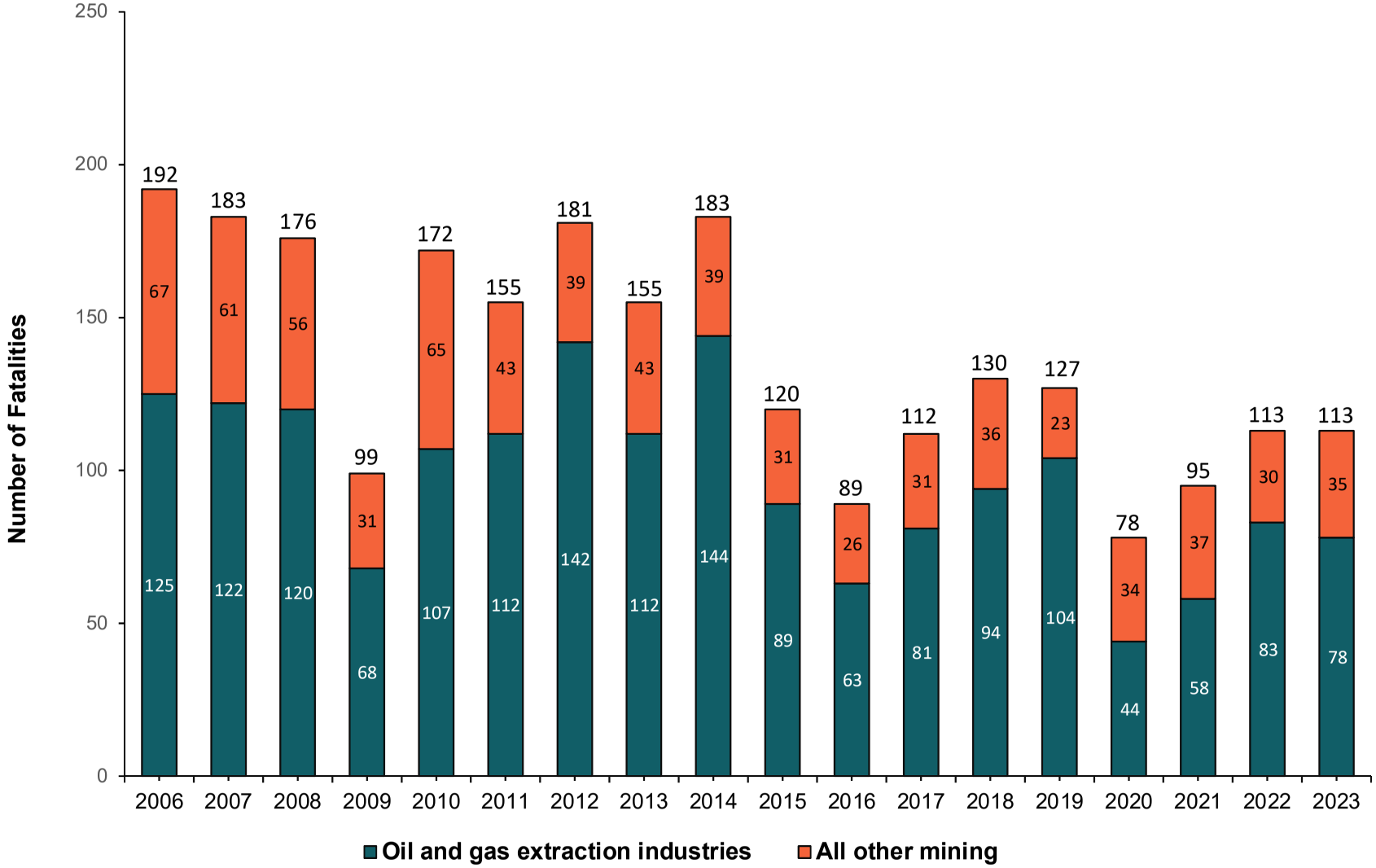
Occupational Fatalities by Industry Sector, 2023 (Total Fatalities 5,283)[1]



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

[1]Fatalities reported for all ownerships and government fatalities may overlap with specific industry sectors listed.
[2]Landscaping services accounted for 228 of these deaths.

Occupational Fatalities in the Private-Sector Mining, Quarrying, and Oil and Gas Extraction Industries, 2006–2023



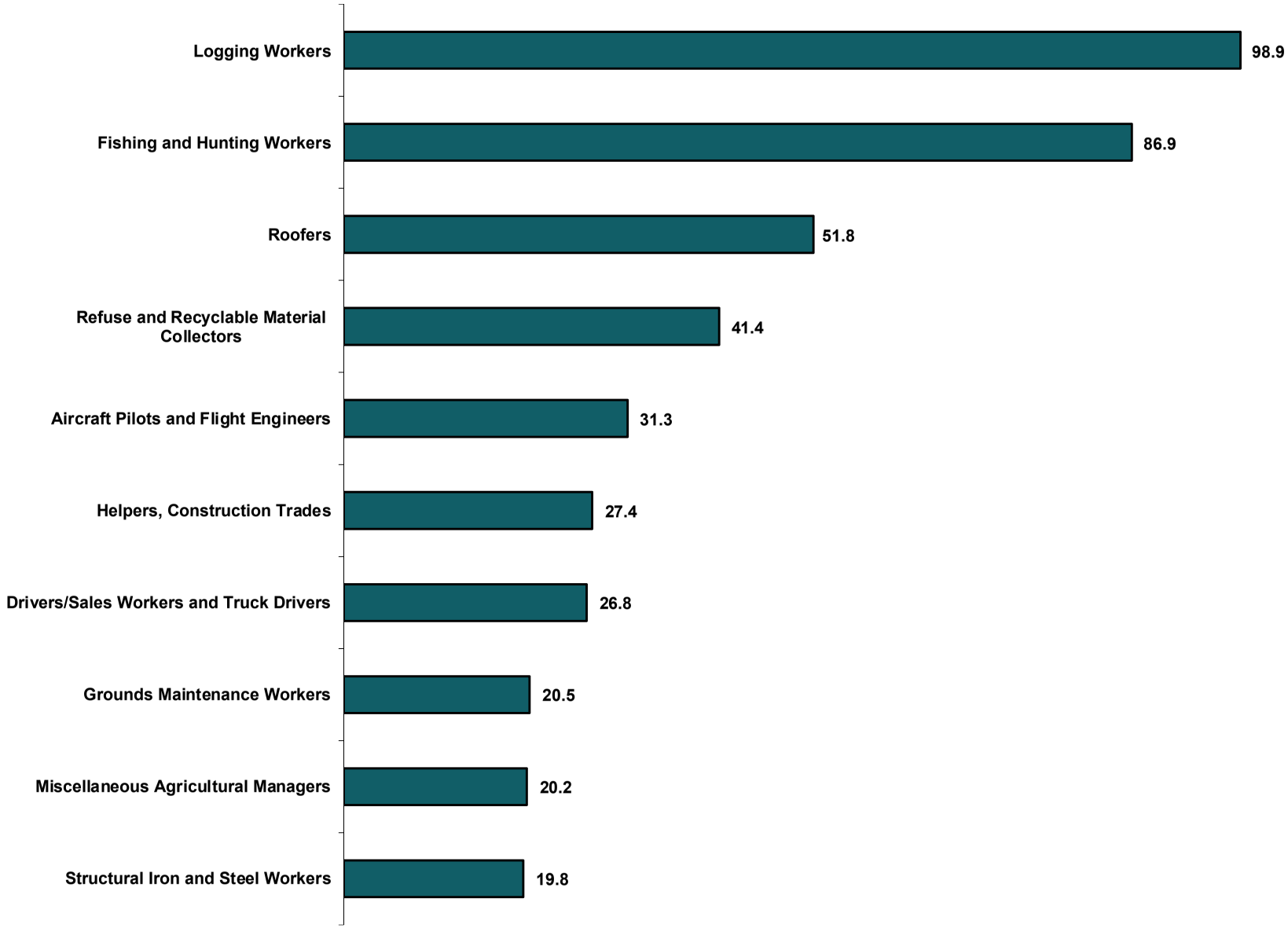
Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor.

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

Selected Occupations with High Fatality Rates, 2023

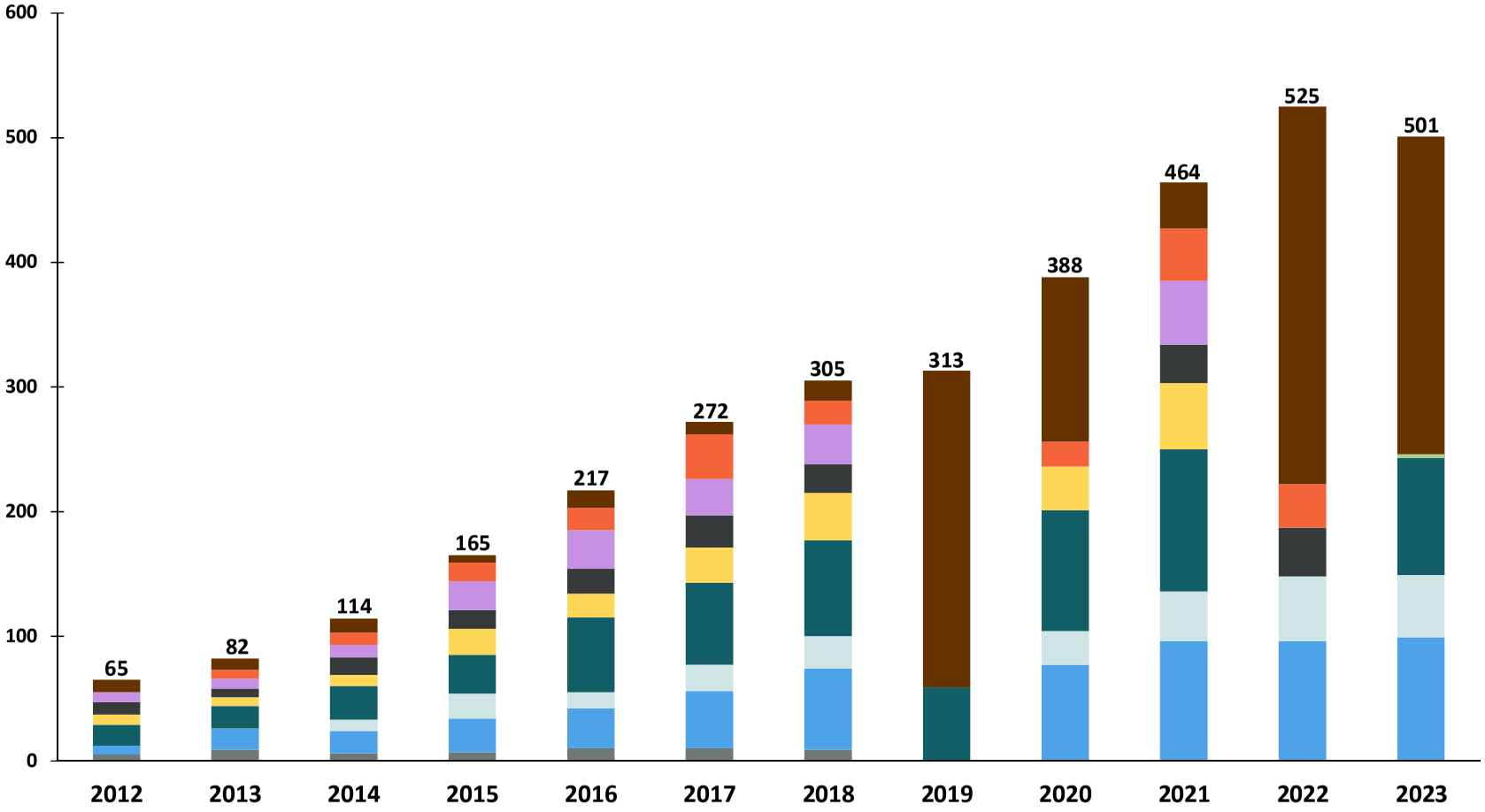
(Per 100,000 Workers)

National Fatality Rate = 3.5



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

Work-Related Unintentional Overdose Deaths, 2012–2023



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

Note: In 2020, the Bureau of Labor Statistics updated its disclosure methodology, resulting in significantly fewer detailed publishable data since 2019. See BLS.gov/iif/oshfaq1.htm#accessingourdata.

Workplace Fatalities by State, 2006–2023

State	2006	2007	2008	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama	100	108	107	92	75	84	78	75	70	100	83	89	89	85	111	74	75
Alaska	45	30	33	39	39	31	32	30	14	35	33	32	51	31	20	20	29
Arizona	112	97	100	77	69	60	95	88	69	77	90	82	94	97	67	103	103
Arkansas	78	89	85	88	93	63	63	67	74	68	76	76	62	64	74	75	92
California	537	461	465	326	390	375	396	344	388	376	376	422	451	463	462	504	439
Colorado	137	126	105	85	92	82	65	84	75	81	77	72	84	78	96	89	83
Connecticut	38	38	28	49	37	36	29	35	44	28	35	48	26	29	23	34	33
Delaware	15	10	11	8	10	14	11	12	8	12	10	7	18	7	13	17	11
Florida	360	363	291	225	226	218	239	228	272	309	299	332	306	275	315	307	306
Georgia	201	193	182	108	111	101	117	152	180	171	194	186	207	193	187	209	192
Hawaii	30	23	19	19	26	20	11	31	18	29	20	22	26	16	15	25	16
Idaho	38	31	36	33	37	19	30	34	36	30	37	45	36	32	30	39	48
Illinois	207	185	193	206	177	146	176	164	172	171	163	184	158	135	176	177	145
Indiana	148	127	143	118	125	115	127	130	115	137	138	173	146	158	157	156	157
Iowa	71	89	93	77	93	97	72	91	60	76	72	77	76	58	49	56	91
Kansas	85	101	73	85	78	76	55	73	60	74	72	61	83	55	63	52	53
Kentucky	147	112	106	69	93	91	86	82	99	92	70	83	78	92	97	71	91
Louisiana	118	139	135	111	111	116	114	120	112	95	117	98	119	103	141	120	104
Maine	20	21	24	20	26	19	19	19	15	18	18	17	20	20	19	23	27
Maryland	106	82	60	71	71	72	79	74	69	92	87	97	78	59	80	80	69
Massachusetts	66	75	68	54	68	44	57	55	69	109	108	97	86	69	97	81	111
Michigan	157	120	123	146	141	137	135	143	134	162	153	155	164	131	140	139	166

Workplace Fatalities by State, 2006–2023

State	2006	2007	2008	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Minnesota	87	78	72	61	70	60	70	69	62	74	92	75	80	67	80	81	70
Mississippi	112	96	93	67	68	63	63	68	75	77	71	78	59	44	41	78	72
Missouri	185	167	156	142	106	132	88	118	106	117	124	145	106	105	147	121	114
Montana	50	45	54	52	36	49	34	28	28	36	38	28	38	29	40	25	38
Nebraska	36	57	63	57	54	39	48	39	55	50	60	44	53	48	39	57	46
Nevada	57	49	71	24	38	38	42	42	40	44	54	39	40	37	43	60	57
New Hampshire	18	13	14	6	6	9	14	14	17	18	22	20	11	14	21	19	21
New Jersey	112	88	106	99	81	99	92	102	87	97	101	83	74	82	110	116	81
New Mexico	44	59	52	42	38	52	39	54	53	35	41	43	55	37	53	57	38
New York	239	234	220	185	182	206	202	178	241	236	272	271	273	223	247	251	246
North Carolina	165	168	167	129	139	148	146	109	137	150	174	178	186	189	179	217	177
North Dakota	22	31	25	25	30	44	65	56	38	47	28	35	37	26	34	37	26
Ohio	168	193	165	137	161	155	161	149	185	202	164	158	166	117	171	153	164
Oklahoma	95	91	104	82	94	86	97	92	98	91	92	91	73	75	86	70	76
Oregon	65	87	69	66	47	58	43	49	69	44	72	62	69	60	66	55	54
Pennsylvania	224	240	220	168	221	186	194	183	179	173	163	177	154	148	162	183	169
Rhode Island	6	10	5	7	9	7	8	10	10	6	9	9	10	5	5	7	6
South Carolina	132	95	122	73	69	81	63	75	64	117	96	98	108	102	107	132	112
South Dakota	31	37	22	24	36	31	31	20	29	21	31	32	20	32	20	27	20
Tennessee	139	153	154	111	138	120	101	95	127	112	122	122	124	142	132	173	164
Texas	495	489	528	482	461	433	536	508	531	527	545	488	608	469	533	578	564

Workplace Fatalities by State, 2006–2023

State	2006	2007	2008	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Utah	54	60	78	48	41	39	39	37	54	42	44	49	51	48	52	57	69
Vermont	7	14	10	12	12	8	11	7	10	9	10	11	10	8	10	11	16
Virginia	186	165	146	119	107	127	149	128	116	106	153	157	180	118	125	144	117
Washington	85	87	90	76	104	60	67	56	88	70	78	86	84	83	73	104	97
West Virginia	46	79	61	41	95	43	49	61	38	35	47	57	46	47	36	48	58
Wisconsin	125	91	104	94	91	89	114	97	99	104	105	114	113	108	105	125	112
Wyoming	46	36	48	19	32	35	26	37	34	34	20	31	32	35	27	34	45
Total[1,2,3]	5,840	5,657	5,214	4,690	4,693	4,628	4,585	4,821	4,836	5,190	5,147	5,250	5,333	4,764	5,190	5,486	5,283

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

[1] In 2023, 23 fatal injuries occurred in Puerto Rico and one fatal injury occurred in Guam. These are not reflected in the U.S. total. Fatalties were not reported in 2023 for the U.S. Virgin Islands.

[2] Totals include 12 fatalities that occurred in the District of Columbia.

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

Fatalities by State and Event or Exposure, 2023

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Alabama	75	7	34	—	13	3	16
Alaska	29	4	18	—	—	—	3
Arizona	103	15	42	—	19	16	—
Arkansas	92	—	52	—	11	9	11
California	439	95	108	—	79	106	49
Colorado	83	14	35	—	16	6	12
Connecticut	33	3	14	—	8	4	4
Delaware	11	—	4	—	4	—	—
District of Columbia	12	6	—	—	—	—	—
Florida	306	33	104	4	68	60	37
Georgia	192	32	69	—	29	—	35
Hawaii	16	—	—	—	—	—	3
Idaho	48	5	24	—	6	—	10
Illinois	145	24	55	5	25	13	23
Indiana	157	23	57	5	21	24	27
Iowa	91	—	42	1	19	7	17
Kansas	53	—	37	—	6	5	3
Kentucky	91	13	40	5	7	10	16
Louisiana	104	16	29	4	9	25	21
Maine	27	6	15	—	3	3	—

Fatalities by State and Event or Exposure, 2023

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
Maryland	69	9	26	—	6	19	7
Massachusetts	111	27	32	2	16	29	5
Michigan	166	36	55	6	22	19	28
Minnesota	70	12	25	—	12	—	13
Mississippi	72	11	28	—	10	—	13
Missouri	114	13	43	—	15	21	22
Montana	38	—	13	—	—	5	10
Nebraska	46	6	21	3	4	4	8
Nevada	57	—	17	—	11	10	8
New Hampshire	21	4	4	—	5	3	5
New Jersey	81	9	17	—	19	19	13
New Mexico	38	—	22	—	—	5	5
New York	246	—	75	—	54	49	—
North Carolina	177	17	62	9	38	28	22
North Dakota	26	—	12	1	6	—	3
Ohio	164	—	51	—	28	28	30
Oklahoma	76	6	38	—	13	—	12
Oregon	54	12	29	—	8	—	—
Pennsylvania	169	24	50	—	43	14	29
Rhode Island	6	—	—	—	—	—	—

Fatalities by State and Event or Exposure, 2023

State	Total Fatalities	Assaults and Violent Acts	Transportation Incidents	Fires and Explosions	Falls	Exposure to Harmful Substances or Environments	Contact with Objects and Equipment
South Carolina	112	9	44	—	18	23	16
South Dakota	20	—	9	—	—	—	5
Tennessee	164	—	53	—	28	28	30
Texas	564	71	246	11	92	57	86
Utah	69	6	31	1	8	15	8
Vermont	16	3	5	—	3	—	3
Virginia	117	21	40	—	17	23	13
Washington	97	17	20	—	21	24	—
West Virginia	58	—	22	—	—	17	13
Wisconsin	112	15	37	—	17	19	23
Wyoming	45	7	30	—	—	7	5
Total[1,2]	5,283	740	1,942	104	885	820	779

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

[1] In 2023, 23 fatal injuries occurred in Puerto Rico and one fatal injury occurred in Guam. These are not reflected in the U.S. total. Fatalties were not reported in 2023 for the U.S. Virgin Islands.

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

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

WORKPLACE INJURIES AND ILLNESSES ARE UNDERREPORTED AND COSTLY

Nonfatal Injuries and Illnesses

In 2023, more than 3.2 million workers across all industries, including 2.6 million in the private sector, had work-related injuries and illnesses that were voluntarily reported by employers. In 2023, state and local public sector employers reported a combined injury rate of 4.3 per 100 workers, 89.2% higher than the reported rate of 2.4 per 100 workers in the private sector.[16] Among the industries with the greatest reported injury and illness rates in 2023 were nursing and residential care facilities and hospitals.

Due to limitations in the current injury reporting system and widespread employer underreporting of workplace injuries and illnesses, these numbers understate the problem. The true toll in the private sector alone is estimated to be two to three times greater—or 5.2 million to 7.8 million injuries and illnesses a year. In addition, since the BLS Survey of Occupational Injuries and Illnesses is voluntary, some states do not report.

The number of all reported work-related illnesses in 2023 in the private industry decreased to 200,100 from 460,700 in 2022, 365,200 in 2021 and 544,600 in 2020, years that were more affected by work-related COVID-19 illness.[17,18] BLS does not produce close to a true count of occupational COVID-19 illness or any occupational illness. This true toll is unknown, but enormous based on ongoing studies and other reports.

One measure of severity of reported injuries and illnesses are is cases that lead to days away from work and cases with job transfer or restriction (DART). In 2023, the DART rate for private industry was 1.5 per 100 workers, which was 1,527,500 DART cases.

Reported Cases Understate the Problem

Over the last decade, there has been significant research showing that the BLS survey fails to capture a large proportion of work-related injuries and illnesses—one-third to two-thirds of work-related injuries and illnesses are missed by the survey. Studies comparing injuries captured by the BLS survey with injuries reported to workers' compensation or other injury-reporting

[16] U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2023.
[17] U.S. Department of Labor, Bureau of Labor Statistics, Employer-Reported Workplace Injuries and Illnesses, 2023. *Available at* BLS.gov/news.release/osh.nr0.htm.
[18] U.S. Department of Labor, Bureau of Labor Statistics, Injury and illness case counts, private industry, 2019–2022. *Available at* BLS.gov/opub/ted/2023/2-8-million-workplace-injuries-and-illnesses-in-private-industry-in-2022-up-7-5-percent-from-2021.htm.

systems have found that the BLS survey missed 33% to 69% of work-related injuries.[19, 20, 21, 22] A 2018 study of injury reporting in the mining industry found a similar result. Two-thirds of the injuries among miners in Illinois that were reported to workers' compensation were not reported to MSHA by mine operators as required by the law.[23] A study that compared state fatality rates in the construction industry with rates of injuries that result in lost time or job restriction found little correlation between the two, and in some cases there was a negative correlation.[24] The study observed that multiple factors impacted the reporting and recording of injuries, and concluded that fatality rates are a much more valid measure of risk.

Some of the undercount in the BLS survey is due to injuries excluded from the BLS survey's scope, e.g., injuries among self-employed individuals, and the design of the survey.[25] But other factors, including employees' reluctance to report injuries due to fear of retaliation, incentive programs that penalize workers who report injuries and drug testing programs for workplace injuries, suppress reporting.[26] In addition, there are disincentives for employers to report injuries, which include concern about increased workers' compensation costs for increased reports of injuries; fear of being denied government contracts due to high injury rates; concern about being targeted by OSHA for inspection if a high injury rate is reported; and the promise of monetary bonuses for low injury rates. A 2020 BLS study investigating additional causes of underreporting indicated that keeping of injury and illness logs was not widely prevalent, and that small establishments were less likely than mid-sized and large establishments to keep records.[27]

BLS also has recognized the need to make changes in its program in order to collect more complete and accurate injury and illness statistics. It launched a pilot of a Household Survey on Occupational Injuries and Illnesses to collect information on work-related injuries and illnesses

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

[20] Rosenman, K.D., A. Kalush, M.J. Reilly, et al. "How Much Work-Related Injury and Illness is Missed by the Current National Surveillance System?" *Journal of Occupational and Environmental Medicine* 48, No. 4, 357–67. April 2006. *Available at* 10.1097/01.jom.0000205864.81970.63.

[21] Davis, L., K. Grattan, S. Tak, et al. "Use of Multiple Data Sources for Surveillance of Work-Related Amputations in Massachusetts, Comparisons with Official Estimates and Implications for National Surveillance." *American Journal of Industrial Medicine* 57, No. 10. April 29, 2014. *Available at* 10.1002/ajim.22327.

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

[23] Almberg, K.S., L.S. Friedman, D. Swedler and R.A. Cohen. "Mine Safety and Health Administration's Part 50 Program Does Not Fully Capture Chronic Disease and Injury in the Illinois Mining Industry." *American Journal of Industrial Medicine* 61, 436–443. March 9, 2018. *Available at* 10.1002/ajim.22826.

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

[25] Wiatrowski, W.J. "Examining the Completeness of Occupational Injury and Illness Data: An Update on Current Research." *Monthly Labor Review*. June 2014. *Available at* BLS.gov/opub/mlr/2014/article/examining-the-completeness-of-occupational-injury-and-illness-data-an-update-on-current-research.htm.

[26] U.S. Government Accountability Office. "Enhancing OSHA's Records Audit Process Could Improve the Accuracy of Worker Injury and Illness Data." GAO-10-10. Oct. 15, 2009. *Available at* GAO.gov/products/GAO-10-10.

[27] Rogers, E. "The Survey of Occupational Injuries and Illnesses Respondent Follow-Up Survey." *Monthly Labor Review*. U.S. Bureau of Labor Statistics. May 2020. *Available at* DOI.org/10.21916/mlr.2020.9.

through interviews with workers.[28] The results showed that the survey needed improvements to reduce respondent burden, to improve survey completion and to identify OSHA-recordable injuries, but it has potential to be a supplement to the existing employer-based injury and illness survey. BLS will continue to work on improvements to the survey.[29] A 2018 report from the National Academies of Sciences, Engineering and Medicine on occupational safety and health surveillance strongly endorsed BLS conducting this new household survey.[30] Hopefully, if the survey is improved, Congress will provide the necessary funding to continue and expand this important work.

Cost of Occupational Injuries and Deaths

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

The 2024 Workplace Safety Index, published by Liberty Mutual Insurance, estimated the cost of the most disabling workplace injuries to employers at more than $58 billion a year—more than $1 billion per week.[31] The top five injury causes accounting for 64.3% of the total cost burden were: overexertion involving outside sources (handling object), falls on the same level, falls to a lower level, struck by object or equipment (being hit by objects), and other exertions or bodily reactions (awkward postures). The top 10 injuries amounted to $47.9 billion in direct workers' compensation costs.

This analysis, based on 2021 data from Liberty Mutual, BLS and the National Academy of Social Insurance, estimated direct costs to employers (medical and lost-wage payments) of injuries resulting in cases involving five or more days of lost time. If indirect costs also are considered, the overall costs are much higher. Based on calculations used in a previous Liberty Mutual Safety Index, the data indicate that businesses pay between $174 billion and $348 billion annually in direct and indirect (overtime, training and lost productivity) costs on workers' compensation losses for the most disabling injuries (indirect costs are estimated to be two to five times direct costs). It is important to note that the safety index excludes a large number of injury cases (those resulting in less than five days of lost time). In addition, Liberty Mutual bases its cost estimates on BLS injury data. Thus, all the problems of underreporting in the BLS system apply to the Liberty Mutual cost estimates as well.

A 2011 signature, comprehensive study examined a broad range of data sources, including data from the BLS, the Centers for Disease Control and Prevention (CDC), the National Council on Compensation Insurance and the Healthcare Cost and Utilization Project (HCUP), to determine the cost of fatal and nonfatal occupational injuries and illnesses in 2007. This study estimated the medical and indirect (productivity) costs of workplace injuries and illnesses at $250 billion

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[28] U.S. Bureau of Labor Statistics. Survey of Occupational Injuries and Illnesses Data Quality Research. *Available at* BLS.gov/iif/data-quality-research/data-quality.htm.

[29] Yu, E., and K. Monaco. "Overview of the Results of the Household Survey of Occupational Injuries and Illnesses Pilot and On-going BLS Activities." U.S. Bureau of Labor Statistics. Dec. 5, 2020. *Available at* BLS.gov/iif/hsoii-update-12052020-final.pdf.

[30] National Academies of Sciences, Engineering, and Medicine. *A Smarter National Surveillance System for Occupational Safety and Health for the 21st Century*. Washington, D.C.: The National Academies Press, (2018). *Available at* DOI.org/10.17226/24835.

[31] 2024 Liberty Mutual Workplace Safety Index. *Available at* business.libertymutual.com/insights/2024-workplace-safety-index/.

annually, more than the cost of cancer.[32] A follow-up analysis found that workers' compensation covered only 21% of these costs, with 13% borne by private health insurance, 11% by the federal government and 5% by state and local governments. Fifty percent of the costs were borne by workers and their family members.[33]

In 2021, the National Safety Council also performed an economic impact analysis of workplace injuries using some of the same data sources, including the CDC, Web-based Injury Statistics Query and Reporting System (WISQARS) cost estimates, HCUP, and BLS fatal and nonfatal injury data. It estimated the total cost of work injuries in 2021 to be $167 billion and 103 million lost work days.[34] However, this analysis also utilizes the BLS Survey of Occupational Injuries and Illnesses data, and therefore includes underreporting issues in the estimates.

A 2015 report by OSHA—"Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job"—outlined how work-related injuries have devastating impacts on workers and their families. According to the report, workers who are injured on the job suffer great economic loss. Even after receiving workers' compensation benefits, injured workers' incomes are, on average, nearly $31,000 lower over 10 years than if they had not suffered an injury.[35]

One of the major contributors to the severe loss of income is the gross deficiencies and inequities in the workers' compensation system, which continues to be governed by 50 different state laws. A 2015 multipart series by ProPublica and National Public Radio exposed the failure of the workers' compensation system to provide fair and timely compensation for workers hurt on the job.[36] The series—"Insult to Injury: America's Vanishing Worker Protections"—was based on a yearlong investigation, which found that over the previous decade there had been a systematic effort by insurers and employers to weaken workers' compensation benefits for injured workers. Since 2003, legislators in 33 states have passed legislation reducing benefits or limiting eligibility. The benefits provided to workers vary widely. For example, at the time of the investigation, the maximum compensation for loss of an eye was $261,525 in Pennsylvania, but only $27,280 in Alabama. In many states, employers have great control over medical decisions. Workers are not allowed to pick their own doctors, and employers can demand review by "independent medical examiners" picked by employers who can challenge medical determinations regarding the work-relatedness of the condition, the degree of disability and prescribed treatment. According to ProPublica, all of these factors have contributed to the demolition of the workers' compensation system and left injured workers and their families, and society at large, bearing the costs of their injuries.

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[32] Leigh, J.P. "Economic Burden of Occupational Injury and Illness in the United States." *The Milbank Quarterly* 89, No. 4. December 2011. *Available at* DOI.org/10.1111/j.1468-0009.2011.00648.x.
[33] Leigh, J.P., and J. Marcin. "Workers' Compensation Benefits and Shifting Costs for Occupational Injuries and Illnesses." *Journal of Occupational and Environmental Medicine* 54, No. 4. April 2012. *Available at* 10.1097/JOM.0b013e3182451e54.
[34] National Safety Council. Injury Facts. "Work Injury Costs." Accessed on April 14, 2023. *Available at* InjuryFacts.NSC.org/work/costs/work-injury-costs/.
[35] U.S. Department of Labor, Occupational Safety and Health Administration. "Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job." 2015. *Available at* https://callift.blog/wp-content/uploads/2017/08/report-the-cost-of-not-protecting-workers.pdf .
[36] ProPublica and National Public Radio. "Insult to Injury: America's Vanishing Worker Protections." March 2015. *Available at* ProPublica.org/series/workers-compensation.

Workplace Injury and Illness Incidence Rates, Private Sector, 1974–2023 (Per 100 Workers)

Year	Total Case Rate	Cases with Days Away from Work, Job Transfer or Restriction		
		Total	Cases with Days Away from Work	Cases with Restriction[1]
1974	10.4	3.5	N/A	N/A
1975	9.1	3.3	N/A	N/A
1976	9.2	3.5	3.3	0.2
1977	9.3	3.8	3.6	0.2
1978	9.4	4.1	3.8	0.3
1979	9.5	4.3	4.0	0.3
1980	8.7	4.0	3.7	0.3
1981	8.3	3.8	3.5	0.3
1982	7.7	3.5	3.2	0.3
1983	7.6	3.4	3.2	0.3
1984	8.0	3.7	3.4	0.3
1985	7.9	3.6	3.3	0.3
1986	7.9	3.6	3.3	0.3
1987	8.3	3.8	3.4	0.4
1988	8.6	4.0	3.5	0.5
1989	8.6	4.0	3.4	0.6
1990	8.8	4.1	3.4	0.7
1991	8.4	3.9	3.2	0.7
1992	8.9	3.9	3.0	0.8
1993	8.5	3.8	2.9	0.9
1994	8.4	3.8	2.8	1.0
1995	8.1	3.6	2.5	1.1
1996	7.4	3.4	2.2	1.1
1997	7.1	3.3	2.1	1.2
1998	6.7	3.1	2.0	1.2
1999	6.3	3.0	1.9	1.2
2000	6.1	3.0	1.8	1.2
2001	5.7	2.8	1.7	1.1
2002	5.3	2.8	1.6	1.2
2003	5.0	2.6	1.5	1.1
2004	4.8	2.5	1.4	1.1
2005	4.6	2.4	1.4	1.0
2006	4.4	2.3	1.3	1.0
2007	4.2	2.1	1.2	0.9
2008	3.9	2.0	1.1	0.9
2009	3.6	2.0	1.1	0.8
2010	3.5	1.8	1.1	0.8
2011	3.5	1.8	1.1	0.7
2012	3.4	1.8	1.0	0.7
2013	3.3	1.7	1.0	0.7
2014	3.2	1.7	1.0	0.7
2015	3.0	1.6	0.9	0.7
2016	2.9	1.6	0.9	0.7
2017	2.8	1.5	0.9	0.7
2018	2.8	1.6	0.9	0.7
2019	2.8	1.5	0.9	0.7
2020	2.7	1.7	1.2	0.5
2021	2.7	1.7	1.1	0.6
2022	2.7	1.7	1.2	0.6
2023	2.7	1.5	1.0	0.6

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

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

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

Per 100 Full-Time Workers

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

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

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

Workplace Injury and Illness Rates by Industry Sector, 2009–2023[1,2]

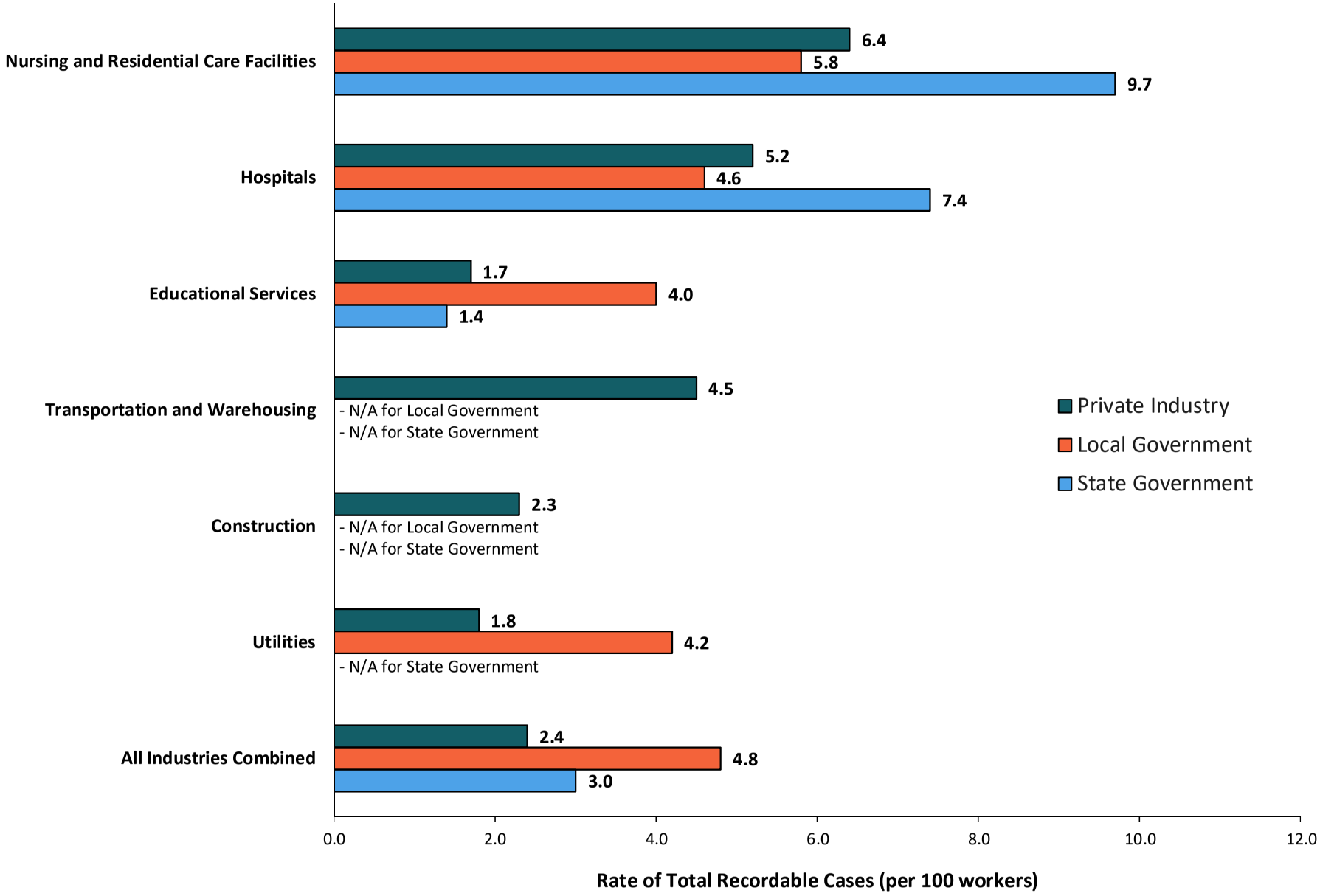
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total case rate, private industry	**3.6**	**3.5**	**3.5**	**3.4**	**3.3**	**3.2**	**3.0**	**2.9**	**2.8**	**2.8**	**2.8**	**2.7**	**2.7**	**2.7**	**2.4**
State and local government	**5.8**	**5.7**	**5.7**	**5.6**	**5.2**	**5.0**	**5.1**	**4.7**	**4.6**	**4.8**	**4.6**	**3.9**	**4.5**	**4.9**	**4.3**
State government	4.6	4.6	4.6	4.4	3.9	4.1	3.7	3.7	3.6	3.6	3.5	3.3	3.2	3.8	3.0
Local government	6.3	6.1	6.1	6.1	5.7	5.4	5.6	5.0	5.0	5.3	5.0	4.2	5.0	5.2	4.8
Natural resources and mining	**4.0**	**3.7**	**4.0**	**3.8**	**3.9**	**3.8**	**3.7**	**4.2**	**3.6**	**3.7**	**3.4**	**3.3**	**3.4**	**3.1**	**3.0**
Agriculture, forestry, fishing and hunting	5.3	4.8	5.5	5.5	5.7	5.5	5.7	6.1	5.0	5.3	5.2	4.6	4.6	4.1	4.2
Mining, quarrying, and oil and gas extraction	2.4	2.3	2.2	2.1	2.0	2.0	1.4	1.5	1.5	1.4	1.2	1.2	1.3	1.4	1.3
Construction	**4.3**	**4.0**	**3.9**	**3.7**	**3.8**	**3.6**	**3.5**	**3.2**	**3.1**	**3.0**	**2.8**	**2.5**	**2.5**	**2.4**	**2.3**
Construction (local government)	13.0	9.5	8.7	10.2	7.9	8.6	8.0	9.1	—	—	—	—	—	—	—
Manufacturing	**4.3**	**4.4**	**4.4**	**4.3**	**4.0**	**4.0**	**3.8**	**3.6**	**3.5**	**3.4**	**3.3**	**3.1**	**3.3**	**3.2**	**2.8**
Trade, transportation and utilities	**4.1**	**4.1**	**3.9**	**3.9**	**3.8**	**3.6**	**3.6**	**3.4**	**3.4**	**3.5**	**3.4**	**3.1**	**3.5**	**3.7**	**3.2**
Wholesale trade	3.3	3.4	3.2	3.3	3.1	2.9	3.1	2.8	2.8	2.9	2.7	2.4	2.5	2.6	2.3
Retail trade	4.2	4.1	3.9	4.0	3.8	3.6	3.5	3.3	3.3	3.5	3.4	3.1	3.6	3.7	3.1
Transportation and warehousing	5.2	5.2	5.0	4.9	4.7	4.8	4.5	4.6	4.6	4.5	4.4	4.0	4.6	4.8	4.5
Utilities	3.3	3.1	3.5	2.8	2.1	2.4	2.2	2.1	2.0	1.9	2.2	1.5	1.7	1.7	1.8
Information	**1.9**	**1.8**	**1.6**	**1.4**	**1.5**	**1.4**	**1.3**	**1.3**	**1.3**	**1.3**	**1.2**	**0.8**	**0.7**	**1.0**	**1.0**
Financial activities	**1.5**	**1.3**	**1.4**	**1.3**	**1.3**	**1.2**	**1.1**	**1.1**	**1.0**	**1.0**	**0.9**	**0.8**	**0.4**	**0.8**	**0.2**
Professional and business services	**1.8**	**1.7**	**1.7**	**1.6**	**1.6**	**1.5**	**1.4**	**1.4**	**1.3**	**1.3**	**1.3**	**1.1**	**1.1**	**1.2**	**1.1**
Educational and health services	**5.0**	**4.8**	**4.7**	**4.5**	**4.4**	**4.2**	**4.0**	**3.9**	**3.8**	**3.7**	**3.6**	**5.0**	**4.0**	**4.2**	**3.4**
Hospitals (private)	7.3	7.0	6.8	6.6	6.4	6.2	6.0	5.9	5.7	5.6	5.5	7.6	6.1	6.1	—
Hospitals (state government)	11.0	11.8	9.2	9.2	7.7	8.7	8.1	8.2	7.7	8.1	8.1	8.9	7.6	10.2	7.4
Nursing and residential care (private)	8.4	8.3	7.8	7.6	7.3	7.1	6.8	6.4	6.3	6.1	5.9	11.5	7.3	9.4	6.9
Nursing and residential care (state gov.)	—	15.1	13.1	13.6	13.7	12.6	12.0	13.7	10.9	11.9	11.5	13.7	10.3	11.8	9.7
Leisure and hospitality	**3.9**	**3.9**	**4.0**	**3.9**	**3.8**	**3.6**	**3.5**	**3.4**	**3.4**	**3.3**	**3.3**	**2.7**	**2.9**	**2.9**	**2.9**
Other services, except public administration	**2.9**	**2.7**	**2.6**	**2.5**	**2.5**	**2.5**	**2.3**	**2.3**	**2.1**	**2.2**	**2.0**	**1.8**	**1.9**	**1.8**	**1.7**

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

[1]Total recordable cases per 100 workers.

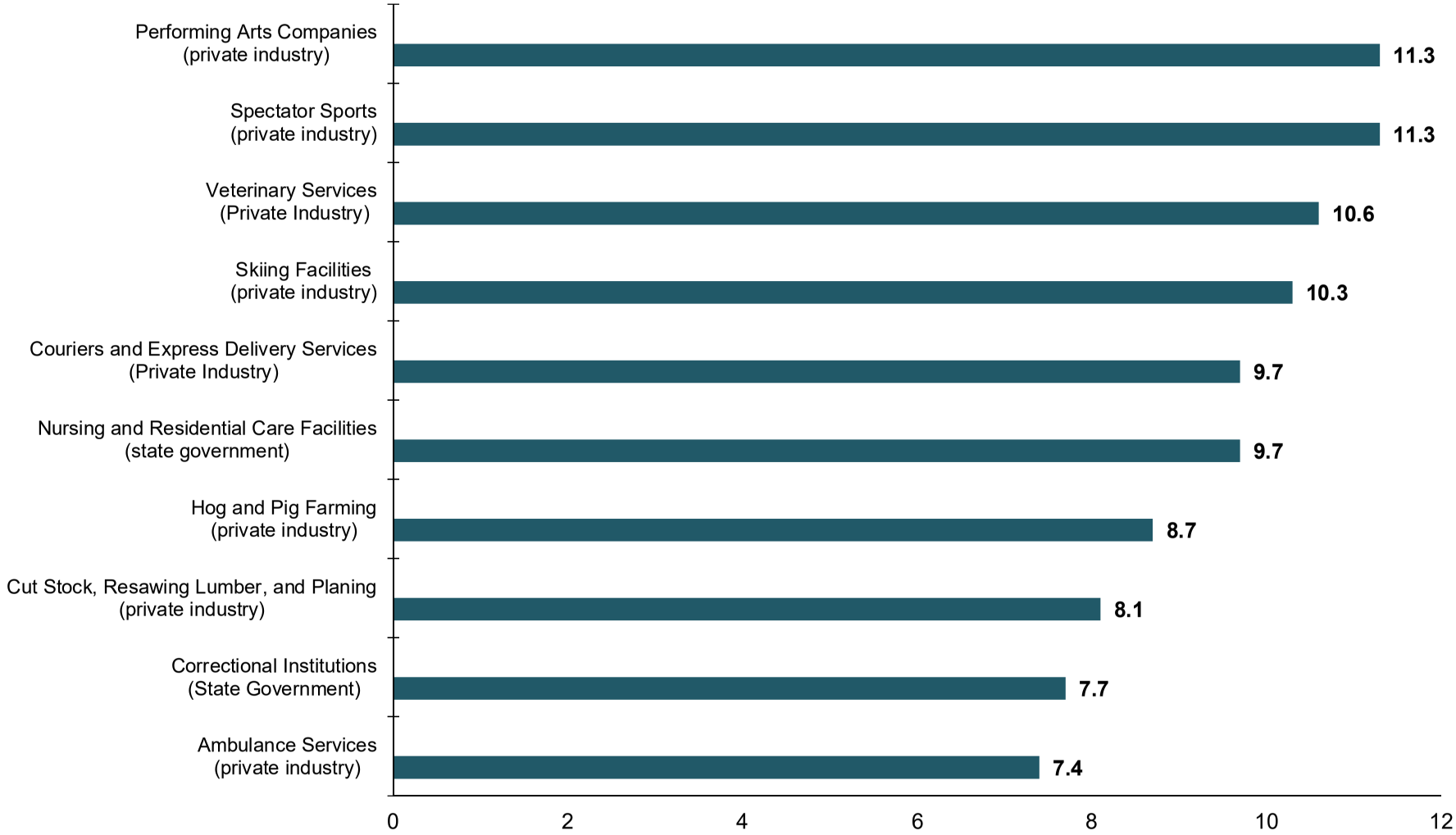
[2]Private industry, unless otherwise noted.

Rate of Workplace Injuries and Illnesses for Selected Industries in State Government, Local Government and Private Industry, 2023



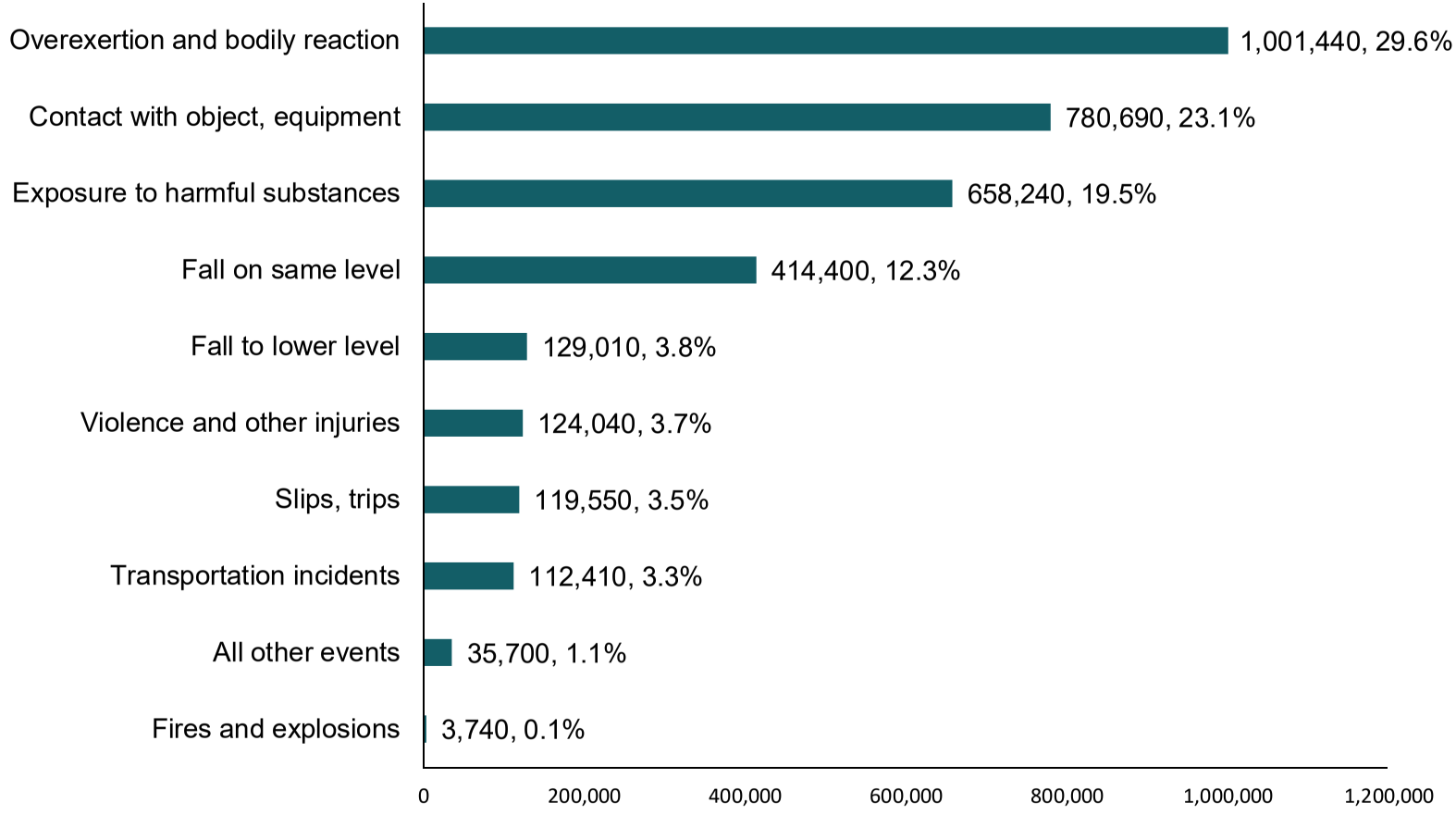
Industries with the Highest Total Nonfatal Injury and Illness Rates, 2023 (Per 100 Workers)

Private Industry = 2.4
State Government = 3.0
Local Government = 4.8



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

Nonfatal Occupational Injuries and Illnesses with Days Away from Work, Job Transfer or Restriction by Event or Exposure, Private Industry, 2022[1]
Total = 3,379,220



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

[1]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work (DAFW) beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. The last single-year DAFW estimates were for reference year 2020 and were pubilshed in November 2021. Data for 2023 and 2024 will be available in December 2025. See bls.gov/iif/questions-and-answers.htm#accessingourdata.

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2023

	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
State	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Alabama	34,700	29,400	N/A	N/A	2.0	2.0	N/A	N/A
Alaska	7,400	6,400	200	700	3.0	3.1	1.1	3.3
Arizona	66,900	55,900	1,100	9,900	2.6	2.4	1.7	5.3
Arkansas	23,900	19,000	1,500	3,400	2.1	1.9	2.5	3.5
California	472,500	363,900	21,100	87,600	3.5	3.0	5.5	7.0
Colorado	59,200	52,700	N/A	N/A	2.8	2.7	N/A	N/A
Connecticut	38,000	31,000	1,700	5,400	2.9	2.6	3.7	5.7
Delaware	8,900	7,200	600	1,100	2.3	2.2	2.0	4.8
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii	14,100	12,400	900	900	3.1	3.1	1.7	5.9
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	121,600	101,400	3,800	16,400	2.6	2.4	4.2	4.0
Indiana	66,400	54,600	1,800	10,000	2.6	2.5	1.8	5.1
Iowa	39,200	32,500	1,200	5,500	3.2	3.1	3.0	4.4
Kansas	29,800	24,200	N/A	4,200	2.6	2.5	N/A	3.1
Kentucky	45,600	39,200	1,200	5,200	2.9	2.8	1.9	4.0
Louisiana	24,700	19,400	N/A	4,500	1.5	1.4	N/A	2.7
Maine	19,900	17,300	600	1,900	4.2	4.2	3.5	4.9
Maryland	55,900	41,600	2,600	11,700	2.7	2.3	3.1	6.4
Massachusetts	69,300	55,400	2,200	11,700	2.4	2.2	2.4	5.6
Michigan	95,000	78,900	3,500	12,500	2.8	2.6	3.0	5.2

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2023

	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
State	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Minnesota	65,100	56,000	1,400	7,700	2.9	2.8	2.1	4.6
Mississippi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Missouri	60,400	52,000	N/A	N/A	2.6	2.6	N/A	N/A
Montana	13,600	11,500	400	1,600	3.5	3.4	2.2	4.8
Nebraska	20,500	17,100	N/A	2,900	2.6	2.5	N/A	3.3
Nevada	41,600	36,600	1,000	3,900	3.5	3.3	3.7	5.3
New Hampshire	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Jersey	87,300	66,800	4,700	15,800	2.6	2.3	4.2	5.3
New Mexico	N/A	N/A	N/A	2,800	N/A	N/A	N/A	4.2
New York	193,200	136,200	9,300	47,700	2.6	2.1	5.1	5.9
North Carolina	85,700	68,600	2,900	14,200	2.2	2.0	1.9	3.9
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	98,700	84,800	2,800	11,100	2.2	2.2	2.4	2.7
Oklahoma	37,000	28,100	2,300	6,600	2.8	2.4	3.6	5.2
Oregon	53,500	45,500	1,000	7,000	3.5	3.4	2.6	4.7
Pennsylvania	135,300	115,200	2,600	N/A	2.8	2.6	2.2	N/A
Rhode Island	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South Carolina	39,500	30,100	2,300	7,000	2.2	1.9	3.1	3.9
South Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tennessee	64,000	53,300	1,000	9,700	2.4	2.2	1.4	4.2
Texas	N/A	175,900	N/A	N/A	N/A	1.8	N/A	N/A
Utah	33,300	28,800	1,500	3,000	2.5	2.5	2.2	3.6

Number and Rate of Injuries and Illnesses by State for All Industries, Private Industry, State Government and Local Government, 2023

	Number of Injuries/Illnesses				Rate of Injuries/Illnesses[1]			
State	All Industries	Private Industry	State Government	Local Government	All Industries	Private Industry	State Government	Local Government
Vermont	9,600	7,900	500	1,300	4.2	4.0	3.7	6.2
Virginia	72,600	58,300	2,100	12,100	2.3	2.1	1.8	3.9
Washington	98,700	81,600	4,500	12,600	3.6	3.4	4.4	5.3
West Virginia	15,300	12,300	900	2,100	2.7	2.6	2.6	3.7
Wisconsin	65,400	56,200	1,700	7,500	2.9	2.8	2.4	4.1
Wyoming	5,900	4,600	200	1,100	2.8	2.7	2.0	3.3
Total or National Average[2]	3.2 million	2.6 million	113,200	517,900	2.7	2.4	3.0	4.8

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

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

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

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

	Estimated Figures Accounting for Impact of Undercounting Injuries and Illnesses[1]	Reported by Bureau of Labor Statistics
Total Number of Nonfatal Injuries and Illnesses, 2023	**7.8 million**	**2.6 million**
Case Rate for Total Nonfatal Injuries and Illnesses (per 100 workers), 2023	**7.2**	**2.4**
Total Number of Injuries and Illnesses—Cases Involving Days Away from Work, Job Transfer or Restriction, 2023	**4.5 million**	**1.5 million**
Case Rate for Nonfatal Injuries and Illnesses Involving Days Away from Work, Job Transfer or Restriction (per 100 workers), 2023	**4.5**	**1.5**
Total Number of Musculoskeletal Disorders—Cases Involving Days Away from Work, Job Transfer or Restriction, Annual Average, 2021–2022[2]	**1.5 million**	**488,045**
Total Number of Estimated Cases of Musculoskeletal Disorders, 2021–2022[2]	**2.3 million**	**775,122**

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

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

[2] The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data now are only published biennially (every two years), rather than annually. For this table, the total number of 2021–2022 cases was divided in half to produce an annual average for the two years, for comparison. The data for the total number of 2023–2024 cases is expected to be published in November 2025.

DEMOGRAPHICS

Women Workers

In 2023, 447 women died on the job, compared with 4,832 men, who often work in more deadly industries. However, in 2023, a larger percentage of women died from work-related homicides (19% of all workplace fatalities for women compared with 8% for men), a number that has continued to increase in recent years. Due to the new BLS policy explained in the "Data Reporting, Transparency and Equity" section of this report, some workplace violence data are no longer reported. This restriction on access to detailed demographic data cross referenced with workplace exposure data also has limited the ability to identify and track domestic violence fatalities in the workplace, disproportionately borne by women at work. Previous years of this report showed that more than 20 women were killed by a domestic partner at work annually and that women were 50% more likely than men to be killed by a relative or domestic partner at work.

Women also bear a significant burden of nonfatal job injuries. For 2021 and 2022 combined, 124,040 workplace violence incidents that led to injuries involving days away from work, job transfer or restriction in private industry were reported. Women workers experienced 66% of these serious injuries. Women face a significant number of serious injuries that lead to days away from work, job transfer or restriction in health care and social assistance (616,090)—the highest category for women—and in retail trade (253,020). Men face high risks in transportation and warehousing (283,720) and retail trade (274,220). The median number of days away from work, job transfer or restriction for women is 11 and for men is 13, compared with the median for all cases of 12. Due to the new BLS policy explained in the "Data Reporting, Transparency and Equity" section, these data are not available for 2023 as they are only reported every other year, which limits the understanding of the magnitude of nonfatal, serious injuries, disproportionately borne by women at work.

Aging Workers

Workers 65 and older have 2.5 times the risk of dying on the job than all workers, with a fatality rate of 8.7 per 100,000 workers in 2023. Workers ages 55–64 also are at increased risk, with a fatality rate of 4.3 per 100,000 workers. In 2023, 35% of all fatalities (1,846 deaths) occurred in workers ages 55 years and older, with 757 of these deaths occurring in workers ages 65 years and older. People are working longer, and by 2031, all baby boomers will be 66 years and older, and one in five individuals older than 65 will still be working.[37]

Minors, Young Adult Workers and Child Labor

Young workers are at an increased risk of injury on the job, with workers ages 15–24 experiencing higher rates of work-related injuries than adults ages 25–44 years.[38] In 2023, 438 workers younger than 25 died on the job (compared with 419 the previous year), including 23 workers younger than 18. The number of workers ages 20–24 killed on the job increased 5% to

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

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

339 fatalities in 2023 from 323 fatalities in 2022. Young workers are at elevated risk due to limited or no prior work experience, lack of workplace safety and health training and supervision, and limitations in strength or cognitive ability needed to perform certain tasks. They are also less likely to recognize and voice safety concerns or be aware of their legal protection and worker protection agencies.

The past few years have brought public attention to employers' illegal use of child labor, even in dangerous industries such as meatpacking, commercial baking, auto manufacturing and construction. Migrant children have been particularly exploited, hired in hazardous industries through staffing agencies, as the children seek income to support themselves, their families in other countries, and often to pay smuggling fees, rent and living expenses to sponsors.[39, 40]

On Feb. 17, 2023, DOL announced it had fined a contractor that had employed 31 children, ages 13 to 17, systematically across eight states to clean dangerous machinery in meat and poultry plants; some of the children reported suffering injuries.[41] The investigation began in August 2022. The Department of Labor's Wage and Hour Division (WHD) enforces child labor laws under the Fair Labor Standards Act (FLSA). On Nov. 28, 2023, the WHD issued a Field Assistance Bulletin explaining changes to its process to assess civil money penalties for child labor law violations.[42] Previously, the WHD considered whether these penalty assessments were appropriate based on the size of the business and gravity of the violation.

After a series of investigative press reports and in order to address the rise in unchecked child labor exploitation, particularly impacting migrant children, the Biden administration created an interagency task force to improve collaboration on child labor investigations and scrutiny in the sponsor-vetting processes, and to implement education and training initiatives in relevant communities.[43] In fiscal year 2024, the department investigated 736 cases with child labor violations involving 4,030 children nationwide, including 365 children employed in violation of hazardous occupation standards, assessing more than $15 million in civil monetary penalties (CMPs).[44]

The FLSA authorizes assessment of CMPs under two provisions, permitting penalties on a per-child basis up to $15,138 for child labor violations and an enhanced penalty up to $68,801 for child labor violations that cause the death or serious injury of an employee younger than 18. However, the new bulletin no longer focused penalties on a per-child basis, but rather a per-violation basis. In other words, employers now may be assessed separate penalties for the

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[39] Dreier, H. "Biden Administration Plans Crackdown on Migrant Child Labor." *The New York Times,* Feb. 27, 2023. *Available at* NYTtimes.com/2023/02/27/us/biden-child-labor.html.
[40] Rosenberg, M., K. Cooke and J. Schneyer. "Child Workers Found Throughout Hyundai-Kia Supply Chain in Alabama." *Reuters Investigates,* Dec. 16, 2022. *Available at* Reuters.com/investigates/special-report/usa-immigration-hyundai/.
[41] U.S. Department of Labor. "More Than 100 Children Illegally Employed in Hazardous Jobs, Federal Investigation Finds; Food Sanitation Contractor Pays $1.5M in Penalties" (news release). Feb. 17, 2023. *Available at* DOL.gov/newsroom/releases/whd/whd20230217-1.
[42] *See* DOL.gov/sites/dolgov/files/WHD/fab/fab2023_4.pdf.
[43] U.S. Department of Labor. "Departments of Labor, Health and Human Services Announce New Efforts to Combat Exploitative Child Labor" (news release). Feb. 27, 2023. *Available at* DOL.gov/newsroom/releases/osec/osec20230227.
[44] *See* DOL.gov/agencies/whd/data/charts/child-labor.

same child for each violation (such as multiple hazardous order violations and multiple recordkeeping violations). In calculating the penalty amount, the agency utilizes the statutory maximum (currently $15,138) and increases or decreases the amount based on the following factors: willfulness; number of minors employed; age of minors; hazardous work; resultant injury; duration of illegal employment; and the hours of employment. In addition to the factors above, the penalty amount is subject to reductions based on (1) the number of employees; (2) annual sales volume; and (3) amount of capital investment and financial resources relative to the size of the business.

In March 2024, DOL obtained a federal consent judgment that required a Tennessee manufacturer of outdoor power equipment components for major companies including John Deere, Toro and Yamaha to stop employing children illegally and to follow federal child labor laws in the future.[45] After months of investigation and identifying 10 children—as young as 14 years old—employed in dangerous jobs at Tuff Torq, DOL investigators observed a child operating a power-driven hoisting apparatus, an occupation prohibited for workers younger than 18. As a result, the department objected to the shipment of goods from the facility, citing the Fair Labor Standards Act's "hot goods" provision, which prevents employers from shipping goods produced by oppressive child labor. DOL issued a $296,951 civil money penalty and required the employer to set aside $1.5 million as disgorgement of 30 days' profits related to its use of child labor; these proceeds paid by Tuff Torq will be used for the benefit of the children employed illegally. The agreement with the employer included unannounced and warrantless searches of its facility for three years, but did not appear to utilize the agency's deferred action tool for these workers.

However, often in conflict with federal law, some states are opening the door for employers to expand the use of child labor as part of a multi-industry effort to expand employers' ability to exploit low-wage labor. States have introduced and passed legislation to increase the hours of work for minors, increase the number of industries and hazardous tasks minors can work, and reduce employer liability, many under the guise of youth employment training programs.[46] Since 2023, conservative lawmakers have steadily utilized the framework of child labor law rollbacks as exercises to increase American apprenticeships and training programs. Notably in Project 2025, the Heritage Foundation proposes amending Department of Labor regulations to allow teenagers to work in hazardous jobs, arguing that current federal protections discourage young people from interests in the field.[47]

In 2023, three states passed legislation to weaken child labor laws: Arkansas (HB 1410), Iowa (SF 542) and Tennessee (HB 1212), while two states passed legislation to strengthen child labor statutes: Colorado (HB 23-1196) and Montana (HB 112). On May 26, 2023, the Iowa governor signed the most comprehensive bill weakening child labor protections, extending the hours that

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[45] *See* DOL.gov/newsroom/releases/whd/whd20240325.
[46] Sherer, J., and N. Mast. *Child Labor Laws are Under Attack in States Across the Country.* Economic Policy Institute. March 14, 2023. *Available at* EPI.org/publication/child-labor-laws-under-attack/.
[47] Greenhouse, Steve. "Trump claims he's pro-worker. Project 2025 will gut labor rights." *The Guardian*. Aug. 4, 2024. *Available at* TheGuardian.com/us-news/article/2024/aug/04/project-2025-trump-unions-overtime-pay?utm_source=chatgpt.com.

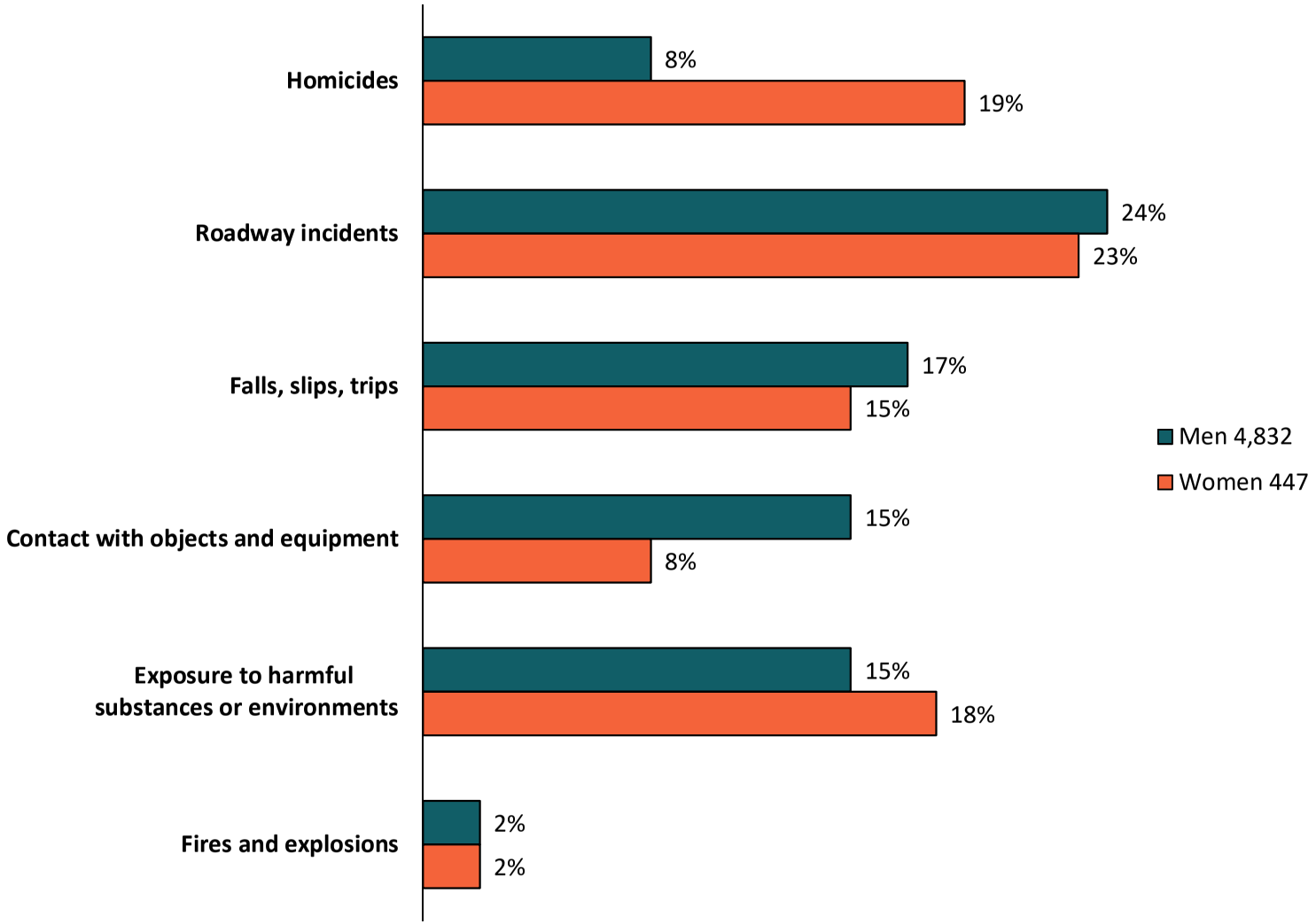
teens can work and the establishments where they can be employed. In 2024, more states weakened child labor protections than strengthened them.[48]

On March 22, 2024, the Florida governor signed a bill that permits minors younger than 15 years old to work more than 15 hours when school is not in session, and removes certain work restrictions for 16- and 17-year-olds, such as limiting work to no more than six consecutive days.[49] The Florida Senate amended the House version by maintaining daily and weekly work hour limits when school is in session, but allowed for parental or school waivers.[50] In April 2025 amid mass deportation efforts and as Florida braces for a worker shortage, Florida House lawmakers passed a bill through one of three committees, authorizing minors as young as 14, who have graduated high school or are home/virtual school students, to work 30-hour shifts a week (including overnight shifts and shifts on school nights).[51] The effective date would be July 1, 2025.

On Jan. 1, 2025, new child labor laws took effect in Indiana that eased restrictions on children working. All youth employment restrictions on 16- and 17-year-olds have been removed and they now may work the same hours and days as an adult without parental permission or adult supervision required.[52]

[48] *See* EPI.org/research/child-labor/.
[49] *See* Flsenate.gov/Committees/billsummaries/2024/html/3448#:~:text=Clarifies%20that%20minors%2015%20years,a%20holiday%20or%20a%20Sunday.
[50] *See* Flsenate.gov/Laws/Statutes/2024/Chapter450/All.
[51] *See* flhouse.gov/Sections/Bills/billsdetail.aspx?BillId=81923&.
[52] Indiana Department of Labor. "Changes to Indiana's Youth Employment Laws." Jan. 1, 2025. *Available at* In.gov/dol/youth-employment/youth-employment-home/changes-to-youth-employment-laws/.

Distribution of Fatal Injury Events by Gender of Worker, 2023



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

Workplace Injuries and Illnesses to Women Involving Days Away from Work, Job Transfer or Restriction, Private Industry, 2021–2022[1]

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

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

[1]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work (DAFW) beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. The last single-year DAFW estimates were for reference year 2020 and were pubilshed in November 2021. Data for 2023 and 2024 will be available in December 2025. See bls.gov/iif/questions-and-answers.htm#accessingourdata.

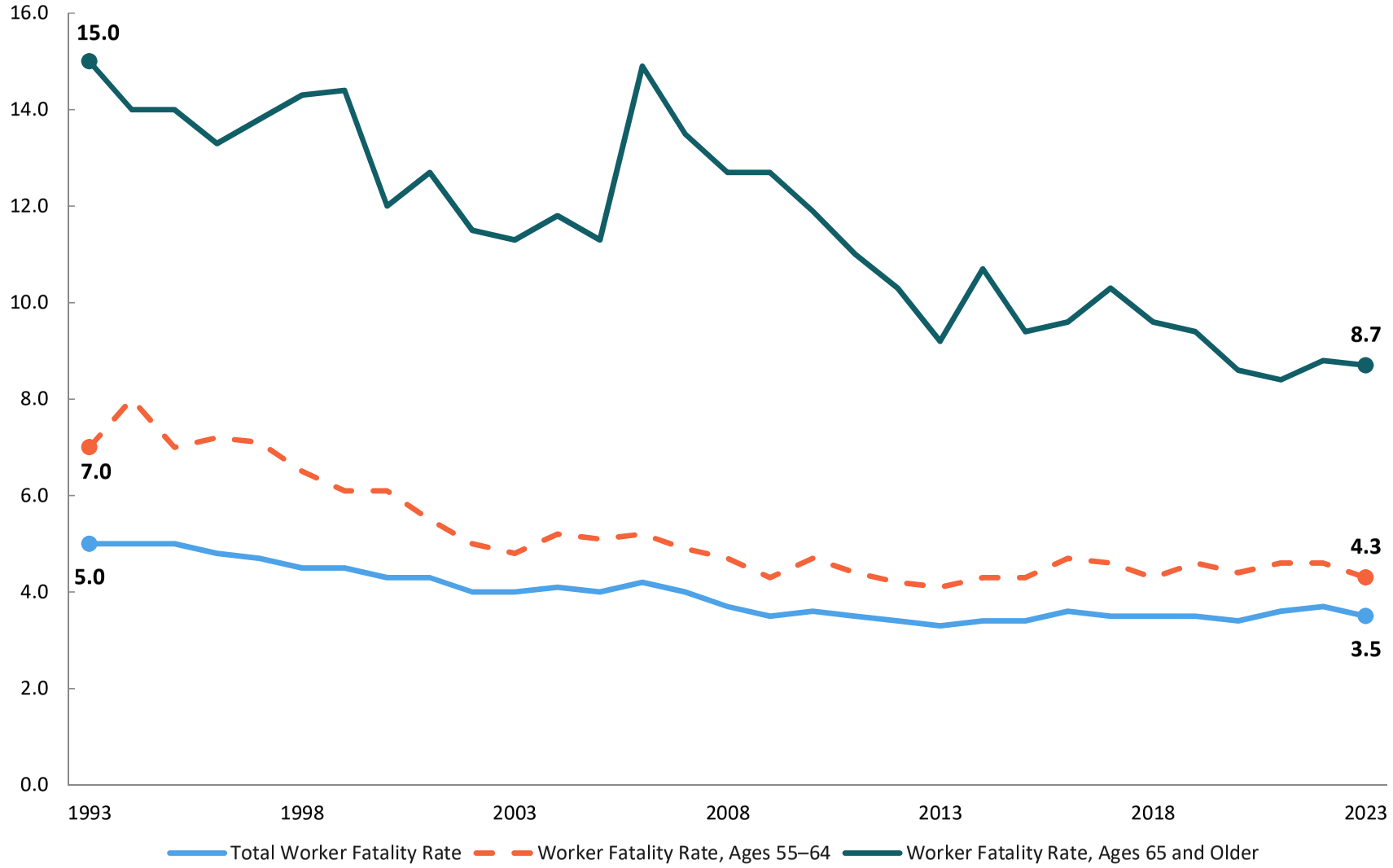
Workplace Injuries and Illnesses to Men Involving Days Away from Work, Job Transfer or Restriction, Private Industry, 2021–2022[1]

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

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

[1]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work (DAFW) beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. The last single-year DAFW estimates were for reference year 2020 and were published in November 2021. Data for 2023 and 2024 will be available in December 2025. See bls.gov/iif/questions-and-answers.htm#accessingourdata.

Total Worker Fatality Rates Compared with Aging Worker Fatality Rates, 1993–2023[1]



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

[1]All rates per 100,000 workers.

RACIAL DISPARITIES

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

In 2023, 659 Black workers died on the job—down from 734 in 2022, but an increase from 653 in 2021, 541 in 2020 and 634 in 2019. The Black worker job fatality rate was 3.6 per 100,000 workers. This is now the sixth year in a row the fatality rate for Black workers is greater than the overall job fatality rate.

In 2023, similar to all other workers, transportation incidents (278) was the top cause of work-related fatalities among Black workers. The industries where many Black workers died were truck transportation (138), administrative and support service (58) and specialty trade contractors (35). The leading sources of fatalities among Black workers were vehicles (279), followed by animals, plants, persons, etc. (174), chemicals and hazardous materials (89), and structures and surfaces (47). The number of Black worker deaths due to violence on the job (129) decreased from 199 in 2022 and 155 in 2021.

The job fatality rate for Latino workers—also higher than the overall job fatality rate—decreased to 4.4 per 100,000 workers in 2023, from 4.6 per 100,000 workers in 2022. This job fatality rate has increased 13% over the past decade and is 26% higher than the overall job fatality rate of 3.5 per 100,000 workers. The job fatality rate for Latino workers peaked in 2001 at 6.0 per 100,000 workers. In 2023, 1,250 Latino workers died on the job, an increase from 1,248 in 2022, 1,130 in 2021 and 1,072 in 2020—a 58% increase in the last 20 years. The No. 1 cause of fatalities among Latino workers was transportation incidents (390), followed by falls, slips or trips (318), contact with object/equipment (209) then exposure to harmful substances (192). Latino workers continue to make up approximately 14% of total reported injury and illness cases.

The number of Latino worker fatalities continues to be greatest in California (210), Florida (130) and Texas (285).

Of the Latino workers killed on the job, 67% were born outside of the United States. The 2024 bridge collapse tragedy in Baltimore was responsible for the deaths of six Latino immigrant laborers who were doing roadwork on the bridge at the time of collapse. This incident underscores the dangerous work immigrants do every day to provide for people in the United States and the toll it takes on their families and communities when workplaces are not safe. Another contributing factor to workers of color facing a disproportionate risk of dying on the job is workers having the ability to be able to speak out about unsafe working conditions without fear of retaliation by their employer.

A recent North Carolina study found that segregation by race into more dangerous industries and occupations played a substantial role in driving mortality rate disparities, particularly Latino workers in construction and Black workers in food manufacturing.[53] These disparities were

[53] McClure, E.S., A.T. Martin, S.I. Ranapurwala, et al. "Forty years of struggle in North Carolina: Workplace segregation and fatal occupational injury rates." *American Journal of Industrial Medicine*. April 12, 2024. *Available at* DOI.org/10.1002/ajim.23586.

greatest for workers 45 and older, and Latino workers who died on the job lost a median 47 life-years, compared with 37 among Black workers and 36 among White workers.

Targeted OSHA enforcement and training programs in workplaces and industries with greater density of Latino and immigrant workers have been effective at reducing job fatalities and improving working conditions. These programs were established under the Obama administration and halted by the Trump administration. The Biden administration enhanced its website on worker rights and protections, and developed a workers' rights card that OSHA inspectors, unions, advocates and workers can hand out, informing workers of their rights to speak out about safety and health issues and what to do when those rights are violated. They also used more interagency initiatives to elevate equity issues, accommodate language justice, and instituted status protections for immigrant workers who are victims of workplace health and safety violations or crimes through prosecutorial discretion and certification of U/T visas.[54, 55, 56, 57] The second Trump administration has launched a full assault on immigrant workers and on any initiatives perceived as "diversity, equity and inclusion" that are core measures meant to protect workers facing very dangerous working conditions and retaliation by their employers.

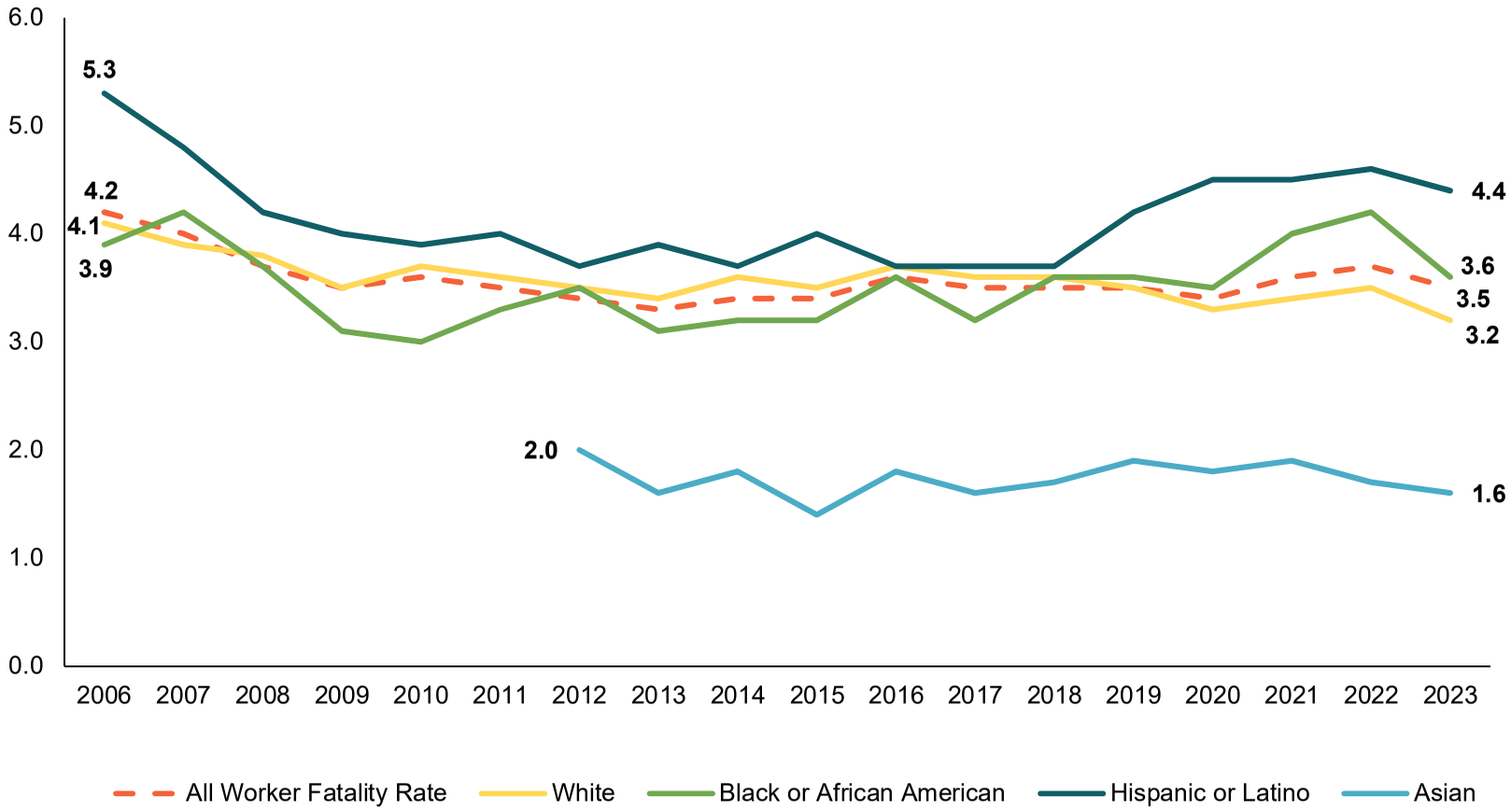
[54] Occupational Safety and Health Administration. *Workers Have Rights!* OSHA publication 3850–09. 2016. *Available at* OSHA.gov/sites/default/files/publications/OSHA3850.pdf.
[55] Occupational Safety and Health Administration. *OSHA Worker Rights and Protections.* OSHA website, accessed April 22, 2023. *Available at* OSHA.gov/workers.
[56] *See* DOL.gov/newsroom/releases/sol/sol20220706.
[57] *See* whistleblowers.gov/ut_visa#:~:text=Among%20other%20criteria%20OSHA%20considers,OSHA%20to%20attest%20that%20the.

Fatal Work Injuries by Race, 2004–2023

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2020	2022	2023
Total Fatalities	5,764	5,734	5,840	5,657	5,214	4,551	4,690	4,693	4,628	4,585	4,821	4,836	5,190	5,147	5,250	5,333	4,764	5,190	5,486	5,283
White	4,066	3,977	4,019	3,867	3,663	3,204	3,363	3,323	3,177	3,125	3,332	3,241	3,481	3,449	3,405	3,297	2,898	3,103	3,167	2,963
Black or African American	546	584	565	609	533	421	412	440	486	439	475	495	587	530	615	634	541	653	734	659
Hispanic or Latino	902	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088	1,072	1,130	1,248	1,250
Asian, Native Hawaiian or Pacific Islander	180	163	159	172	152	148	149	124	154	132	142	123	167	161	163	195	158	196	178	180
American Indian or Alaskan Native	28	50	46	29	32	33	32	30	37	35	34	36	38	38	42	30	32	41	35	37
Multiple Races	—	—	—	—	—	—	—	—	—	—	—	—	—	9	14	22	14	—	16	25
Other Races/Not Reported	42	37	61	43	30	32	27	27	26	37	34	38	38	57	50	67	49	—	108	169

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

Workplace Fatality Rates[1] by Race, 2006–2023 (Hours-Based Rates)



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

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

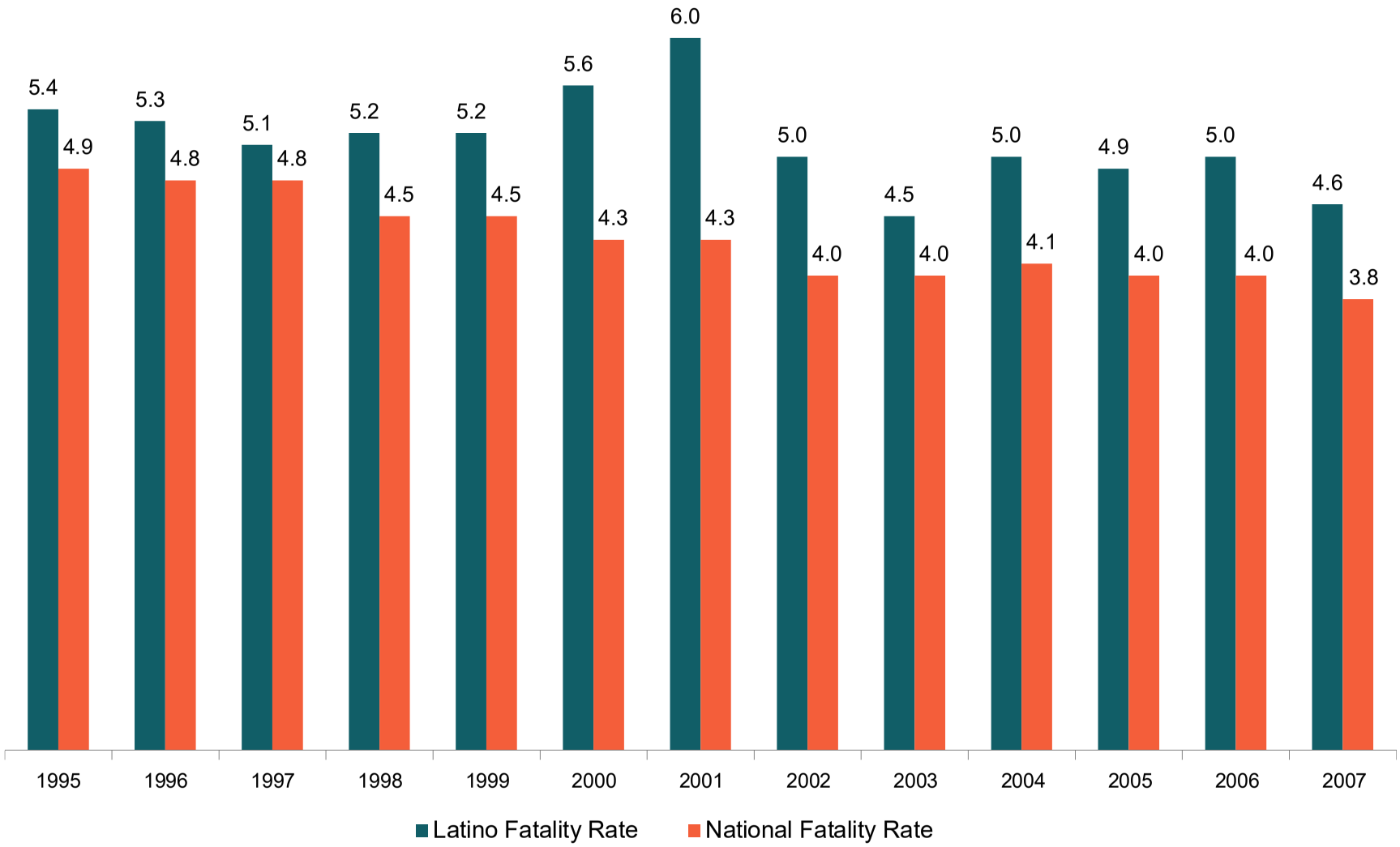
Profile of Black Worker Fatalities, 2023[1]

Characteristic	Subcharacteristics	Number
Total Fatalities		659
Birthplace Origin	Foreign-born	79
	Native-born	573
Employee Status[1]	Wage and salary workers	—
	Self-employed	—
Gender[1]	Men	—
	Women	—
Leading Industries	Truck transportation	138
	Administrative and support service	58
	Specialty trade contractor	35
Leading Occupations	Transportation and material moving occupations	286
	Construction and extraction occupations	65
	Protective service occupations	54
Leading Event or Exposure	Transportation incidents	278
	Violent acts	129
	Exposure to harmful subtances and environments	91
Leading Source	Vehicles	279
	Animals, plants, persons, etc.	174
	Chemicals and hazardous materials	89
	Structures and surfaces	47

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

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

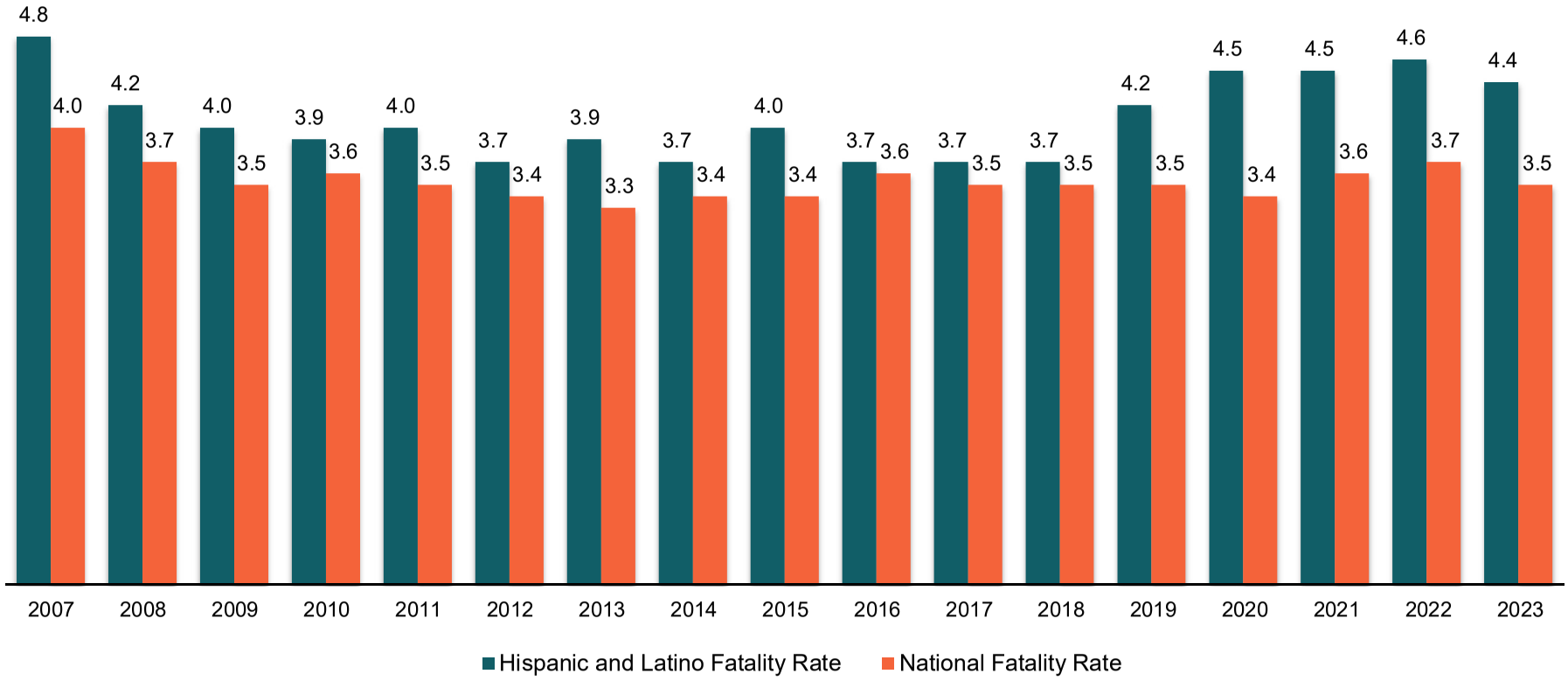
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 1995–2007[1]
(Employment-Based Rates)



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

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

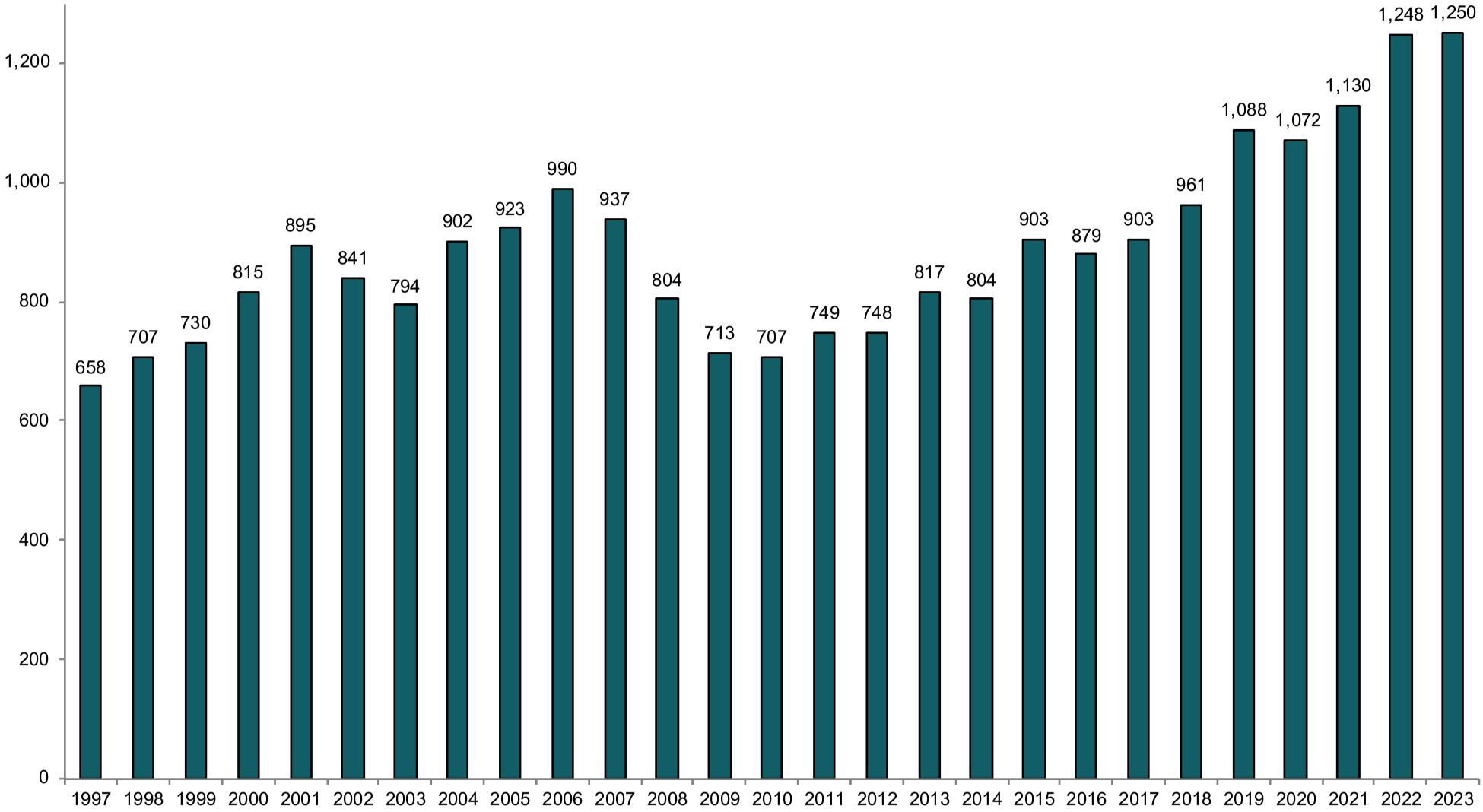
Rate of Fatal Occupational Injuries to Hispanic and Latino Workers, 2007–2023[1]
(Hours-Based Rates)



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

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

Number of Fatal Occupational Injuries to Hispanic and Latino Workers, 1997–2023



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

Profile of Hispanic and Latino Worker Fatalities, 2023[1]

Characteristic	Subcharacteristics	Deaths
Total Fatalities		1,250
Birthplace Origin	Foreign-born	839
	Native-born	404
Employee Status[2]	Wage and salary workers	—
	Self-employed	—
Gender[2]	Men	—
	Women	—
Leading Occupations	Construction trades workers	363
	Motor vehicle operators	214
	Grounds maintenance workers	103
	Material moving workers	71
	Agricultural workers	71
Leading Industries	Specialty trade contractors	261
	Administrative and support service	149
	Truck transportation	130
	Construction of buildings	79
Leading Event or Exposure	Transportation incidents	390
	Fall, slip, trip	318
	Contact with object/equipment	209
	Exposure to harmful substances or environment	192

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

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

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

Hispanic and Latino Worker Fatalities by State, 2005–2023[1]

State	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama	9	6	5	5	—	5	3	5	6	—	3	5	8	4	9	—	—	—	—
Alaska	3	5	—	—	—	—	5	5	3	—	—	—	—	—	—	—	—	—	—
Arizona	36	36	26	30	22	18	21	16	25	31	18	21	30	30	39	41	28	34	48
Arkansas	8	3	5	9	—	6	7	3	6	9	10	4	6	7	6	7	—	9	23
California	190	231	179	180	161	142	154	137	194	130	178	148	173	190	211	214	234	252	210
Colorado	19	18	30	21	17	19	22	21	14	18	20	23	29	19	24	26	30	31	22
Connecticut	5	7	4	7	4	5	7	6	5	3	8	4	4	14	5	4	6	8	8
Delaware	—	—	—	—	—	—	—	—	3	3	—	—	—	3	—	4	3	—	—
Florida	113	95	111	73	49	38	53	54	68	60	78	91	81	104	109	82	96	104	130
Georgia	25	35	28	26	10	16	14	10	14	21	26	16	24	24	37	43	27	36	25
Hawaii	—	—	4	—	—	—	—	1	—	4	3	—	—	—	—	—	—	—	—
Idaho	3	7	—	5	4	5	—	—	6	5	5	6	8	10	12	3	4	—	10
Illinois	23	30	27	25	16	25	25	19	26	16	19	27	17	27	17	18	17	25	27
Indiana	5	7	7	14	3	3	8	8	8	13	6	3	8	6	11	14	15	12	12
Iowa	—	—	4	6	8	5	3	4	—	3	—	4	—	5	6	13	6	—	—
Kansas	10	4	5	9	8	4	10	8	6	10	12	7	12	6	14	9	11	5	8
Kentucky	6	7	6	7	3	—	3	6	—	8	5	7	—	6	8	6	—	10	8
Louisiana	8	10	11	5	11	7	8	13	15	8	9	10	12	5	12	10	13	17	12
Maine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	8	22	7	10	3	12	8	15	15	8	9	14	21	12	—	19	12	11	16
Massachusetts	6	7	11	10	5	7	11	3	3	2	4	10	14	14	7	10	18	8	19

Hispanic and Latino Worker Fatalities by State, 2005–2023[1]

State	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Michigan	8	12	7	8	4	10	4	4	3	6	12	7	10	8	7	11	5	7	11
Minnesota	6	4	—	—	—	3	—	—	—	4	—	6	5	—	—	4	3	6	3
Mississippi	3	3	7	7	4	5	—	—	—	—	7	—	3	3	—	—	3	4	5
Missouri	—	4	7	4	6	3	4	—	5	5	7	5	4	4	5	—	—	17	—
Montana	4	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	3
Nebraska	—	—	4	5	—	3	3	5	3	9	4	--	4	7	—	—	9	4	—
Nevada	9	12	12	13	6	9	8	8	9	8	13	14	9	8	7	8	14	16	20
New Hampshire	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
New Jersey	30	28	23	25	25	20	26	15	20	31	22	26	11	22	23	20	37	33	20
New Mexico	19	30	21	10	16	17	23	22	20	22	13	16	11	19	19	18	18	30	13
New York	34	57	41	33	35	29	30	39	32	50	51	47	43	51	56	52	63	64	64
North Carolina	27	23	14	20	12	13	21	13	16	19	17	19	20	16	19	30	33	44	41
North Dakota	—	—	—	—	4	5	3	12	—	—	4	—	—	—	—	—	—	4	—
Ohio	5	8	6	4	4	8	1	8	2	3	11	10	15	11	9	9	11	8	13
Oklahoma	8	8	13	9	7	17	10	7	18	16	17	10	16	10	17	12	14	9	10
Oregon	6	11	6	—	8	6	6	—	9	8	5	12	5	8	11	13	13	7	—
Pennsylvania	11	14	16	11	10	13	14	13	4	13	17	7	9	10	13	11	21	16	25
Rhode Island	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
South Carolina	10	10	7	8	10	10	10	4	7	6	10	9	9	9	15	—	19	13	16
South Dakota	—	—	—	3	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—
Tennessee	5	14	8	9	8	8	9	9	9	6	10	11	8	6	16	23	14	21	34

Hispanic and Latino Worker Fatalities by State, 2005–2023[1]

State	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Texas	200	174	211	148	185	165	171	201	192	206	220	211	219	198	241	221	231	269	285
Utah	4	6	10	6	8	4	3	6	5	7	4	10	6	11	11	—	7	12	12
Vermont	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Virginia	24	13	18	16	7	9	14	15	22	9	9	20	12	30	17	18	18	27	12
Washington	7	7	10	8	7	14	5	12	4	8	14	13	9	16	13	24	16	24	17
West Virginia	4	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—
Wisconsin	9	3	5	—	5	4	4	7	7	5	7	4	7	7	11	12	4	13	7
Wyoming	—	—	8	—	—	—	—	3	—	3	4	4	3	4	3	4	3	—	6
Totals[2,3]	923	990	937	804	713	707	749	748	817	804	903	879	903	961	1,088	1,072	1,130	1,248	1,250

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

[1]Hispanic and Latino includes both foreign-born and native-born. The foreign-born are persons residing in the United States who were not U.S. citizens at birth. That is, they were born outside the United States or one of its outlying areas such as Puerto Rico or Guam, to parents neither of whom was a U.S. citizen. The foreign-born population includes legally admitted immigrants, refugees, temporary residents such as students and temporary workers, and undocumented immigrants. The survey data, however, do not separately identify the number of persons in these categories. In 2020, the Bureau of Labor Statistics updated its disclosure methodology, which has resulted in the agency no longer publishing certain data. See BLS.gov/iif/oshfaq1.htm#assessingourdata. For information on foreign-born fatalities in 2018 and prior, please see previous Death on the Job reports and BLS publications.

[2]Total includes three fatalities that occurred in the District of Columbia and 21 fatalities that occurred in Puerto Rico.

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

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

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

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

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

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

[2]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. For this table, the total number of 2021–2022 cases was divided in half to produce an annual average for the two years. Data for 2023 and 2024 will be available in December 2025.

REGULATORY ACTION AND REFORM

Twice a year, the president publishes a regulatory agenda for each agency to set its regulatory priorities for the next six months. There has been no regulatory agenda published since the fall 2024 agenda by the Biden administration.

For example, the last regulatory agenda for OSHA included workplace violence in health care and social assistance, heat injury and illness prevention, process safety management, blood lead levels for medical removal and mechanical power presses update all in the pre-rule stage because proposals were not expected yet. Proposed rules slated on the agenda included infectious diseases, cranes and derricks in construction, communication tower safety, emergency response, lockout/tagout, tree care, welding in construction confined spaces, personal protective equipment (PPE) in construction, powered industrial trucks design, walking working surfaces, silica medical removal protection and worker walkaround representatives. Significant final rules slated on the agenda included an update to the hazard communication standard, COVID-19 in health care, and tracking injuries and illnesses. The musculoskeletal disorder (MSD) column, table 1 for silica and powered industrial trucks were on the long-term action list with no proposed date for completion. The MSD column refers to a column on OSHA injury and illness logs that has received little attention by the agency despite accounting for the largest percentage of all serious nonfatal workplace injuries (28%), according to most recent data, and historically. The agency issued a proposed rule on this in 2010, but withdrew it in 2011. Initially, the 2001 final recordkeeping rule had included an MSD column, but OSHA later deleted that column before the provision became effective.

Last year, OSHA issued a proposed rule for heat and a final rule to clarify workers' right to designate their own representation during OSHA inspections, i.e., walkaround representation. Further clarifying this right will help level the playing field to ensure workers have access to representation as employers do throughout an OSHA investigation. The year before, OSHA issued proposed rules for emergency response and PPE fit in construction, completed the small business review for a rule on workplace violence in health care and social assistance, and issued a final rule on electronic injury reporting. The injury tracking rule restored requirements for large employers to submit detailed injury log information to OSHA, which was revoked by the first Trump administration in 2019 (other employers were already required to report). The annual deadline for employers to submit injury and illness data to OSHA is March 2. The Injury Tracking Application with these data is now publicly available.[58, 59] Since millions of workers are injured on the job each year, these are rich datasets that can be used to prevent future work injuries.[60]

Final Mine Safety and Health Administration (MSHA) rules slated on the agenda included silica and surface mobile equipment, both of which were finalized.

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[58] *See* OSHA.gov/Establishment-Specific-Injury-and-Illness-Data.
[59] *See* OSHA.gov/injuryreporting#:~:text=The%20deadline%20for%20timely%20submission,still%20must%20submit%20their%20data.&text=OSHA%20is%20aware%20of%20technical,Birth%20and%20Date%20of%20Hire.
[60] *See* AJPH.aphapublications.org/doi/10.2105/AJPH.2024.307934.

EPA proposed and completed risk evaluation and risk management rules under EPA risk evaluation for different chemicals under the amended Toxic Substances Control Act (TSCA). In a significant move after decades of attempts under weaker laws, the Environmental Protection Agency issued a final rule to phase out current uses and imports of chrysotile asbestos in March 2024 after decades of efforts—this was the first rule issued under the amended TSCA. EPA also issued final rules to phase out methylene chloride, carbon tetrachloride, trichloroethylene and perchlorethylene, and institute worker protection programs. In February 2024, the agency also reinstated the Risk Management Program rule that will protect communities near facilities that store, use or manufacture chemicals; this rule was repealed under the first Trump administration and was rewritten by the Biden administration after a court mandate. The rule now includes improved worker participation and stop-work authority provisions that are critical to improving community safety. In March 2025, Trump's second iteration of EPA announced it is reconsidering the 2024 Risk Management Program rule, attempting to make the rule less prescriptive.[61]

Regulatory Reform

Over the years, there have been processes to both improve the regulatory process and to weaken or decimate it. The Stop Corporate Capture Act, a significant piece of legislation, has been introduced in the past to remedy problems that create enormous hurdles and burdens in the regulatory process. The bill offers a comprehensive blueprint for modernizing, improving and strengthening the regulatory system to protect the public and workers more effectively. Understanding the weak areas of our current regulatory system, the Biden administration issued an executive order, a rule for public comment and revisions to its Circular A-4 guidance to modernize the regulatory review process to improve public participation, transparency, efficiency and inclusivity in developing regulations.[62, 63]

However, deregulatory bills, disguised as "regulatory reform," have been a problem over the years, and have only picked up steam. These bills would make it more difficult or impossible for federal agencies to issue needed safeguards in a timely manner, if at all, meaning new federal regulatory protections largely no longer would be issued. During the conservative-controlled 118th Congress, the House introduced and voted on a host of these bills.

Many dangerous and recent deregulatory bills fall into several categories:

- *Congressional veto legislation:* The Regulations from the Executive in Need of Scrutiny Act
- *Increased process and regulatory delay legislation:* The Ensuring Accountability in Agency Rulemaking Act; the Separation of Powers Restoration Act; the GOOD Act; the Comment Integrity and Management Act; the Modernizing Retrospective Regulatory Review Act; the Stop Settlement Slush Funds Act; the Sunshine for Regulatory Decrees and Settlements Act; the Midnight Rules Relief Act; the Small Business Regulatory Flexibility Improvements Act

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[61] *See* EPA.gov/newsreleases/epa-announces-reconsideration-risk-management-plan-boost-safety-competitiveness.
[62] *See* BidenWhiteHouse.archives.gov/omb/information-regulatory-affairs/modernizing-regulatory-review/#:~:text=The%20Executive%20Order%20of%20April,OIRA's%20engagement%20with%20the%20public.
[63] *See* FederalRegister.gov/documents/2023/04/11/2023-07760/modernizing-regulatory-review.

- *Regulatory budget legislation:* The PROVE IT Act; the Renewing Efficiency in Government by Budgeting Act
- *Expanding the Regulatory Flexibility Act legislation:* The Regulatory Transparency for Small Businesses Act; the Regulatory Agenda Clarity Act; the Assurance for Small Business Act; the Enhanced Regulatory Flexibility Assessment Act; the Let American Businesses Be On Record Act (LABOR Act); the Regulatory Review Improvement Act

The Regulations from the Executive in Need of Scrutiny (REINS) Act (H.R. 142, S. 485) was introduced again in the 119th Congress and is a current threat in the budget reconciliation process. The bill would create a congressional approval process for a major rule and, if it became law, would prevent the implementation of a major rule unless it received congressional approval. Other regulatory reform bills would require unnecessary, redundant requirements to current rules and the rulemaking process. Over the years, OSHA's standard-setting process has become unduly burdensome and lengthy. According to a congressional report, it takes OSHA between 4.3 and 11.5 years to issue a new standard—an average of eight years.[64] The longest amount of time OSHA has taken to complete the rulemaking process was 19 years each for the two most recent chemical standards—silica and beryllium.

The first three months of the second Trump administration have been a deregulatory assault on workers and the public. Early on, President Trump issued an executive order that would require the elimination of 10 regulations for every one that is issued. On its face, that would mean that workers who need regulatory protections from heat would have to give up protections from asbestos, lead, silica or other critical, lifesaving government requirements on their employers, which is nonsensical and not what workers want.

A newly announced effort by the U.S. Department of Justice launched the Anticompetitive Regulations Task Force to target "red tape that hinders free market competition," and it is accepting public comment. The White House also created a new portal for the public to submit "deregulation suggestions."[65,66]

On April 9, 2025, the White House issued three far-reaching deregulatory executive actions that will take shape in the months and years to come. One executive order calls for agencies to identify regulations for immediate repeal that appear inconsistent with recent rulings by the U.S. Supreme Court, without any notice and comment.[67] A second executive order purports to sunset a wide variety of energy and environment-related regulations.[68] And a third executive order aims to roll back a wide range of rules alleged to be anticompetitive.[69]

All of this in light of the landmark Supreme Court case, *Loper Bright vs. Raimondo*, that

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[64] Congressional Research Service. "Occupational Safety and Health Administration (OSHA): COVID-19 Emergency Temporary Standards (ETS) on Health Care Employment and Vaccinations and Testing for Large Employers." Updated March 24, 2022. *Available at* CRSReports.congress.gov/product/pdf/R/R46288.
[65] *See* Justice.gov/opa/pr/justice-department-launches-anticompetitive-regulations-task-force.
[66] *See* Regulations.gov/deregulation?utm_medium=email&utm_source=govDelivery.
[67] *See* Whitehouse.gov/presidential-actions/2025/04/directing-the-repeal-of-unlawful-regulations/.
[68] *See* Whitehouse.gov/presidential-actions/2025/04/zero-based-regulatory-budgeting-to-unleash-american-energy/.
[69] *See* Whitehouse.gov/presidential-actions/2025/04/reducing-anti-competitive-regulatory-barriers/.

overturned 40 years of Chevron deference.[70] Additionally, the recent misuse of the Congressional Review Act has alarmed many groups.[71]

The regulatory process needs to be strengthened, not weakened, for effective regulations that make our workplaces—and workers—safer.

[70] *Loper Bright Enterprises v. Raimondo*, 603 U.S. 396 (2024).
[71] *See* Sensiblesafeguards.org/outreach/css-and-80-groups-oppose-misuse-of-the-congressional-review-act-to-target-ineligible-policies/.

Major OSHA Health Standards Since 1971

Standard		Year Final Standard Issued
1.	Asbestos	1972
2.	Fourteen Carcinogens	1974
3.	Vinyl Chloride	1974
4.	Coke Oven Emissions	1976
5.	Benzene (vacated)	1978
6.	DBCP	1978
7.	Arsenic	1978
8.	Cotton Dust	1978
9.	Acrylonitrile	1978
10.	Lead	1978
11.	Cancer Policy	1980
12.	Access to Medical Records	1980
13.	Hearing Conservation	1981
14.	Hazard Communication	1983
15.	Ethylene Oxide	1984
16.	Asbestos (revised)	1986
17.	Field Sanitation	1987
18.	Benzene (revised)	1987
19.	Formaldehyde	1987
20.	Access to Medical Records (modified)	1988
21.	Permissible Exposure Limits (PELs) Update (vacated)	1989
22.	Chemical Exposure in Laboratories	1990
23.	Bloodborne Pathogens	1991
24.	4,4'-methylenedianiline	1992
25.	Cadmium	1992
26.	Asbestos (partial response to court remand)	1992
27.	Formaldehyde (response to court remand)	1992
28.	Lead (construction)	1993
29.	Asbestos (response to court remand)	1994
30.	1,3-Butadiene	1996
31.	Methylene Chloride	1998
32.	Respiratory Protection	1998
33.	Ergonomics (revoked under the Congressional Review Act)	2000
34.	Bloodborne Pathogens – Needlestick Injuries	2001
35.	Hexavalent Chromium (response to court order)	2006
36.	Hazard Communication – Globally Harmonized System	2012
37.	Crystalline Silica	2016
38.	Beryllium	2017
39.	Occupational Exposure to COVID-19 for Health Care Emergency Temporary Standard[1]	2021
40.	COVID-19 Vaccination and Testing Emergency Temporary Standard (withdrawn after court injunction)	2021

Source: Code of Federal Regulations.

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

Major OSHA Safety Standards Since 1971

Standard	Year Final Standard Issued
1. Cranes/Derricks (load indicators)	1972
2. Roll-over Protective Structures (construction)	1972
3. Power Transmission and Distribution	1972
4. Scaffolding, Pump Jack Scaffolding and Roof Catch Platform	1972
5. Lavatories for Industrial Employment	1973
6. Trucks, Cranes, Derricks and Indoor General Storage	1973
7. Temporary Flooring – Skeleton Steel Construction	1974
8. Mechanical Power Presses	1974
9. Telecommunications	1975
10. Roll-over Protective Structures of Agricultural Tractors	1975
11. Industrial Slings	1975
12. Guarding of Farm Field Equipment, Farmstead Equipment and Cotton Gins	1976
13. Ground-Fault Protection	1976
14. Commercial Diving Operations	1977
15. Servicing Multi-Piece Rim Wheels	1980
16. Fire Protection	1980
17. Guarding of Low-Pitched Roof Perimeters	1980
18. Design Safety Standards for Electrical Standards	1981
19. Latch-Open Devices	1982
20. Marine Terminals	1983
21. Servicing of Single-Piece and Multi-Piece Rim Wheels	1984
22. Electrical Safety in Construction (Part 1926)	1986
23. General Environmental Controls – TAGS (Part 1910)	1986
24. Marine Terminals – Servicing Single-Piece Rim Wheels (Part 1917)	1987
25. Grain Handling Facilities (Part 1910)	1987
26. Safety Testing of Certification of Certain Workplace Equipment and Materials	1988
27. Crane or Derrick Suspended Personnel Platforms (Part 1926)	1988
28. Concrete and Masonry Construction (Part 1926)	1988
29. Mechanical Power Presses (modified)	1988
30. Powered Platforms (Part 1910)	1989
31. Underground Construction (Part 1926)	1989
32. Hazardous Waste Operations (Part 1910) (mandated by Congress)	1989
33. Excavations (Part 1926)	1989
34. Control of Hazardous Energy Sources (lockout/tagout) (Part 1910)	1989
35. Stairways and Ladders (Part 1926)	1990
36. Concrete and Masonry Lift-Slab Operations	1990
37. Electrical Safety Work Practices (Part 1910)	1990
38. Welding, Cutting and Brazing (Part 1910) (revision)	1990
39. Chemical Process Safety	1992
40. Confined Spaces (general industry)	1993

Major OSHA Safety Standards Since 1971

Standard	Year Final Standard Issued
41. Fall Protection	1994
42. Electrical Power Generation	1994
43. Personal Protective Equipment	1994
44. Logging Operations	1995
45. Scaffolds	1996
46. PPE for Shipyards	1996
47. Longshoring and Marine Terminals	1997
48. Powered Industrial Truck Operator Training	1998
49. Steel Erection	2001
50. Electrical Equipment Installation	2007
51. Employer Payment for Personal Protective Equipment	2007
52. Cranes and Derricks in Construction	2010
53. General Working Conditions for Shipyard Employment	2011
54. Electric Power Generation, Transmission and Distribution	2014
55. Confined Spaces (construction)	2015
56. Walking-Working Surfaces and Personal Protective Equipment (Fall Protection Systems) (Part 1910)	2016
57. Improve Tracking of Workplace Injuries and Illnesses	2024

Source: Code of Federal Regulations.

Impact on Workers' Lives from Delays in Recent OSHA Standards

Hazard/Issue	Year Rulemaking Initiated	Year Rulemaking Completed	Years Elapsed Since Rulemaking Initiated	Lives Lost Per Year of Delay	Lives Lost Over Entire Rulemaking Period (to date)
Cranes and Derricks[1]	2002	2010	8	22	176
Hexavalent Chromium[2]	1993	2006	13	40 to 145	520 to 1,885
Silica[3]	1997	2016	19	642	12,198
Beryllium[4]	1998	2017	19	90	1,710
Heat[5]	2021	N/A	4	36 to 53	144 to 212

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

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

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

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

[5]In 1972, NIOSH published its first criteria for a recommended standard on occupational exposure to hot environments, which was updated in 1986 and 2016. In 2021, the Biden administration annouced a national initiative to address heat exposures across vulnerable populations, including workers, which led to OSHA publishing in the Federal Register an Advanced Notice of Proposed Rulemaking (ANPRM) on Oct. 27, 2021, and a Notice of Proposed Rulemaking (NPRM) on Aug. 30, 2024. The public comment period for the NPRM closed on Jan. 14, 2025, and an informal public hearing is scheduled to be held beginning on June 16, 2025. According to the proposed rule, there were 36 heat-related fatalities captured by BLS in 2021, 43 in 2022 and 53 in 2023 (89 FR 70698). This is a significant undercount of expected work-related heat deaths, as many are not captured through current reporting systems and fatalities are a small piece of the actual problem. The Trump administration has not issued a regulatory agenda or indicated its plans for promulgating a final OSHA heat standard.

OSHA ENFORCEMENT AND OVERSIGHT

Enforcement is a cornerstone of the Occupational Safety and Health Act and always has been a major part of the OSHA program. However, different administrations have placed different levels of emphasis on enforcement. In general, Democratic administrations have favored strong enforcement, supplemented by compliance assistance and voluntary programs, while Republican administrations have placed a greater emphasis on compliance assistance and lesser on enforcement. But all administrations face deficiencies and weaknesses in OSHA's statutory enforcement authority, and significant resource constraints that have greatly limited the agency's ability to meet its responsibilities.

The Biden administration fully staffed the head office, including Douglas L. Parker as the assistant secretary for occupational safety and health—who was confirmed by the U.S. Senate on Oct. 25, 2021, and served through Jan, 20, 2025. This was a significant change from the entire first term of the Trump administration, when OSHA did not have a confirmed head of the agency.

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

In the first few months of its second term, the Trump administration and the "Department of Government Efficiency" (DOGE)—a fake agency—have prioritized massive deregulatory efforts, the practical elimination of the only worker health and safety research agency (NIOSH), full attacks on union and collective bargaining rights, and have slated nearly a dozen OSHA field offices and 35 MSHA field offices for closure this summer. At the time of publication of this report, OSHA and MSHA appear to still be conducting inspections. However, the U.S. Department of Labor has not yet undergone mass firings, which are expected, and will significantly impair the ability for the government—the trusted, unbiased authority in workplace health and safety inspections—to keep workers safe on the job.

OSHA Inspections

Federal OSHA's ability to provide protection to workers has greatly diminished over the years. When the AFL-CIO issued its first "Death on the Job: The Toll of Neglect" report in 1992, federal OSHA could inspect workplaces under its jurisdiction once every 84 years, compared with once every 185 years under current inspection and employment records. Last year it was 186 years to inspect. This figure is a significant improvement from recent years, when OSHA did not conduct as many inspections during the COVID-19 pandemic. However, the agency still has not reached pre-pandemic levels, and its capacity has worsened over time given the disparity between its responsibility and its resources.

In FY 2024, federal OSHA conducted 34,682 inspections, and the state OSHA programs combined conducted 36,839 inspections. This was a 1.2% increase for federal OSHA and 5.7% increase for state OSHA programs compared with the previous year. In FY 2024, federal OSHA conducted 887 inspections in federal agencies.

During the first Trump administration, there was a general decline in many significant and complicated cases that take more time to conduct, which can be seen in the data from OSHA's Enforcement Weighting System (EWS)—a protocol implemented by the Obama administration to give greater weight to more time-intensive inspections than to shorter-duration routine inspections. The first Trump administration then created its own OSHA Weighting System (OWS)—a protocol that downgrades these complex health inspections with significant importance and impact, and increases the weight of quick inspections related to four fatal safety hazards (falls, caught in, struck by and electrical hazards).[72]

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

Under the EWS, from FY 2016 to FY 2019, the number of inspections for significant cases declined 24%, from 131 to 100; the number of inspections for ergonomic hazards declined 55%, from 69 to 31; the number of inspections for workplace violence declined 29%, from 49 to 35; the number of inspections for process safety management declined 26%, from 234 to 172; and the number of inspections for combustible dust declined 24%, from 491 to 372.

Under the OWS, in FY 2024, OSHA reported 63,635 enforcement units (EUs) for inspections and investigations, compared with 63,273 EUs for inspections and investigations in FY 2023, and 59,686 EUs for inspections and investigations in FY 2022. These cannot be compared with the EWS EUs; however, a critical examination of the OWS EUs shows the difference is striking. Under the OWS, approximately half of EUs result from inspections related to the fatal four safety hazards—31,521 of 63,635 EUs in FY 2024. However, EUs resulting from ergonomics, heat, non-PEL (permissible exposure limit) overexposures and workplace violence inspections combined only accounted for 1,484 of 63,635 EUs in FY 2024. This is a significant increase from FY 2023, largely due to a significant increase in heat inspections (824 EUs in FY 2023 to 1,370 EUs in FY 2024). Notably, EUs resulting from workplace violence inspections decreased (96 EUs in FY 2023 to 86 EUs in FY 2024; the agency also did not prioritize rulemaking on this issue around the same time. Under the Biden administration, federal OSHA revised its weighting system for a third time, effective FY 2025, for which data is not yet available.

Unprogrammed Enforcement Activity

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

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

Individuals can file a complaint with OSHA that an employer is not providing a safe workplace. The agency considers a complaint as "formal" if it is made by a current employee or representative that asserts imminent danger or a violation of the OSH Act or a standard. Formal complaints must be written or use OSHA's complaint form, and must be signed. Other complaints that do not meet that criteria are considered "informal." In FY 2024, federal OSHA received 9,264 formal complaints, inspecting 38%, and 22,670 informal complaints, inspecting 19%—with workers filing 3% more and 7% fewer complaints than FY 2023, respectively. In FY 2024, state OSHA plans received 11,118 formal worker complaints, inspecting 56%, and 24,500 informal worker complaints, inspecting 19%—increases of 14% and 7% from FY 2023, respectively. Complaints that did not receive an inspection resulted in the agency doing a "phone/fax investigation." When conducting a phone/fax investigation, the agency telephones the employer, describes the alleged hazards in the complaint and then follows up with a letter. The employer must respond within five days, identifying in writing any problems found and noting corrective actions taken or planned. If OSHA determines the response adequate, an on-site inspection is not conducted. Phone/fax investigations were formerly only conducted in response to an informal complaint, but this practice shifted during the COVID-19 pandemic to allow inspectors to conduct phone/fax investigations for all types of unprogrammed activity.

OSHA inspectors, other federal, state or local government agencies, discrimination or whistleblower complaints or the media can refer a case to OSHA. In FY 2024, federal OSHA received 3,865 referrals and responded with an inspection for 76% of cases after referral. State OSHA plans received 5,472 referrals and followed up with an inspection in 79% of those.

In 2015, OSHA began requiring employers to report all severe work-related injuries, defined as an amputation, in-patient hospitalization or loss of an eye, to the agency. In response to these reports, the agency conducts either an inspection or rapid response investigation (RRI). An RRI does not involve an on-site inspection, and requires the employer to conduct its own investigation into the incident and share its findings with OSHA. In FY 2024, federal OSHA received 10,994 severe injury reports (SIRs) and conducted an inspection in 31% of cases, and OSHA state plans received 3,525 SIRs and conducted an inspection in 42% of cases.

Federal OSHA received reports of 2,311 fatalities and catastrophes on the job in FY 2024 and investigated 46% of the cases. State OSHA plans combined received reports of 6,949 fatalities and catastrophes and investigated 45% of them.

OSHA Violations and Penalties

Penalties for OSHA violations have always been relatively low, due to statutory limitations and enforcement policies that prioritize the settlement of cases to achieve more expedient abatement of hazards, rather than imposing the maximum fines.

In recent years, administrative and statutory changes have resulted in an increase in OSHA penalties. A revised penalty policy implemented during the Obama administration in 2010 resulted in a doubling of fines for serious violations. Passage of the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, which extended the coverage of the Inflation Adjustment Act to OSHA, further increased penalties for OSHA violations. Under the 2015 law, OSHA was authorized to raise maximum penalties by approximately 80%, the amount

of inflation since the last time OSHA penalties were raised in 1990, and to regularly update penalties to account for future inflation. This statutory increase in federal OSHA penalties took effect Aug. 1, 2016. The latest adjustment, effective Jan. 15, 2025, increased the maximum penalty for serious violations to $16,550, and for willful and repeat violations to $161,514.[73, 74] State OSHA plans also are required to raise their statutory maximum penalties to be as effective as the federal OSHA program, but many states that cover private sector workers have not yet complied. As of April 17, 2025, four state OSHA plans still have not adopted 2022 penalties: Indiana, Kentucky, Tennessee and Puerto Rico. Indiana intends to wait on legislation before adopting the maximum penalties; it now is more than six years overdue.[75] State OSHA plans are not required to impose monetary penalties on state and local government employers.[76, 77]

In FY 2024, the average penalty for a serious violation under federal OSHA was $4,083, compared with an average penalty of $4,597 for serious violations in FY 2023. In FY 2024, the average penalty for a serious violation for state OSHA plans combined remained lower than for federal, at $2,580; in FY 2023, it was $2,406.

The number of willful violations cited by federal OSHA in FY 2024 was 490, a decrease from FY 2023 with 544. The average penalty per willful violation was $69,257 in FY 2024, compared with $68,306 in FY 2023, $68,062 in FY 2022 and $61,750 in FY 2021. The average penalty per repeat violation was $16,860 in FY 2024, compared with $19,174 in FY 2023 and $14,690 in FY 2022. In states with state-run OSHA plans, in FY 2024, there were 321 willful violations issued, with an average penalty of $62,372 per violation, and 2,011 repeat violations issued, with an average penalty of $7,868 per violation.

In FY 2024, federal OSHA issued 1,283 violations to federal agencies, including one willful violation and 200 repeat violations. Federal OSHA does not issue monetary penalties to federal agencies.

For FY 2024, federal OSHA reported that the agency brought 89 “significant” enforcement cases.[78] This is fewer than FY 2023 (113) and FY 2022 (94) and more than the first year of the Trump administration, FY 2017 (53).[79] It is unclear how significant enforcement cases may have been impacted by the COVID-19 pandemic and reduction in enforcement activity during FY 2020 and 2021.

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[73] Prior to the passage of the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, the maximum penalty for a serious violation was $7,000 and the maximum penalty for a willful or repeat violation was $70,000 per violation.
[74] 89 FR 1810.
[75] *See* OSHA.gov/sites/default/files/2022-06/indiana-fy-2021-comprehensive-fame-report.pdf.
[76] OSHA. State Plan Adoption of Federal OSHA Standards and Directives. Final Rule on the Implementation of the 2022 Annual Adjustment to Civil Penalties for Inflation. Updated Jan. 30, 2023. *Available at* OSHA.gov/stateplans/adoption/standards/2022-01-14.
[77] 87 FR 2328.
[78] OSHA defines a significant enforcement case as one in which the investigation results in a total proposed penalty of greater than or equal to $180,000, or one that involves novel enforcement issues.
[79] For the first 10 months of FY 2016, the threshold for a significant case was $100,000; it increased to $180,000 on Aug. 1, 2016, when the increase in maximum penalties took effect.

The median current penalty issued per fatality investigation conducted in FY 2024 was $16,131 for federal OSHA and the median current penalty was $7,031 for the state OSHA plans combined. This is an increase for federal OSHA from FY 2023, which had a median of $14,063 and state plans at $7,000. These data include enforcement cases that still are under contest, and some cases that still are open. Increased penalties in FY 2024 may be attributed to a combination of Congress tying maximum penalties to inflation annually and new enforcement initiatives described below. Averages can distort the real picture of fatality penalties in situations in which large cases with very high penalties raise the averages substantially. Using median penalties that capture the point where half of the penalties are below and half the penalties are above the median provides a more accurate picture of the typical penalties in cases involving worker deaths. According to OSHA inspection data, the average total penalty in a fatality case in FY 2024 was $19,271 for federal and state OSHA plans combined, approximately the same as $20,996 in FY 2023.

OSHA Enforcement Initiatives and Policies

Federal OSHA under the Biden administration took a strong enforcement approach, using various tools available to an agency with few resources to do its job. The agency has issued national emphasis programs (NEP) to enhance enforcement on certain targeted areas: combustible dust,[80] falls while working from heights in construction,[81] heat injury and illness,[82] and warehousing and distribution centers.[83] OSHA regions have issued their own local emphasis enforcement programs.[84] In August 2023, following mounting pressure about the epidemic of silica-related disease among engineered stone workers, the agency updated its silica NEP to better target these small countertop fabrication shops.[85] The Biden administration also issued several enforcement directives and national emphasis programs to address urgent COVID-19 issues to help protect workers while the administration was considering other actions.[86, 87, 88]

The Biden administration also continued Obama-era programs and policies to address high-hazard employers and industries, and to respond to changes in the workforce and employment relationships. These include the Severe Violator Enforcement Program (SVEP), launched in 2010, to focus on and provide enhanced oversight of the most persistent and egregious violators; the Temporary Worker Initiative (TWI) to help prevent injuries and illnesses among temporary workers by holding both staffing agencies and host employers jointly responsible; and the Severe Injury Reporting and Investigation Program, discussed in the section of this report on unprogrammed enforcement activity.

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[80] *See* OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-008.pdf.
[81] *See* OSHA.gov/enforcement/directives/cpl-03-00-025.
[82] OSHA Directive: CPL 03-00-024. National Emphasis Program – Outdoor and Indoor Heat-Related Hazards. April 8, 2022. *Available at* OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf.
[83] *See* OSHA.gov/enforcement/directives/cpl-03-00-026.
[84] *See* OSHA.gov/enforcement/directives/lep.
[85] *See* OSHA.gov/enforcement/directives/cpl-03-00-023.
[86] Occupational Safety and Health Administration. Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19). July 7, 2021. *Available at* OSHA.gov/laws-regs/standardinterpretations/2021-07-07.
[87] OSHA Directive: DIR 2021–03 (CPL 03). Revised National Emphasis Program – Coronavirus Disease 2019 (COVID-19). July 7, 2021. *Available at* OSHA.gov/sites/default/files/enforcement/directives/DIR_2021-03_CPL_03.pdf.
[88] COVID-19 Focused Inspection Initiative in Healthcare. March 2, 2022. *Available at* OSHA.gov/laws-regs/standardinterpretations/2022-03-02.

In September 2022, OSHA expanded the SVEP criteria for inclusion to more employers—those with repeat violations and with more hazards.[89] According to OSHA, there have been 1,290 cases in total on the SVEP log since its inception. Since there have been 230 cases removed from the log over time, there are currently 1,060 cases on the log, dating back to 2012. This includes 257 cases added to the log in FY 2024.[90] The TWI helps prevent injuries and illnesses among temporary workers who are employed by staffing agencies but who work for different host employers. Under OSHA's temporary worker policy, both host employers and staffing agencies may be held jointly responsible for complying with safety and health rules. In FY 2024, OSHA conducted inspections at 122 host employers and 43 staffing employers under this initiative.

The walkaround rule clarifying the rights of workers to choose their own representation during OSHA walkaround inspections demonstrated the Biden administration's recognition that worker participation is essential to an accurate safety or health inspection. While this was an existing right for union workers, that right had been eroded in practice by employers. This rule clarifies this right for all workers—union and nonunion—so that inspections can be more thorough and so that workers can trust inspectors in the process. The Trump administration did not support the right of workers to have a designated representative, and at the urging of business groups, revoked a 2013 letter of interpretation that clarified this right under the law; a court required OSHA to undertake rulemaking to clarify this right, which it did.[91] Business groups are now urging President Trump to remove OSHA's walkaround rule altogether.[92]

Understanding that penalties have been too low to be a deterrent for many egregiously behaved employers, the agency used field directives. On Jan. 26, 2023, OSHA announced a new enforcement policy to make its penalties more effective in stopping employers from repeatedly exposing workers to life-threatening hazards or failing to comply with certain workplace safety and health requirements.[93] Under existing authority, OSHA directed inspectors to issue "instance-by-instance citations" when "high-gravity" serious violations of specific OSHA standards occurs, including lockout/tagout, machine guarding, permit-required confined space, respiratory protection, falls, trenching and for cases with other-than-serious violations specific to recordkeeping. Additionally, the policy encourages violations not to be grouped when there is evidence that worksite conditions giving rise to the violations are separate and distinct, or where different conduct gave rise to the violations. The goal of this policy is to deter employers from flagrantly disregarding their responsibilities and repeatedly violating the law.

Through expanded use of corporatewide settlements, OSHA aimed to address business practices that conflict with good health and safety practices, incentivizing companies to address the root

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[89] *See* OSHA.gov/news/newsreleases/national/09152022.
[90] OSHA Inspection Data in Response to AFL-CIO Data Request, FY 2023.
[91] Fairfax, Richard E., Deputy Assistant Secretary, Occupational Safety and Health Administration, Letter to Steve Sallman, Health and Safety Specialist, United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW). Feb. 21, 2013. *Available at* OSHA.gov/laws-regs/standardinterpretations/2013-02-21.
[92] *See* NAM.org/wp-content/uploads/2024/12/Manufacturers-Regulatory-Letter-to-President-Elect-Trump_12.5.24.pdf.
[93] Occupational Safety and Health Administration. "Department of Labor Announces Enforcement Guidance Changes to Save Lives, Target Employers Who Put Profit Over Safety" (press release). 23-146-NAT. Jan. 26, 2023. *Available at* OSHA.gov/news/newsreleases/national/01262023-0.

causes of recurring hazards by seeking correction of recurring violations and hazards across all of the corporation's facilities.[94] As detailed above, OSHA overall increased the number of OSHA inspectors since the rollbacks during the first Trump administration, increased inspections with more weight (more complex, more impactful), and increased the issuance of willful and repeat violations.

The Biden administration also resumed the practice of issuing press releases on significant enforcement cases to focus public attention on employers with serious, willful or repeated violations of the law. OSHA had always issued press releases on important enforcement cases, but under the Biden and Obama administrations, it was a specific OSHA policy to issue a press release on all enforcement cases with significant total proposed penalties and significant violations of the general duty clause, and federal OSHA encouraged local OSHA officials to engage in active outreach to the press. A recent study found that one OSHA press release was the equivalent of 210 inspections, an essential compliance assistance tool given limited agency resources.[95] The business community strenuously objected to the issuance of these press releases, and when the first Trump administration took office, the issuance of OSHA press releases on enforcement cases was suspended. Several months later, from public pressure, the agency again issued some press releases for some major enforcement cases, but there no longer was a policy or practice to institute the issuance of press releases on all significant enforcement cases.

The Biden administration also improved transparency, providing information to the public that had been rolled back by the Trump administration, particularly on worker fatalities and significant enforcement cases. A list of names of workers who have died on the job and information on every fatality investigation, including the circumstances surrounding the death and the employer, returned to the OSHA website homepage. The posting of this information, initiated in 2010, is used to honor fallen workers and provide information to help prevent workplace deaths. This action was praised by families of workers killed on the job who had objected to the change by the first Trump administration, which instead promoted initiatives the agency was taking to cooperate with employers.

Addressing vulnerable worker protections and inequities were priorities for the Biden administration, including on working conditions. It instituted equity considerations in its cost-benefit analysis when developing a regulation to ensure that women and vulnerable workers are treated equally with other regulated communities.[96] OSHA and the Wage and Hour Division at the Department of Labor did more to work together on child labor violations and enforcement to prevent the exploitation of vulnerable workers and children in dangerous work settings. The administration instituted status protections through prosecutorial discretion and certification of U and T visas for immigrant workers who are victims of workplace health and safety violations or crimes.[97, 98, 99]

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[94] *See* OSHA.gov/news/newsreleases/national/08232023.
[95] Johnson, M.S. "Regulation by Shaming: Deterrence Effects of Publicizing Violations of Workplace Safety and Health Laws." *American Economic Review* 110 (6):1866–1904. June 2020. *Available at* 10.1257/aer.20180501.
[96] See WhiteHouse.gov/wp-content/uploads/2023/11/CircularA-4.pdf.
[97] *See* DOL.gov/newsroom/releases/sol/sol20220706.
[98] *See* DHS.gov/news/2023/01/13/dhs-announces-process-enhancements-supporting-labor-enforcement-investigations.
[99] *See* Whistleblowers.gov/ut_visa.

The Biden administration also initiated important conversations on artificial intelligence to prevent it from undermining worker rights, worsening job quality, encouraging undue worker surveillance, lessening market competition, introducing new health and safety risks, or causing harmful labor force disruptions.[100]

This year, when the second Trump administration ordered federal agencies to remove all documents from their websites that contained "DEI," OSHA removed 25 critical health and safety documents that workers, their representatives and employers rely on, only due to a cursory key word search without any context. For example, OSHA removed the document, "Caring for our Caregivers: Workplace Violence: A road map for healthcare facilities," because it stated, "Managers purposely selected a *diverse* group of trainers—bedside nurses, team leaders… with the aim of providing mentors, coaches, and 'champions' throughout the hospital." [emphasis added] Another example was the removal of "Recommended Practices for Safety and Health Programs in Construction" because it stated, "These recommended practices provide responsible employers, workers, and worker representatives with a sound, flexible framework for addressing safety and health issues on *diverse* construction job sites." [emphasis added]

Eventually, after mounting pressure, the agency restored most of the documents to its website, but the documents are still not linked everywhere they used to be, creating more chaos and confusion for the agency's stakeholders who use these to make workplaces safer.[101]

It is too early to tell how other initiatives and enforcement will change at OSHA under the second term of the Trump administration. However, the slated closure of nearly a dozen OSHA field offices this upcoming summer is an early sign that OSHA enforcement capacity and resources and other field initiatives will not be as accessible or strategic for workers who desperately need the government to help protect them on the job.

State Plan Oversight

The OSH Act excluded many workers from coverage, including workers covered by other safety and health laws, and state and local public employees in states without a state OSHA plan. Over the years, there have been efforts to expand coverage. But today millions of workers—many state and local public employees—still lack OSHA coverage and are at serious risk of being injured on the job.

The OSH Act permits federal OSHA to grant approval to states that want to manage their own workplace safety and health program and cover public sector workers in their states. On Aug. 18, 2022, Massachusetts became the sixth state to receive approval for its own OSHA plan that covers approximately 390,000 state and local government employees.[102] The plan is in effect and will undergo review for final approval in the coming years. Other states that only cover public employees, while federal OSHA retains private sector jurisdiction, are Connecticut, Illinois,

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[100] *See* BidenWhiteHouse.archives.gov/briefing-room/statements-releases/2023/10/30/fact-sheet-president-biden-issues-executive-order-on-safe-secure-and-trustworthy-artificial-intelligence/.

[101] *See* Bobbyscott.house.gov/media-center/press-releases/scott-omar-demand-answers-trump-administration-destruction-valuable.

[102] 87 FR 50766.

Maine, New Jersey and New York, as well as the Virgin Islands. There are 21 other states and Puerto Rico with approved state OSHA plans that cover both public and private sector employees.[103]

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

Federal OSHA's main tool is to remove the state's OSHA state plan approval. The process to approve or revoke a state plan requires a lengthy rulemaking process, including public comment. This also has two significant side effects. If federal OSHA went through with revoking a state plan, federal OSHA would be in charge of all enforcement in the state, adding to its responsibilities without additional resources, and public employees would lose OSHA coverage provided to them through their state plan.

The state of Arizona, as its most recent malfeasance in a long history, never adopted the COVID-19 ETS for health care, leaving many workers unprotected. Federal OSHA sent "courtesy letters" to the state plans that were slow to adopt the COVID-19 ETS. On April 21, 2022, OSHA issued a proposal to revoke the approval of Arizona's state plan due to years of not operating as least as effectively as federal OSHA and to move the state plan back to initial approval status, which would result in joint federal and state OSHA jurisdiction in the state.[104] Due to this action, Arizona OSHA adopted three outstanding final rules, increased minimum penalties to match federal penalties and annual penalty level adjustments, passed a state law to authorize adoption of an emergency temporary standard (ETS) when either the Industrial Commission of Arizona or OSHA deems the grave danger criteria met, and adopted recordkeeping and log requirements for COVID-19. On Feb. 15, 2023, federal OSHA withdrew its proposal to revoke Arizona's plan approval after agreements for improvements.[105]

OSHA has had other successes in ensuring state plans adopt rules or run programs as effective as federal OSHA. During the Obama administration, federal OSHA threatened to withdraw South Carolina's state plan when the state announced it was going to eliminate its OSHA whistleblower program. The state finally relented, largely at the urging of South Carolina's business community. However, the state plan still remains problematic. On April 4, 2023, the Union of Southern Service Workers, Service Employees International Union (USSW-SEIU) filed a complaint to the Department of Labor's Civil Rights Center stating South Carolina OSHA has violated Title VI of the Civil Rights Act, and of the Department of Labor's anti-discrimination regulations, 29 C.F.R. § 31.3(b)(2), for racial discrimination by disproportionately excluding black workers from its programmed inspections and exposing them to inequitable risk of injuries and illnesses.[106] On Dec. 7, 2023, USSW-SEIU filed a petition with federal OSHA to revoke the

[103] U.S. Department of Labor. State plans. *Available at* OSHA.gov/stateplans/.
[104] 87 FR 23783.
[105] 88 FR 9796.
[106] *See* Drive.Google.com/file/d/10EYhlNS6VAu73rpvjSikIxMW49UhElJJ/view.

South Carolina OSHA plan for failure to maintain an effective enforcement program.[107] To date, no formal action has been taken against this state OSHA program.

OSHA Criminal Enforcement

Throughout OSHA's history, criminal enforcement under the Occupational Safety and Health Act has been rare and dependent on political will. According to information provided by the Department of Labor, since the passage of the act in 1970, only 137 cases have been referred for prosecution under the act. During this time, there were approximately 440,000 workplace fatalities. DOL referred six cases for criminal prosecution in 2023, compared with 13 in FY 2022, nine cases in FY 2021, seven cases in FY 2020, four cases in FY 2019 and 11 cases in FY 2018.[108, 109, 110] There were four cases referred between January and April 2024. At the time of publication of this report, the U.S. Department of Labor has not responded to a Freedom of Information Act request for recent numbers.

By comparison, the Environmental Protection Agency opened 200 criminal cases in FY 2024 and 199 in FY 2023 under federal environmental laws—and in 61% of these cases (likely from FY 2023), an individual defendant was charged.[111] The aggressive use of criminal penalties for enforcement of environmental laws, and the real potential for jail time for corporate officials, serve as a powerful deterrent. In FY 2024, EPA had also hired 18 new criminal investigators. However, EPA's annual enforcement and compliance report appears to be withdrawn from its website, possibly due to the Trump administration's blanket "diversity, equity and inclusion" policies.

The criminal penalty provisions of the OSH Act are woefully inadequate. Criminal enforcement is limited to those cases in which a willful violation results in a worker's death, or where false statements in required reporting are made. The maximum penalty is six months in jail, making these cases misdemeanors. Criminal penalties are not available in cases where workers are endangered or seriously injured, but no death occurs. This is in contrast to federal environmental laws, where criminal penalties apply in cases where there is "knowing endangerment," and the law makes such violations felonies. Due to the weak criminal penalties under the OSH Act, the Department of Justice (DOJ) prosecutes few cases under the statute. Instead, in some instances, DOJ will prosecute OSHA cases under other federal statutes with stronger criminal provisions if those laws also have been violated.

In response to the OSH Act's severe limitations, over the years there have been a number of initiatives to expand criminal enforcement for safety and health hazards by utilizing other

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[107] *See* JordanBarab.com/confinedspace/wp-content/uploads/2023/12/SEIU-Petition-to-Revoke-SC-OSHA-State-Plan-FINALIZED.pdf.

[108] "Criminal Referrals by OSHA to DOJ or US Attorneys or Significant Aid to Local Prosecutors" (Updated April 8, 2016)" and other information compiled and provided by the Office of the Solicitor of Labor, updated April 2, 2024. The information for the early years of the statute is incomplete and may not include all cases prosecuted.

[109] In addition to cases prosecuted under the Occupational Safety and Health Act and the U.S. federal criminal code (18 U.S.C. 1001), state and local prosecutors have prosecuted employers for deaths and injuries to workers under their state and local laws. There is no complete accounting of these cases.

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

[111] *See* EPA.gov/system/files/documents/2025-03/eoy2024.pdf.

statutes for prosecution. These include the DOJ Worker Endangerment Initiative, launched in 2005 and expanded in 2016, that focuses on companies that put workers in danger while violating environmental laws, and prosecutes such employers using the much tougher criminal provisions of environmental statutes.[112, 113, 114] Under this initiative, DOJ has significantly enhanced its criminal prosecutions for worker safety and health, successfully bringing cases that have resulted in convictions and significant jail time for defendants.[115] During the Obama administration, the Department of Labor (DOL) stepped up criminal enforcement efforts, referring more cases for criminal prosecution to the DOJ and U.S. attorneys. In addition, DOL expanded assistance to local prosecutors in the investigation and prosecution of cases involving worker deaths and injuries.

While criminal enforcement of job safety violations at the federal level remains quite limited, in a number of states and localities, prosecutors are pursuing criminal charges against employers and individuals in cases involving job deaths and injuries. In Philadelphia, the district attorney successfully prosecuted the general contractor and crane operator for deaths of six individuals in the 2013 Salvation Army building collapse, winning convictions for involuntary manslaughter and jail time. In New York City, the Manhattan district attorney won a manslaughter conviction against the general contractor, Harco Construction LLC, for the 2015 trenching death of a young undocumented immigrant construction worker. The foreman for the excavation company, Sky Materials Corp., was convicted of criminally negligent homicide and reckless endangerment, and sentenced to one to three years in jail. In both cases, unions and local safety and health activists worked with prosecutors to provide assistance and to educate the community about the job safety crimes. In 2023, a Colorado contractor was charged with felony manslaughter after three workers were buried in a trench collapse, resulting in the death of a 20-year-old immigrant worker, after a pattern of unsafe behavior for months leading up to the fatal incident and for at least another month after the fatality.[116]

OSHA Coverage

The OSHA law still does not cover 8.1 million state and local government employees in 23 states and the District of Columbia, even though these workers encounter the same hazards as private sector workers and, in many states, have a higher rate of injury than private sector counterparts.[117] Similarly, millions who work in the transportation and agriculture industries and at Department of Energy contract facilities lack full protection under the OSH Act. These

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

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

[114] Memorandum of Understanding Between the U.S. Departments of Labor and Justice on Criminal Prosecutions of Worker Safety Laws. Dec. 17, 2015. *Available at* Justice.gov/enrd/file/800526/download.

[115] PBS. "Frontline: A Dangerous Business Revisited." March 2008.

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

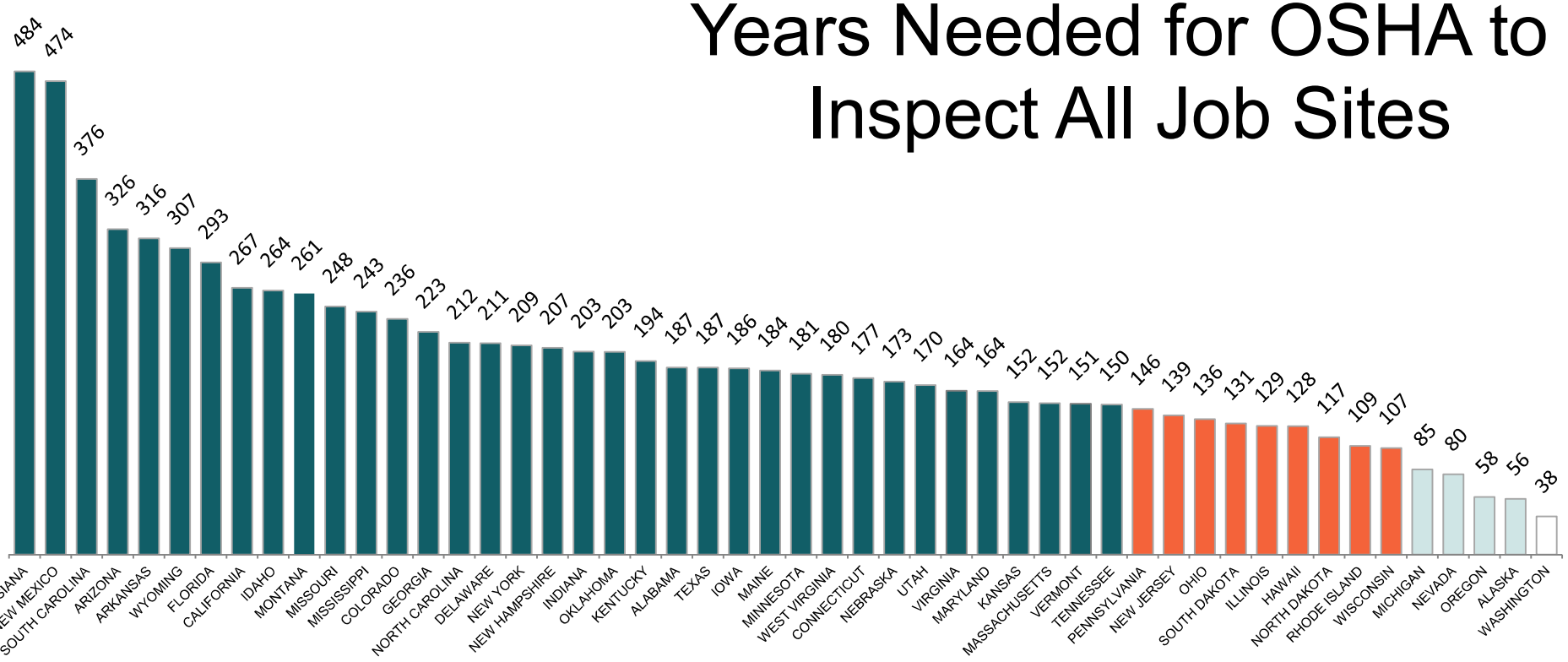
[117] Under the OSH Act, states may operate their own OSHA programs. Twenty-one states and one territory have state OSHA programs covering both public and private sector workers. Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York now have state programs covering state and local employees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

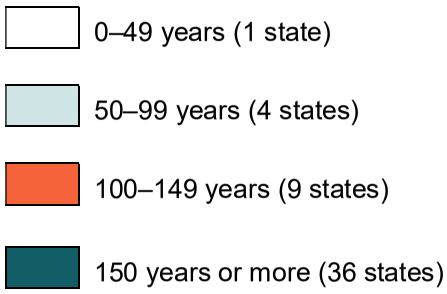
workers theoretically are covered by other laws, which in practice have failed to provide equivalent protection. The Mine Safety and Health Administration (MSHA) covers many underground and surface mine workers under its own law, which is stronger than the OSH Act.

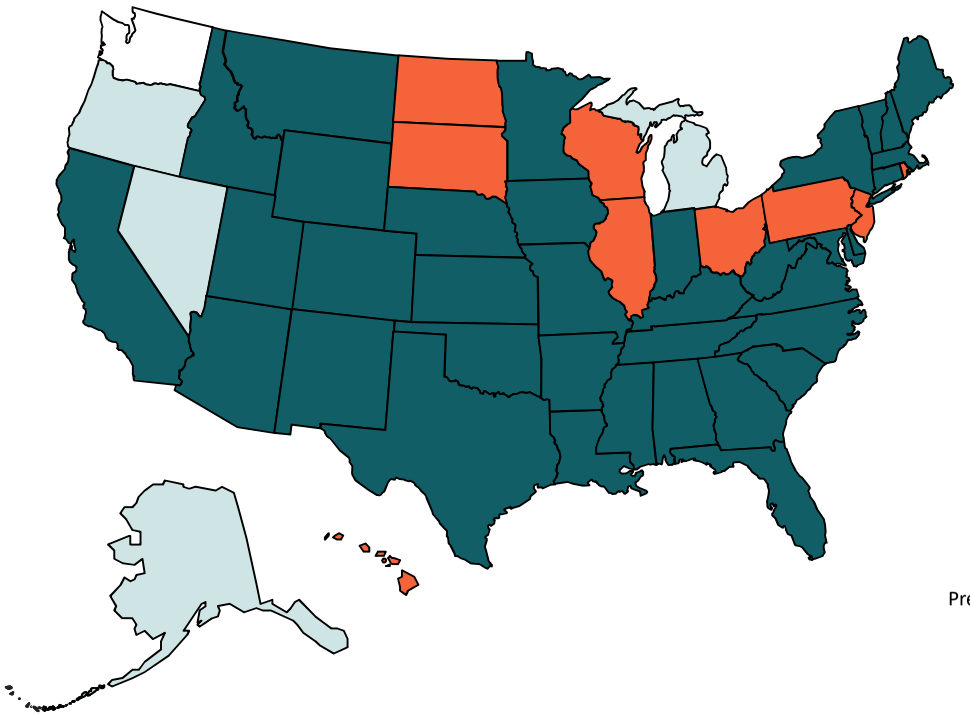
In 2013, OSHA coverage was extended to flight attendants when the Federal Aviation Administration rescinded a longstanding policy and ceded jurisdiction to OSHA on some key safety and health issues, in response to the FAA Modernization and Reform Act of 2012 (PL 112–95). This policy action was the culmination of decades of effort by the flight attendant unions to secure OSHA protections. Specifically, the FAA issued a policy that extended OSHA regulations and jurisdiction on hazard communication, bloodborne pathogens, hearing conservation, recordkeeping, and access to employee exposure and medical records for cabin crews.[118]

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

Years Needed for OSHA to Inspect All Job Sites



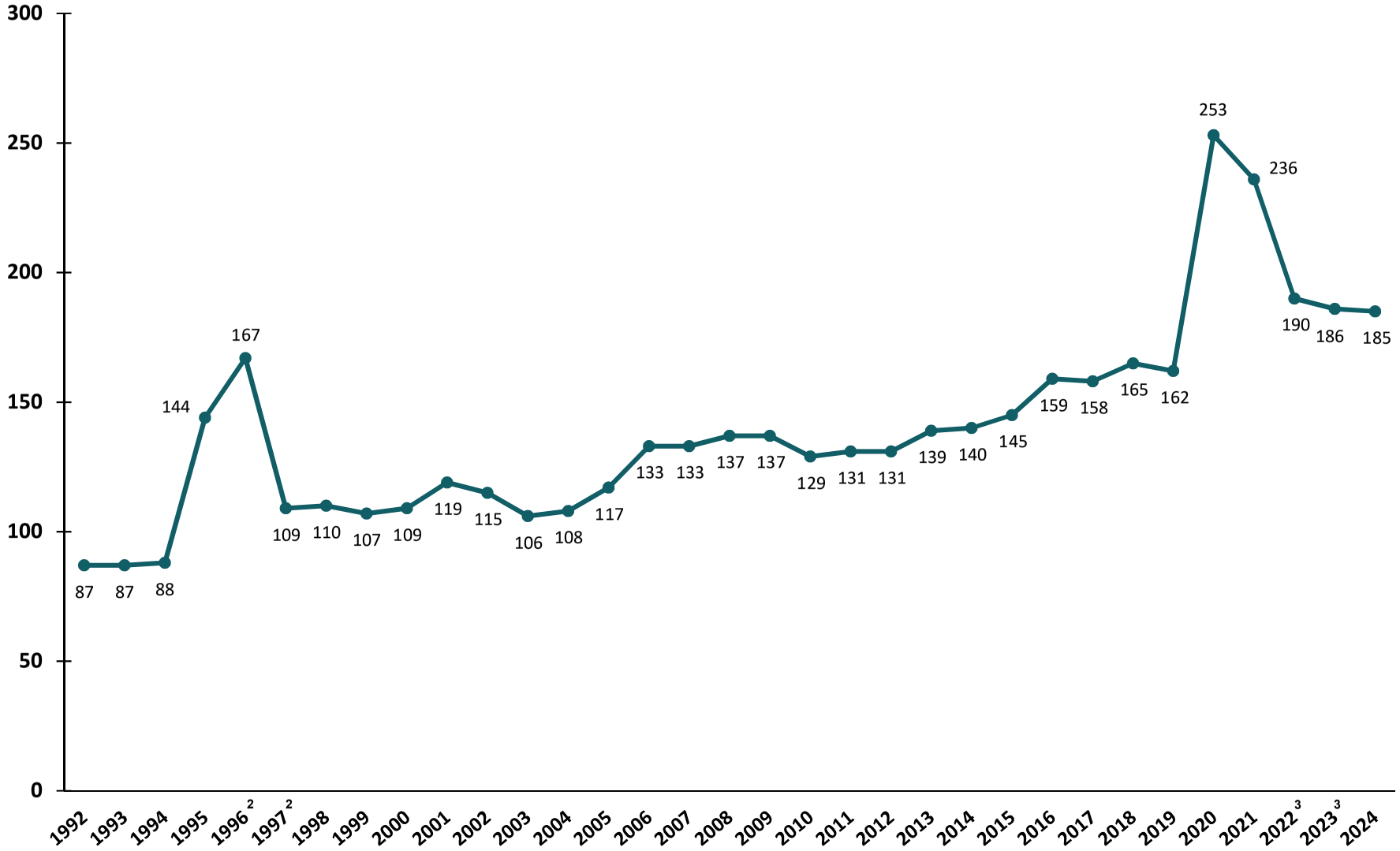




Sources: U.S. Department of Labor, Bureau of Labor Statistics, "Employment and Wages Annual Averages 2023," and Occupational Safety and Health Administration OIS data on worksite inspections, FY 2024.

Prepared by the AFL-CIO

Years for Federal OSHA to Inspect Each Workplace Once, FY 1992–2024[1]



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

Federal OSHA Inspection/Enforcement Activity, FY 2014–2024

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020[1]	FY 2021[1]	FY 2022	FY 2023	FY 2024
Inspections	36,167	35,822	31,948	32,396	32,020	33,401	21,674	24,355	31,886	34,249	34,682
Safety	29,343	28,903	25,704	26,607	26,453	27,890	17,558	19,948	25,388	28,114	28,222
Health	6,824	6,917	6,244	5,789	5,567	5,511	4,116	4,407	6,498	6,135	6,460
Complaints	9,577	9,037	8,870	8,254	7,510	7,408	4,581	4,954	6,795	8,253	7,528
Programmed	19,207	16,527	12,731	14,396	13,980	14,910	8,726	10,598	14,114	15,840	17,208
Construction	18,223	17,549	15,610	16,921	16,729	17,500	11,069	12,566	16,011	17,557	17,998
Maritime	370	357	297	292	274	275	211	180	233	316	267
Manufacturing	7,602	8,051	7,450	7,043	6,863	7,046	4,367	4,612	5,848	7,002	7,216
Other	9,972	9,863	8,591	8,140	8,154	8,580	6,027	6,997	9,794	9,374	9,201
Average Case Hours/Inspections											
Safety	22.0	22.3	21.0	20.2	19.3	18.4	23.9	23.0	18.6	19.2	19.1
Health	45.2	39.7	33.4	33.6	32.0	29.3	44.9	38.3	25.6	26.0	24.0
Violations – Total	67,556	65,044	59,856	51,273	50,910	50,638	40,313	31,529	38,979	48,461	54,913
Willful	433	527	524	319	341	364	385	360	477	544	490
Repeat	2,954	3,088	3,146	2,771	2,593	2,471	2,155	1,790	2,065	2,880	2,793
Serious	49,416	47,934	42,984	36,802	36,645	36,447	28,757	23,065	28,070	34,035	39,455
Unclassified	1	1	1	-	1	1	-	1	2	-	1
Other	14,597	13,016	11,895	11,300	11,265	11,280	8,984	6,302	8,334	10,981	12,124
FTA	155	107	152	81	65	75	32	11	31	21	50
Penalties – Total ($)	143,535,247	156,525,585	162,872,470	196,837,526	196,598,571	207,960,691	186,187,094	150,982,223	200,771,943	270,652,218	247,401,319
Willful	17,474,793	21,581,025	21,794,276	20,808,006	21,108,034	21,611,925	27,256,828	22,229,957	32,465,555	37,158,666	33,935,688
Repeat	20,407,958	24,042,251	27,277,061	31,447,412	29,823,210	34,862,762	33,058,548	23,765,289	30,333,990	55,221,828	47,090,677
Serious	97,427,404	102,971,432	103,234,454	130,767,703	131,173,038	135,482,837	112,819,262	102,864,726	122,229,386	156,456,369	161,085,579
Unclassified	-	4,200	-	-	5,432	1,037	-	2,000	7,770	-	-
Other	6,500,117	7,222,074	8,537,920	12,183,280	12,926,576	14,876,315	12,248,709	11,116,993	14,902,634	20,810,784	4,447,708
FTA	1,724,976	704,143	2,028,758	1,631,125	1,561,970	1,125,815	775,011	343,120	832,607	1,004,571	841,667
Average Penalty/ Violation ($)	2,125	2,406	2,721	3,839	3,862	4,107	4,619	4,789	5,151	5,585	4,505
Willful	40,357	40,951	41,592	65,229	61,900	59,373	70,797	61,750	68,062	68,306	69,257
Repeat	6,909	7,786	8,670	11,349	11,501	14,109	15,340	13,277	14,690	19,174	16,860
Serious	1,972	2,148	2,402	3,553	3,580	3,717	3,923	4,460	4,354	4,597	4,083
Unclassified	-	4,200	-	-	5,432	1,037	-	2,000	3,885	-	-
Other	445	555	718	1,078	1,148	1,319	1,363	1,764	1,788	1,895	367
FTA	11,129	6,581	13,347	20,137	24,030	15,011	24,219	31,193	26,858	47,837	16,833
Percent Inspections with Citations Contested (%)	6.6%	7.4%	8.3%	8.5%	8.3%	8.0%	9.6%	8.7%	5.6%	6.1%	7.5%

Sources: OIS Federal Inspection Reports, FY 2014–FY 2024.

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

Federal OSHA and State Plan OSHA
Inspection/Enforcement Activity, FY 2024

	FEDERAL OSHA	STATE PLAN OSHA
Inspections	34,682	36,839
Safety	28,222	27,418
Health	6,460	9,421
Complaints	7,528	10,449
Programmed	17,208	1,443
Construction	17,998	13,028
Maritime	267	77
Manufacturing	7,216	5,705
Other	9,201	18,029
Average Case Hours/Inspection	20.0	24.1
Safety	19.1	22.3
Health	24.0	29.7
Violations – Total	54,913	72,390
Willful	490	321
Repeat	2,793	2,011
Serious	39,455	34,573
Unclassified	1	56
Other	12,124	35,266
FTA	50	163
Penalties – Total ($)	247,401,319	139,531,215
Willful	33,935,688	20,021,379
Repeat	47,090,677	15,821,986
Serious	161,085,579	89,211,254
Unclassified	-	311,887
Other	4,447,708	11,590,763
FTA	841,667	2,573,946
Average Penalty/Violation ($)	4,505	1,927
Willful	69,257	62,372
Repeat	16,860	7,868
Serious	4,083	2,580
Unclassified	-	5,569
Other	367	329
FTA	16,833	15,791
Percent Inspections with Citations Contested	7.5%	17.7%

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

Federal OSHA and State Plan OSHA
Unprogrammed Enforcement Activity, FY 2024

	FEDERAL OSHA	STATE PLAN OSHA
Complaints[1]	**31,934**	**35,618**
Formal Complaints	9,264	11,118
Phone/Fax Investigation[2]	5,671	4,518
Percent Phone/Fax Investigation	61%	41%
Inspection	3,514	6,231
Percent Inspection	38%	56%
Other/Unknown[3]	79	369
Percent Other/Unknown	1%	3%
Informal Complaints	22,670	24,500
Phone/Fax Investigation	18,215	19,231
Percent Phone/Fax Investigation	80%	78%
Inspection	4,268	4,555
Percent Inspection	19%	19%
Other/Unknown[3]	187	714
Percent Other/Unknown	1%	3%
Referrals[4]	**3,865**	**5,472**
Phone/Fax Investigation	903	1,117
Percent Phone/Fax Investigation	23%	20%
Inspection	2,933	4,296
Percent Inspection	76%	79%
Other/Unknown[3]	29	59
Percent Other/Unknown	1%	1%
Severe Injury Reports[5]	**10,994**	**3,525**
Rapid Response Investigation[6]	7,483	1,999
Percent Rapid Response Investigation	68%	57%
Inspection	3,442	1,497
Percent Inspection	31%	42%
Other/Unknown[3]	69	29
Percent Other/Unknown	1%	1%
Fatalities and Catastrophes[7]	**2,311**	**6,949**
Inspection	1,061	3,108
Percent Inspection	46%	45%
Other/Unknown[3]	1,250	3,841
Percent Other/Unknown	54%	55%

Source: Occupational Safety and Health Administration. OIS Inspection Reports. Federal OSHA data provided Jan. 17, 2025. State plan OSHA data provided Jan. 21, 2025.

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

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

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

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

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

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

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

Federal OSHA Unprogrammed Enforcement Activity, FY 2022–2024

	FY 2022	FY 2023	FY 2024
Complaints[1]	**30,655**	**33,406**	**31,934**
Formal Complaints	6,626	8,993	9,264
Phone/Fax Investigation[2]	3,603	5,314	5,671
Percent Phone/Fax Investigation	54%	59%	61%
Inspection	2,843	3,553	3,514
Percent Inspection	43%	40%	38%
Other/Unknown[3]	180	126	79
Percent Other/Unknown	3%	1%	1%
Informal Complaints	24,029	24,413	22,670
Phone/Fax Investigation	19,459	19,298	18,215
Percent Phone/Fax Investigation	81%	79%	80%
Inspection	4,293	4,850	4,268
Percent Inspection	18%	20%	19%
Other/Unknown[3]	277	265	187
Percent Other/Unknown	1%	1%	1%
Referrals[4]	**4,005**	**4,249**	**3,865**
Phone/Fax Investigation	1,072	1,102	903
Percent Phone/Fax Investigation	27%	26%	23%
Inspection	2,834	3,064	2,933
Percent Inspection	71%	72%	76%
Other/Unknown[3]	99	83	29
Percent Other/Unknown	2%	2%	1%
Severe Injury Reports[5]	**10,476**	**10,775**	**10,994**
Rapid Response Investigation[6]	7,027	7,270	7,483
Percent Rapid Response Investigation	67%	67%	68%
Inspection	3,314	3,398	3,442
Percent Inspection	32%	32%	31%
Other/Unknown[3]	135	107	69
Percent Other/Unknown	1%	1%	1%
Fatalities and Catastrophes[7]	**2,592**	**2,395**	**2,311**
Inspection	1,291	1,150	1,061
Percent Inspection	50%	48%	46%
Other/Unknown[3]	1,301	1,245	1,250
Percent Other/Unknown	50%	52%	54%

Source: Occupational Safety and Health Administration. OIS Inspection Reports. FY 2022–2024.

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

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

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

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

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

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

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

Inspections and Investigations Under OSHA's Enforcement Weighting System, FY 2016–2019[1]

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

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

[1]This data is based on OSHA's Updated Enforcement Weighting System (EWS), which was in effect Oct. 1, 2015, until Sept. 30, 2019. osha.gov/memos/2019-09-30/revisions-occupational-safety-and-health-administration-osha-weighting-system. The OSHA Weighting System replaced the EWS and took effect beginning FY 2020 (Oct. 1, 2019); the OWS data are reflected in a separate table.

[2]These inspections resulted in either a 5(a)(1) citation or hazard alert letter (HAL). HALs do not result in a citation or penalty. The majority of inspections resulted in a HAL.

Inspections and Investigations Under the OSHA Weighting System, FY 2020–2024[1,2,3]

		FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Total Inspections		21,674	24,355	31,886	34,249	34,682
Total Enforcement Units		43,217	48,271	59,686	63,273	63,635
	With Inspections					
Significant Case	Number of Inspections	1	48	65	85	50
EU Value: 7	Number of EUs	7	336	455	595	350
Process Safety Management	Number of Inspections	101	108	142	178	166
EU Value: 5	Number of EUs	505	540	710	890	830
Fatality/Catastrophe	Number of Inspections	1,508	1,411	1,140	957	864
EU Value: 5	Number of EUs	7,540	7,055	5,700	4,785	4,320
Falls, Caught in, Struck by, Electrical Hazards[4]	Number of Inspections	6,966	8,082	10,073	10,563	10,507
EU Value: 3	5(a)(1) Citation	334	169	189	204	254
	5(a)(1) HAL	116	59	54	86	70
	Emphasis Programs	6,516	7,854	9,830	10,273	10,183
	Number of EUs	20,898	24,246	30,219	31,689	31,521
National/Regional/Local Emphasis Program	Number of Inspections	707	622	956	1,001	1,213
EU Value: 2	Number of EUs	1,414	1,244	1,912	2,002	2,426
5(a)(1) Ergonomics[4]	Number of Inspections	13	14	14	24	12
EU Value: 2	5(a)(1) Citation	0	0	1	3	1
	HAL	13	14	13	21	11
	Number of EUs	26	28	28	48	24
5(a)(1) Heat[4]	Number of Inspections	29	12	82	412	685
EU Value: 2	5(a)(1) Citation	4	0	10	8	8
	HAL	25	12	72	404	677
	Number of EUs	58	24	164	824	1,370
5(a)(1) Non-PEL Overexposure[4]	Number of Inspections	2	1	1	2	2
EU Value: 2	5(a)(1) Citation	0	0	0	1	1
	HAL	2	1	1	1	1
	Number of EUs	4	2	2	4	4
5(a)(1) Workplace Violence[4]	Number of Inspections	15	14	24	48	43
EU Value: 2	5(a)(1) Citation	1	2	3	6	5
	HAL	14	12	21	42	38
	Number of EUs	30	28	48	96	86
Federal Agencies	Number of Inspections	164	177	312	341	321
EU Value: 2	Number of EUs	328	354	624	682	642
Personal Sampling	Number of Inspections	698	548	747	1,020	1,243
EU Value: 2	Number of EUs	1,396	1,096	1,494	2,040	2,486
All Other Inspections	Number of Inspections	11,744	13,318	18,330	19,618	19,576
EU Value: 1	Number of EUs	11,744	13,318	18,330	19,618	19,576

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

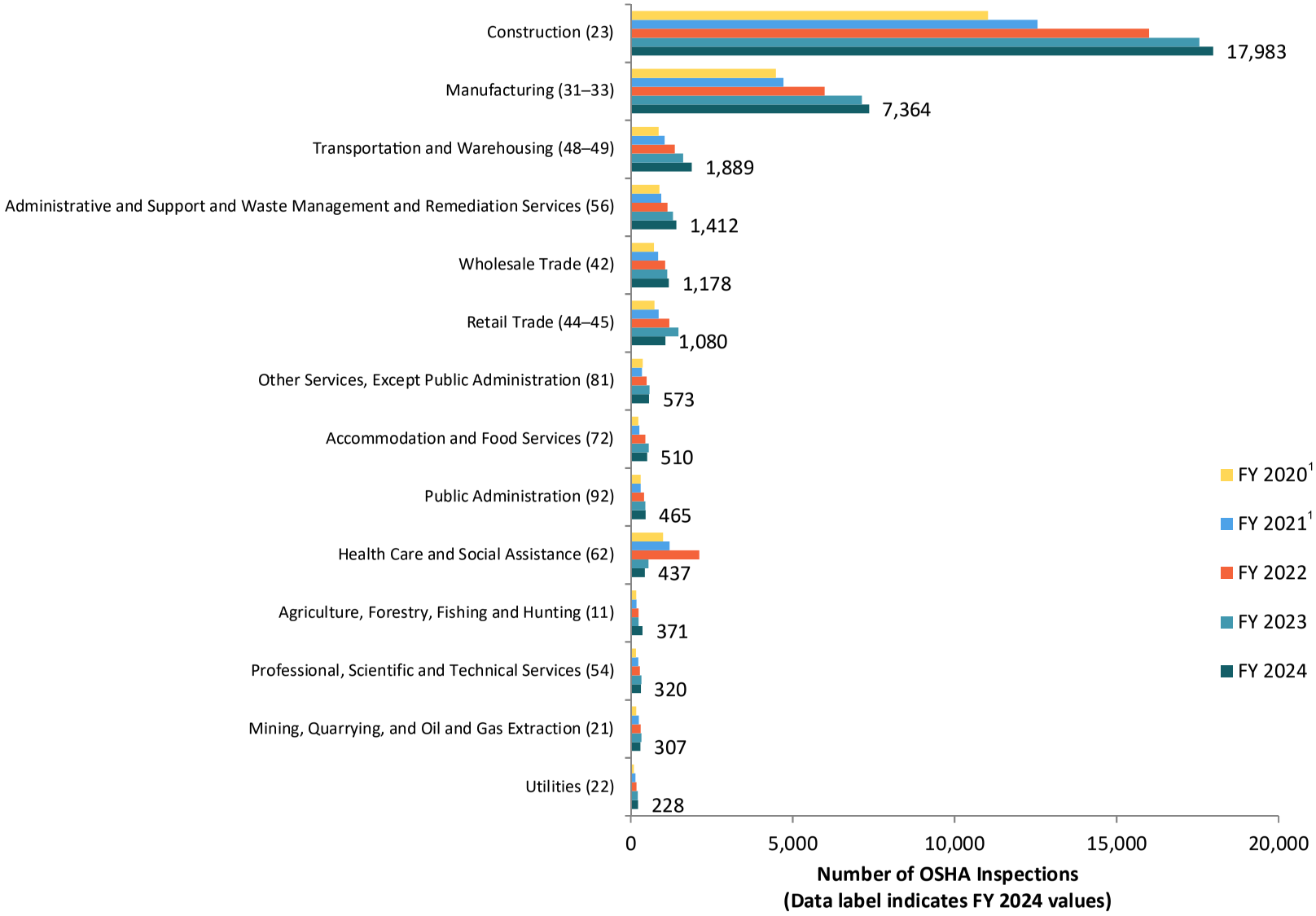
[1]OSHA replaced its Enforcement Weighting System (EWS) that was implemented in FY 2015 with the new OSHA Weighting System (OWS), which took effect beginning FY 2020 (Oct. 1, 2019). OSHA.gov/sites/default/files/CTS_7132_Whitepaper_FINAL_v2019_9_30.pdf. The OWS places less emphasis on significant inspections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

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

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

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

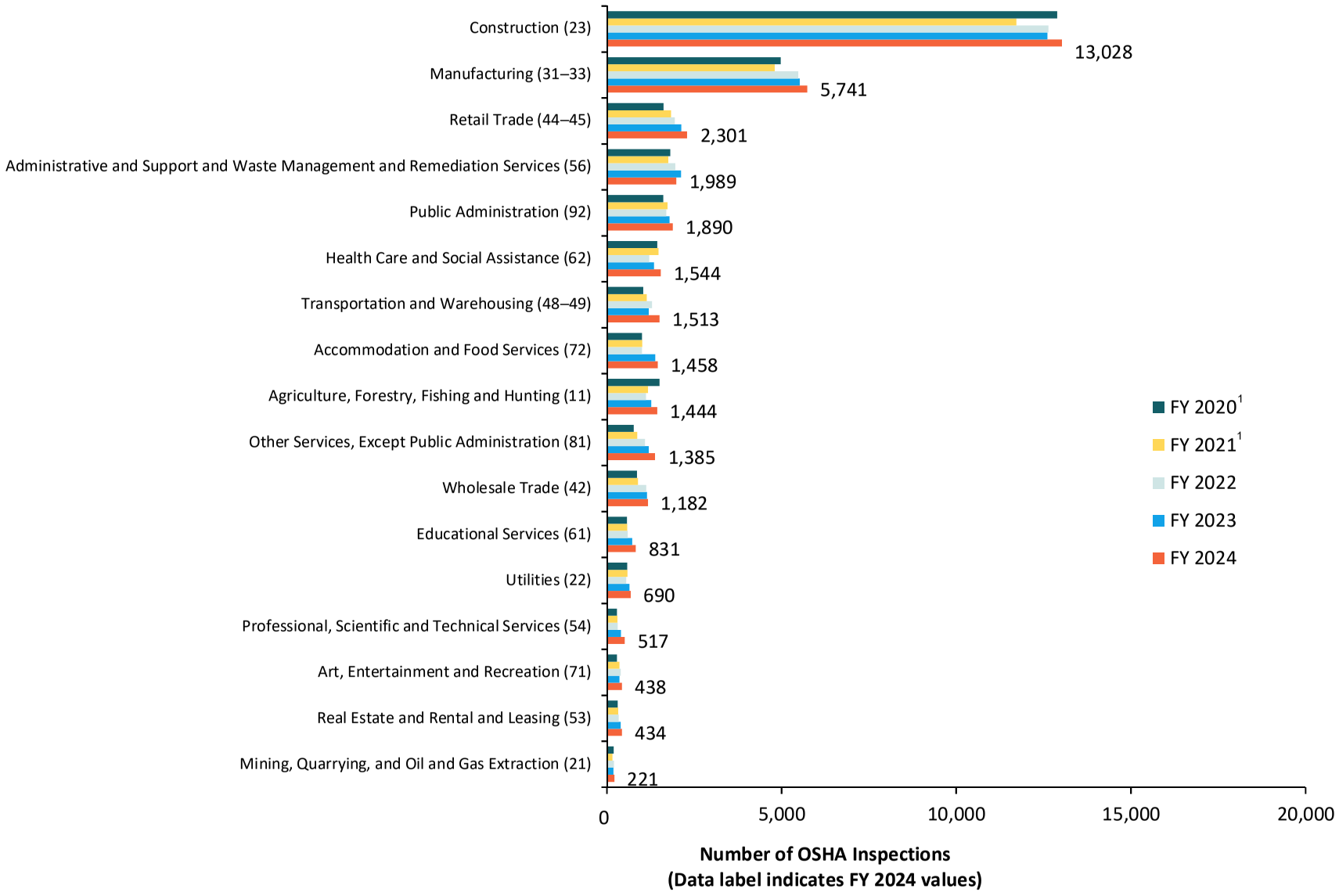
Number of Federal OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2020–2024



Source: OSHA OIS inspection reports, FY 2020–FY 2024. Most recent data received Jan. 17, 2025.

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

Number of State Plan OSHA Inspections by Industry (Two-Digit NAICS Code), FY 2020–2024



Sources: OSHA OIS inspection reports, FY 2020–FY 2024. Most recent data received Jan. 17, 2025.

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

Federal OSHA Enforcement Activity Addressing Significant Hazards, FY 2021–2024

	Ergonomics				Heat Illness				Workplace Violence			
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2021	FY 2022	FY 2023	FY 2024	FY 2021	FY 2022	FY 2023	FY 2024
Inspections	20	37	62	28	48	114	1,066	837	33	64	89	79
Violations - Total[1]	0	2	12	2	17	16	30	33	3	6	8	7
Willful	—	—	—	—	1	—	—	1	—	—	—	—
Repeat	—	—	—	—	—	—	—	1	—	1	—	1
Serious	—	2	12	2	16	16	29	31	2	5	7	6
Unclassified	—	—	—	—	—	—	—	—	—	—	—	—
Other[2]	—	—	—	—	—	—	1	—	1	—	1	—
FTA	—	—	—	—	—	—	—	—	—	—	—	—
Penalties - Total ($)	0	$16,150	$182,812	$25,731	$203,827	$142,280	$186,995	$513,423	$27,480	$63,762	$113,303	$309,931
Willful	—	—	—	—	$81,919	—	—	$161,323	—	—	—	—
Repeat	—	—	—	—	—	—	—	$48,000	—	$4,000	—	$88,721
Serious	—	$16,150	$182,812	$25,731	$121,908	$142,280	$183,369	$304,100	$24,554	$59,762	$100,251	$221,210
Unclassified	—	—	—	—	—	—	—	—	—	—	$13,052	—
Other	—	—	—	—	—	—	$3,626	—	$2,926	—	—	—
FTA	—	—	—	—	—	—	—	—	—	—	—	—
Average Penalty/Violation ($)	0	$8,075	$15,234	$12,866	$11,990	$8,893	$6,233	$171,141	$9,160	$10,627	$14,163	$44,276
Willful	—	—	—	—	$81,919	—	—	$161,323	—	—	—	—
Repeat	—	—	—	—	—	—	—	$48,000	—	$4,000	—	$88,721
Serious	—	$8,075	$15,234	$12,866	$7,619	$8,893	$6,323	$9,810	$12,277	$11,952	$14,322	$36,868
Unclassified	—	—	—	—	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	$3,626	—	$2,926	—	$13,052	—
FTA	—	—	—	—	—	—	—	—	—	—	—	—
HALs[3]	20	35	50	26	31	98	571	803	30	58	65	72

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

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

[2]In FY2021, there was one recordkeeping violation for failure to report a fatality caused by workplace violence resulting in an other-than-serious violation.

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

Federal OSHA Inspection/Enforcement Activity in Federal Agencies, FY 2021–2024[1]

	FY 2021[2]	FY 2022	FY 2023	FY 2024
Inspections	604	835	887	728
Safety	325	452	596	508
Health	279	383	291	220
Complaints	135	162	146	127
Programmed	289	406	528	439
Public administration	281	377	377	398
Health care and social assistance	99	158	158	50
Transportation and warehousing	50	40	40	52
Other	177	260	260	228
Average Case Hours/Inspection				
Safety	28.65	19.82	26.09	22.30
Health	36.08	27.37	21.40	25.61
Violations – Total	636	1,039	1,357	1,283
Willful	1	6	2	1
Repeat	68	68	112	200
Serious	399	657	893	690
Unclassified	1	0	0	0
Other	167	306	350	392
FTA	0	2	0	0
Inspections by Agency				
DHS	51	74	73	—
CBP	24	38	50	—
TSA	10	8	8	—
Other DHS	17	28	15	—
DOT	22	19	17	—
FAA	19	13	13	—
Other DOT	3	6	4	—
DOC	19	10	12	—
NOAA	17	6	4	—
Other DOC	2	4	8	—
DOD	160	248	324	—
DOE	1	3	5	—
DOI	68	112	116	—
DOJ	18	45	35	—
HHS	12	16	14	—
SSA	4	14	20	—
Treasury	6	6	5	—
USDA	60	67	88	—
USPS	35	24	39	—
VA	115	161	101	—
Other	26	36	39	—
Percent Inspections with Citations Contested	0.4%	0.7%	0.6%	0.9%

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

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

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

Average Total Penalty Per OSHA Fatality Inspection, FY 2017–2024

Fiscal Year	Number of Fatality Inspections Conducted	Total Current Penalties ($)	Average Total Penalty Per Inspection ($)
FY 2017			
Federal States	906	17,351,501	19,152
State Plan States	790	7,389,944	9,354
Nationwide	1,696	24,741,445	14,588
FY 2018			
Federal States	873	14,608,527	16,734
State Plan States	732	8,232,798	11,247
Nationwide	1,605	22,841,324	14,231
FY 2019			
Federal States	826	18,522,711	22,425
State Plan States	693	8,561,263	12,354
Nationwide	1,519	27,083,974	17,830
FY 2020			
Federal States	1,379	19,939,122	14,459
State Plan States	1,084	12,925,108	11,924
Nationwide	2,463	32,864,230	13,343
FY 2021			
Federal States	1,309	19,641,048	15,005
State Plan States	1,249	10,097,596	8,085
Nationwide	2,558	29,738,644	11,626
FY 2022			
Federal States	1,044	21,377,266	20,476
State Plan States	876	9,388,945	10,718
Nationwide	1,920	30,766,211	16,024
FY 2023			
Federal States	904	26,524,116	29,341
State Plan States	776	8,748,367	11,274
Nationwide	1,680	35,272,483	20,996
FY 2024			
Federal States	666	15,787,460	23,705
State Plan States	735	11,201,381	15,240
Nationwide	1,401	26,988,841	19,264

Source: OSHA OIS Fatality Inspection Reports, FY 2017–2024.

Significant OSHA Enforcement Cases Based on Total Penalty Issued, FY 2024[1]

Company Name	State	Inspection Number(s)	Date Citations Issued	Total Initial Penalty Issued	Current Penalty Issued
Thomas Builders of Virginia Inc.[2]	VA	1683039	12/18/2023	$4,509,345	N/A
MDLG Inc.	AL	1695169	2/21/2024	$2,471,683	$2,471,683
Wagner Construction Inc.	ND	1675481	12/1/2023	$1,862,284	$1,862,284
Florence Hardwoods LLC	WI	1680431	12/18/2023	$1,381,956	$1,381,956
Allways Roofing Inc.[2]	WI	1670238	10/2/2023	$1,270,513	$1,270,513
Alaska Demolition LLC[2]	AK	1729034	8/12/2024	$1,065,730	N/A
Giant Construction Corporation	GU	1704588	4/16/2024	$1,038,918	$1,038,918
Florenza Marble & Granite Corporation	IL	1730297	8/22/2024	$1,019,096	$1,019,096
Adrian Construction Group LLC	NJ	1685650	1/25/2024	$1,017,248	$1,035,917
Road Contractor Corporation	NJ	1716537	5/14/2024	$819,147	$831,857
Qualawash Holdings LLC dba Quala Services LLC[3]	TX	1718657	6/21/2024	$810,703	$810,703
3 Ps General Contractors Inc.[2]	WA	1689726	1/19/2024	$792,724	N/A
Hanover Foods Corporation	PA	1702519	4/10/2024	$716,244	$502,534
Georgia Pacific Consumer Operations LLC[2]	WA	1744606	8/22/2024	$648,292	N/A
Roswell, City Of, Water Department[2]	NM	1705461	4/18/2024	$637,311	N/A
Wayne Transports Inc.[2]	MN	1733657	7/18/2024	$621,600	N/A
Silver Bay Seafoods LLC[2]	AK	1679252	12/1/2023	$597,314	N/A
Jindal Tubular USA LLC	MS	1721955	1/19/2024	$590,421	$590,421
Pace International LLC[2]	WA	1700574	3/12/2024	$574,000	N/A
New River Electrical Corporation[2]	VA	1664290	10/12/2023	$570,764	N/A
CJ TMI Manufacturing America LLC	NJ	1692501	2/16/2024	$551,719	$551,719
Legacy Cooperative	NE	1737668	9/23/2024	$536,965	$536,965
Elite Roofing Services Inc.	NY	1663664	10/11/2023	$522,527	$522,527
HK Cooperative Inc. dba J.H. Routh Packing Company[3]	OH	1717900	6/17/2024	$512,310	$250,000
US Tank Painting Inc.	NJ	1731471	7/16/2024	$485,580	$485,580
Aunt Kittys Food	NJ	1695486	3/26/2024	$463,224	$300,000
Buck's Stove Palace LLC[2]	OR	1699164	11/3/2023	$448,500	$3,580
Sky Safety Inc.	MA	1705293	4/22/2024	$447,087	$70,000
DANA Container Inc.	NJ	1684540	5/27/2024	$437,860	$270,000
Alaska Department of Transportation & Public Facilities[2]	AK	1731909	8/14/2024	$419,432	$177,660

Source: Occupational Safety and Health Administration.

[1]Significant cases include total proposed penalties at or greater than $250,000. In FY 2024, OSHA brought 89 federal and 40 state significant enforcement cases; there were four significant cases brought against federal agencies, although those carry no penalties.

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

[3]dba stands for “doing business as.”

Largest-Ever OSHA Enforcement Cases Based on Total Penalty Issued

Company Name	Inspection Number(s)	Date Citations Issued	Total Penalty Issued	Penalty Amount Paid[1]
BP Products North America	311962674 308314640	10/29/2009	$81,340,000	$50,610,000 $14,567,000 $205,000 (Formal settlements)
BP Products North America	308314640 308314988	9/21/2005	$21,361,500	
IMC Fertilizer/Angus Chemical	107607863 107607871	10/31/1991	$11,550,000	$10,000,000
Imperial Suger	310988712 311522858	7/25/2008	$8,777,500	$6,050,000 (Formal settlement)
O&G Industries Inc.	109179937 314295460	8/3/2010	$8,347,000	$1,000,000 (Formal settlement)
Samsung Guam Inc.	107329740 106196801	9/21/1995	$8,260,000	$1,829,000 (Formal settlement)
CITGO Petroleum	110416880	8/29/1991	$8,155,000	$5,800,000
Dayton Tire	109061648	4/18/1994	$7,490,000	$7,490,000
USX (aka U.S. Steel Corp.)	100504950 018252858 102873288	10/26/1989 11/2/1989	$7,275,300	$3,268,845 (Formal settlement)
Keystone Construction Maintenance[2]	109179952 314295445	8/3/2010	$6,623,000	$250,000[2] (Formal settlement)
Phillips 66/Fish Engineering	106612443 107365751	4/19/1990	$6,395,200	$410,000 (Formal settlement)
Hercules Inc.	108662420 100490705	9/8/1993	$6,328,000	$100,000 (ALJ decision)
Arcadian	102281292 102281128	1/27/1993	$5,085,000	$5,085,000
E. Smalis Painting	108753690	6/31/1994	$5,008,500	$1,092,750 (OSHRC decision)
Thomas Builders of Virginia Inc.	1683039 1712961 1694419 1696114 1702107	12/18/2023	$4,509,345	Violations under contest

Largest-Ever OSHA Enforcement Cases Based on Total Penalty Issued

Company Name	Inspection Number(s)	Date Citations Issued	Total Penalty Issued	Penalty Amount Paid[1]
John Morrell	101456325	10/28/1988	$4,330,000	$990,000 (Formal settlement)
Bath Iron Works	101450336 101450294	11/4/1987	$4,175,940	$650,000 (Formal settlement)
Fraser Paper	102749868 102750395	9/17/1991	$3,982,500	$1,286,233 (Formal settlement)
Decoster Egg Farms (aka Maine Contract Farming LLC)	122375512	7/12/1996	$3,555,500	$1,887,500 (Formal settlement)
Arco Chemical Co.	110318540	1/3/1999	$3,481,300	$3,481,300
Sunfield Inc.	1117773 1128049	6/29/2016	$3,426,900	$2,497,200 (Formal settlement)
The Budd Company	18252510	12/12/1989	$3,345,600	$1,528,000 (Formal settlement)
McCrory Stores	113919278	11/7/1991	$3,188,000	$500,000 (ALJ decision)
IBP	100059591	5/11/1998	$3,133,100	$532,030 (OSHRC decision)
BP North America Inc. and BP Husky Refining LLC	311611081	3/8/2010	$3,042,000	$3,042,000
Shell Oil Chemical Co.	103342093	11/22/1994	$3,017,000	$3,017,000
Miracapo Pizza Company LLC dba Little Lady Foods[3]	1640500	6/9/2023	$2,812,658	Violations under contest
Union Carbide	110398310	9/12/1991	$2,803,500	$1,496,500 (Formal settlement)
DG Retail LLC dba Dollar General[3]	1631055	4/26/2023	$2,585,258	Violations under contest
Ajin USA Alliance Total Solutions LLC Joynus Staffing Group	1156866 1165706 1165707	12/12/2016	$2,565,621	Violations under contest
MDLG Inc.	1695169	2/21/2024	$2,471,683	$2,471,683
Dover Greens LLC dba Olivet Management LLC[3]	945519	3/31/2014	$2,359,000	$700,000 (Formal settlement)

Largest-Ever OSHA Enforcement Cases Based on Total Penalty Issued

Company Name	Inspection Number(s)	Date Citations Issued	Total Penalty Issued	Penalty Amount Paid[1]
Republic Steel	942971 942968	3/31/2014	$2,086,000	$240,614
Gebbers Farms Operations LP	148209	12/18/2020	$2,038,200	$10,000 (Formal settlement)

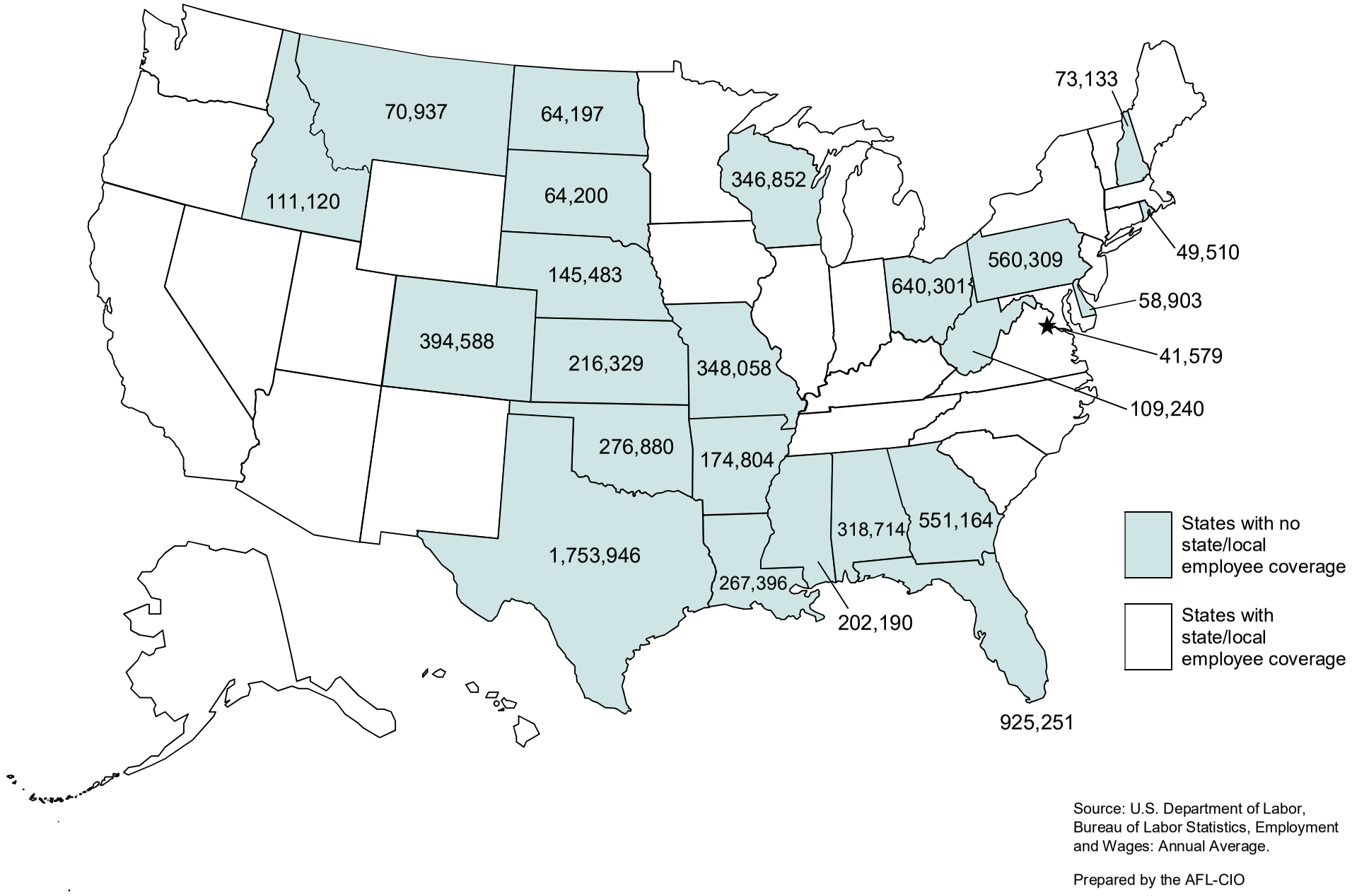
Source: Occupational Safety and Health Administration.

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

[2]Settlement called for Keystone Construction Maintenance also to pay 5% of its annual revenue above a set amount for each of the seven years following the settlement.

[3]dba stands for "doing business as."

8.1 Million State and Local Employees Lacked OSHA Coverage in 2023



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

Prepared by the AFL-CIO

WHISTLEBLOWER PROTECTION

One of OSHA's key responsibilities is to enforce the anti-retaliation provisions under section 11(c) of the Occupational Safety and Health Act. In addition, OSHA has the responsibility to enforce the whistleblower provisions of 24 other statutes, ranging from the Federal Rail Safety Act to the Sarbanes–Oxley finance law.[119] Many of these statutes deal with safety and health matters, but others do not.

The total number of cases, under all federal statutes, received by OSHA's whistleblower program for FY 2024 (3,106) were fewer than those received in FY 2023 (3,243). In FY 2024, 69% of the federal cases received (2,130 out of 3,106) were federal 11(c) complaints under the OSH Act, and 2,292 were completed. This is similar to FY 2023, when the agency received 2,308 cases and completed 2,686 cases. Cases completed include cases from other fiscal years; not all cases received are completed in the same fiscal year. In FY 2024, workers also filed a large number of whistleblower cases under the Surface Transportation Assistance Act (351), the Federal Railroad Safety Act (121), the Sarbanes–Oxley Act (101), the FDA Food Safety Modernization Act (109) and the Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (82).[120]

The backlog in whistleblower cases has grown over the years and continues to be a serious problem. Adequate funding for OSHA's whistleblower program remains a serious concern.[121] The COVID-19 pandemic placed an even greater responsibility on an already starved program, limiting the agency's ability to respond to workers alleging retaliation for raising safety concerns on the job or for wearing their own personal protective equipment (PPE) when their employer did not provide it. In February 2021, OSHA was assigned two new whistleblower statutes to enforce—the Criminal Antitrust Anti-Retaliation Act and the Anti-Money Laundering Act—but only received a 13% funding increase to carry out this additional responsibility and to rebuild the program to the levels it has needed for years. Since FY 2023, OSHA's whistleblower program's budget has been flat funded and has not kept up with inflation.

Under the Obama administration, the Department of Labor made the protection of a "worker's voice" a priority initiative. As part of this effort, OSHA took a number of actions to strengthen the Whistleblower Protection Program to protect workers who raise job safety issues and exercise other rights from employer retaliation. The Obama administration elevated the whistleblower program, creating a separate Directorate of Whistleblower Protection Programs at OSHA (previously, the program had been part of OSHA's enforcement directorate), and a separate budget line item for the whistleblower program, and sought increased funding and staffing for the program.

In its budget requests, the first Trump administration proposed to reorganize the whistleblower program, eliminate the supervisory personnel for the program in the regional offices, and

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[119] *See* Whistleblowers.gov/sites/wb/files/2024-09/Whistleblower-Statutes-Summary-Chart.pdf.
[120] Occupational Safety and Health Administration. Whistleblower Investigation Data, Report Period: Oct. 1, 2023, to Sept. 30, 2024.
[121] Berkowitz, D., and S. Thompson. "OSHA Must Protect COVID Whistleblowers Who File Retaliation Complaints." National Employment Law Project. Oct. 8, 2020. *Available at* NELP.org/publication/osha-failed-protect-whistleblowers-filed-covid-retaliation-complaints/.

centralize management and supervision for the program at OSHA headquarters in Washington, D.C. There were serious concerns that such a centralization would make it harder for whistleblower investigators in the field, who already are stretched thin, to carry out their work. To improve the timeliness and consistency of case handling, the agency updated and revised its investigators' manual and trained staff on policies and procedures.

The Obama administration also established a Whistleblower Protection Advisory Committee composed of representatives from labor, management and the public, charged with overseeing and providing advice and guidance to OSHA on its whistleblower protection program. The first Trump administration terminated this advisory committee, eliminating oversight on this important program, and held annual, generic stakeholder listening sessions instead, which continued in the Biden administration. This important committee has not been reformed since.

The Biden administration emphasized the prioritization of vulnerable workers, equity issues and worker empowerment. It announced hazard-specific public whistleblower stakeholder meetings on COVID-19 and heat, but the formal advisory committee was not reinstated. On Feb. 17, 2023, OSHA started a pilot program to attempt to streamline the complaint intake triage process under all statutes.[122] In October 2023, the Department of Labor and the National Labor Relations Board signed an agreement to strengthen the agencies' partnership and outline procedures for information-sharing, referrals, training and outreach that explain federal anti-retaliation protections, but it is not clear which processes, if any, were improved.[123]

Even with improvements in the OSHA whistleblower program in some years, problems and deficiencies remain. The largest problems stem from deficiencies in the OSH Act itself. The anti-retaliation provisions of the law were adopted nearly 50 years ago, and are weak and outdated compared with more recently adopted statutes. The OSH Act provides only 30 days to file a discrimination complaint, compared with the 180 days provided by a number of other laws. If a worker fails to file a complaint within this time, he or she simply is out of luck—even though retaliation is not always clear in that short of a time frame, and more time often is needed to provide evidence of retaliation.

The considerable amount of time it takes to resolve cases is particularly problematic under the OSH Act and those other statutes where there is no opportunity for preliminary reinstatement for workers while the case is being resolved, nor a separate right of action for the complainant to pursue the case on their own. During this time, workers are in limbo, with no recourse or redress for discriminatory actions. Other whistleblower statutes provide these rights.

The OSH Act also has extremely limited procedures for the enforcement of discrimination cases. If there is no agreement or settlement of the findings, the secretary of labor must bring cases to U.S. District Court. Most other statutes provide for an administrative proceeding. The formal procedures of the OSH Act mean meritorious cases may be dropped simply because the solicitor of labor does not have the resources to pursue them. Moreover, unlike other statutes, such as the Mine Safety and Health Act and the Surface Transportation Assistance Act, the OSH Act does

[122] U.S. Department of Labor. Whistleblower Complaint Intake Pilot. Directive 23–01 (CPL 02). *Available at* OSHA.gov/sites/default/files/enforcement/directives/CPL_23-01-CPL_02.pdf.
[123] *See* DOL.gov/newsroom/releases/osha/osha20231031-0.

not allow a complainant the right to pursue the case on his or her own if the secretary fails to act within a designated timeframe or declines to act at all. And the OSH Act does not provide for preliminary reinstatement, as other statutes such as the Mine Safety and Health Act do, which means that workers who are retaliated against for exercising their job safety rights have no remedy while final action on their cases is pending. These deficiencies in the whistleblower program can only be remedied through legislative improvements in the OSH Act.

OSHA also has addressed the issue of injury reporting through its whistleblower program—in particular, programs and policies that retaliate against workers or discourage workers from reporting injuries. In recent years, these employer programs and policies have grown in a wide range of industries. Under OSHA regulations, reporting work-related injuries is a protected activity and employers are prohibited from retaliating against workers who report injuries. The Federal Railroad Safety Act, for which OSHA enforces the whistleblower provisions, also includes specific provisions that prohibit retaliation against workers who report injuries.

To address the problems of retaliation related to injury reporting, OSHA issued a policy memorandum in March 2012 to provide guidance to the field.[124] The memo outlined the types of employer safety incentive and disincentive policies and practices that could constitute illegal retaliation under Section 11(c) and other whistleblower statutes, and the steps investigators should take in responding to complaints of employer retaliation for injury reporting. To date, the memo remains in effect.

In October 2018 under the first Trump administration, OSHA issued an enforcement memo that limited the scope of anti-retaliation protections when employers report injuries, as they apply to workplace safety incentive programs and post-incident drug testing. In doing so, the burden was placed on workers to demonstrate proof of retaliation in individual cases, rather than creating a presumption that certain types of programs were impermissible.[125] This policy interpretation greatly limits the utility of the anti-retaliation provisions in prohibiting policies and practices that discourage the reporting of injuries.

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

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[124] Fairfax, Richard E., Deputy Assistant Secretary Memorandum for Regional Administrators, Whistleblower Program Managers. "Employer Safety Incentive and Disincentive Policies and Practices." March 12, 2012. *Available at* OSHA.gov/laws-regs/standardinterpretations/2012-03-12-0.

[125] Stille, Kim, Acting Director of Enforcement, Memorandum for Regional Administrators and State Designees. "Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 CFR 1904.35(b)(1)(iv)." Oct. 11, 2018. *Available at* OSHA.gov/laws-regs/standardinterpretations/2018-10-11.

Disposition of Federal OSHA 11(c) Whistleblower Complaints, FY 2011–2024[1]

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
2011	1,668	1,234	411	23	314	74	694	177	1,282
2012	1,745	1,653	400	18	294	88	977	340	1,717
2013	1,708	1,827	611	41	369	201	921	415	1,947
2014	1,751	1,794	483	13	309	161	957	426	1,866
2015	2,031	1,952	560	18	362	180	962	459	1,975
2016	2,030	2,035	581	29	342	210	1,043	472	2,096
2017	1,932	1,876	538	15	303	220	877	502	1,917
2018	1,870	1,740	510	20	269	221	870	377	1,757
2019	2,084	2,001	559	14	272	273	1067	392	2,018
2020	2,539	2,082	644	20	344	280	1082	411	2,137
2021	1,891	2,225	619	21	268	312	1,240	404	2,263
2022	2,135	2,091	527	17	282	228	1,160	404	2,091
2023	2,308	2,686	686	12	412	262	1,549	451	2,686
2024	2,130	2,292	636	20	350	266	1,224	432	2,292

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

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

Disposition of OSHA State Plan 11(c) Whistleblower Complaints, FY 2011–2024[1]

Fiscal Year	Cases Received	Cases Completed[1]	Complaint Determinations						
			Total Merit	Merit Finding	Settled	Settled Other	Dismissed	Withdrawn	Total Determinations
2011	1,462	839	168	24	125	19	626	135	929
2012	1,457	766	174	20	133	21	443	112	729
2013	1,192	1,059	248	58	139	51	655	215	1,118
2014	1,157	965	221	46	125	50	606	198	1,025
2015	1,060	1,120	219	27	145	47	606	300	1,125
2016	1,143	1,031	169	25	95	49	646	216	1,031
2017	1,183	1,222	259	66	115	78	766	206	1,231
2018	1,347	1,376	244	47	91	106	841	261	1,346
2019	1,176	1,274	201	39	67	95	826	262	1,289
2020	1,712	1,228	242	38	82	122	747	241	1,230
2021	1,496	220	349	59	95	195	818	317	1,484
2022	1,540	1,395	357	50	88	219	799	264	1,420
2023	1,786	1,538	321	73	103	145	1,002	215	1,538
2024	1,736	1,525	278	70	98	110	1,042	205	1,525

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

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

JOB SAFETY BUDGET AND RESOURCES

Appropriations

In March 2025, Congress passed legislation that appropriated OSHA a budget of $632 million for FY 2025 under a continuing resolution, level funded from the previous year, but lower than the rate of inflation. Under OSHA's current budget, the agency has enough to spend $3.92 to protect each worker it is required to protect under the OSH Act. Under the continuing resolution, Congress also flat-funded MSHA at $388 million and the National Institute for Occupational Safety and Health (NIOSH), the occupational safety and health research agency created in tandem with OSHA under the OSH Act, at $363 million.

But on April 1, 2025, only a few weeks after Congress appropriated these agencies through Sept. 30, 2025, the Trump administration and the Department of Government Accountability (DOGE) decimated NIOSH, placing more than 90% of its staff on administrative leave to be terminated by June 2025 and completely eliminating critical programs that save workers' lives. The Trump administration and DOGE also recently identified about a dozen OSHA field offices and 35 MSHA field offices to close when their leases expire this summer. At the time of the publication of this report, these federal agencies and their important work are nearing elimination or massive reduction and their futures are precarious at best.

OSHA Compliance Staffing

There are currently a total of 1,802 federal and state OSHA inspectors combined (768 federal and 1,034 state, not including supervisory inspectors) responsible for enforcing the safety and health law at more than 11.8 million workplaces, compared with 1,875 in 2023, 1,871 in 2022 and 1,719 in 2021.[126] However, there has been a shift, compared with last year—the number of federal inspectors decreased, while the number of state plan inspectors increased.

The number of federal OSHA compliance inspectors declined significantly during the first Trump administration, and in 2019 reached 746 inspectors—its lowest level since the early 1970s, when the agency opened. That number grew in the Biden administration to 900 inspectors in 2022. This increase was due to reinvestment of the agency in hiring new staff; however, it takes additional time and resources to train new inspectors to conduct inspections on their own. Rebuilding of staff was required due to a combination of factors, including a federal hiring freeze imposed during the first year of the Trump administration, attrition and retirements, especially during the COVID-19 pandemic, years of a stagnant budget and the time needed for inspectors to gain experience. However, most recently, the number of federal OSHA inspectors decreased to 768 in 2024 from 853 in 2023, while the number of state OSHA program inspectors increased to 1,034—an increase from the 1,022 inspectors in 2023 and 971 inspectors in 2022, and a return to the similar number of 1,024 inspectors in 2020.

The current level of federal and state OSHA inspectors provides one inspector for every 84,937 workers, compared with the benchmark of one labor inspector for every 10,000 workers

[126] This reflects the number of federal inspectors plus the number of inspectors "on board" reflected in the FY 2025 state plan grant applications as of July 1, 2024. It does not include compliance supervisors.

recommended by the International Labor Organization for industrialized countries.[127] In 21 states, the ratio of inspectors to employees is greater than one per 100,000 workers, with Louisiana having the highest ratio at one inspector per 236,726 workers; this is in drastic comparison to 12 states at this rate the previous year.

Since the passage of the OSH Act, the number of workplaces and number of workers under OSHA's jurisdiction has nearly doubled, but there are fewer numbers of OSHA staff and OSHA inspectors. In 1975, federal OSHA had a total of 2,435 staff (inspectors and all other OSHA staff) and 1,102 compliance staff (including supervisors) responsible for the safety and health of 67.8 million workers at more than 3.9 million establishments. In FY 2024, there were 1,962 federal OSHA staff responsible for the safety and health of 161 million workers at more than 11.8 million workplaces, a workforce that keeps growing while OSHA staff numbers do not.

At the peak of federal OSHA staffing in 1980, there were 2,951 total staff and 1,469 federal OSHA inspectors (including supervisors). The ratio of OSHA inspectors per 1 million workers was 14.8. But now, there are only 987 federal OSHA inspectors (including supervisors), or 6.1 inspectors per 1 million workers. This is a decrease from the previous year of 1,078 OSHA inspectors (including supervisors) and, in fact, there have only been two times in the last decade when OSHA has had more than 1,000 inspectors (including supervisors) in a calendar year, that being 2022 and 2023.

OSHA Voluntary Programs

Voluntary programs have always been part of OSHA's compliance assistance model, but the emphasis placed on voluntary initiatives versus enforcement has varied under different administrations. For years, the agency consistently has spent more than 10 times the amount of money on employer compliance assistance than it has on worker training.

The major voluntary programs run by OSHA are the Voluntary Protection Program (VPP), a program that recognizes companies with a high level of safety and health performance, and the Alliance program, under which OSHA partners with trade associations, professional groups and others to carry out safety and health initiatives targeted at particular industries or hazards. On Feb. 16, 2023, OSHA announced its intention to modernize VPP requirements, as much has been learned about safety and health management since the program was last updated in 1989.[128] The agency requested public comment on a series of questions related to VPP; the docket closed Sept. 30, 2024.[129] This initiative received mixed feedback from both labor and industry and was never finalized. Alliances can be made at the national, regional or state level, with more than 1,000 alliances having been created. Currently, OSHA has 39 national and many more regional/area alliances, with areas of emphasis including agricultural operations, Asian American/Pacific Islander workers, construction, ergonomics, general industry, hazard communication, health care, Hispanic/Latino workers, immigrant workers and employers, maritime industry, oil and gas extraction, small business, temporary workers, transportation,

[127] 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.
[128] *See* OSHA.gov/vppmodernization.
[129] Occupational Safety and Health Administration. "US Department of Labor Seeking Public Comments on Modernizing Program That Recognizes Employers Committed to Best Safety, Health Practices" (press release). Feb. 16, 2023. *Available at* OSHA.gov/news/newsreleases/national/02162023.

trenching and excavation, and youth workers.[130] In the midst of the pandemic, where meatpacking employers were not instituting key measures to keep workers safe and OSHA was not enforcing protections in this industry, on June 28, 2020, federal OSHA created a two-year alliance with the North American Meat Institute, a meatpacking industry trade association.[131]

[130] *See* OSHA.gov/alliances.
[131] *See* OSHA.gov/alliances/nami/nami.

Job Safety and Health Appropriations, FY 2014–2025

CATEGORY	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020[3]	FY 2021[4]	FY 2022[4]	FY 2023[4]	FY 2024	FY 2025[5]
OSHA (in thousands of dollars)												
TOTAL	**552,247**	**552,787**	**552,787**	**552,787**	**552,787**	**557,233**	**581,233**	**591,233**	**609,961**	**632,309**	**632,309**	**632,309**
Safety and Health Standards	20,000	20,000	20,000	18,000	18,000	18,000	18,000	18,000	19,500	21,000	21,000	21,000
Federal Enforcement	207,785	208,000	208,000	208,000	208,000	209,000	221,711	228,711	236,000	243,000	243,000	243,000
Whistleblower Protection	17,000	17,500	17,500	17,500	17,500	17,500	18,564	19,064	21,500	22,500	22,500	22,500
State Enforcement	100,000	100,850	100,850	100,850	100,850	102,350	108,575	110,075	113,000	120,000	120,000	120,000
Technical Support	24,344	24,469	24,469	24,469	24,469	24,469	24,469	24,469	25,675	26,000	26,000	26,000
Federal Compliance Assistance	69,433	68,433	68,433	70,981	70,981	73,481	74,481	75,231	75,762	78,262	78,262	78,262
State Compliance Assistance	57,775	57,775	57,775	59,500	59,500	59,500	61,500	61,500	63,160	63,160	63,160	63,160
Training Grants	10,687	10,537	10,537	10,537	10,537	10,537	11,537	11,787	11,787	12,787	12,787	12,787
Safety and Health Statistics	34,250	34,250	34,250	32,900	32,900	32,900	32,900	32,900	34,500	35,500	35,500	35,500
Executive Administration	10,973	10,973	10,973	10,050	10,050	9,496	9,496	9,496	9,077	10,100	10,100	10,100
MSHA (in thousands of dollars)												
TOTAL	**375,887**	**375,887**	**375,887**	**373,816**	**373,816**	**373,816**	**379,816**	**379,816**	**383,816**	**387,816**	**387,816**	**387,816**
Coal Enforcement	167,859	167,859	163,086	157,204	156,704	156,704	258,913	257,190	260,190	265,774	265,774	265,774
Metal/Nonmetal Enforcement	91,697	91,697	95,187	95,709	96,209	96,209						
Standards Development	5,416	5,416	5,416	5,382	5,382	5,382	5,382	5,382	5,382	5,000	5,000	5,000
Assessments	6,976	6,976	7,215	7,445	7,445	7,445	7,445	7,445	7,745	7,191	7,191	7,191
Education Policy and Development	36,320	36,320	36,852	38,559	34,079	34,079	38,559	39,320	40,020	39,820	39,820	39,820
Technical Support	33,791	33,791	34,303	34,079	38,559	38,559	34,079	35,041	35,041	36,041	36,041	36,041
Program Administration	15,838	15,838	15,838	16,355	16,355	16,355	16,355	16,355	16,355	16,000	16,000	16,000
Program Eval. and Info Resources	17,990	17,990	17,990	19,083	19,083	19,083	19,083	19,083	19,083	17,990	17,990	17,990
NIOSH (in thousands of dollars)												
TOTAL[1]	**332,363[2]**	**334,863**	**339,121**	**335,200**	**335,200**	**336,300**	**342,800**	**345,300**	**351,800**	**362,800**	**362,800**	**362,800**

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

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

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

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

[4]The funding levels do not include additionally appropriated COVID-19 funds to the Department of Labor for FY 2021 through FY 2023 through the American Relief Plan, passed on March 10, 2021. Additional funds included $200 million for pandemic-related worker protection activities, including $100 million for OSHA, of which $10 million must be used for training grants and not less than $5 million for COVID-19 enforcement.

[5]A yearlong stopgap funding bill, or a continuing resolution (CR), in March 2025 extended funding for the federal government through Sept. 30, 2025.

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

Fiscal Year	Worker Safety and Health Training	Employer Compliance Assistance (Federal and State)
FY 2007 Request	$0	$129,900
FY 2007 Enacted	$10,100	$126,000
FY 2008 Request	$0	$134,100
FY 2008 Enacted	$9,900	$123,800
FY 2009 Request	$0	$131,100
FY 2009 Enacted	$10,000	$127,200
FY 2010 Request	$10,000	$128,175
FY 2010 Enacted	$10,750	$128,200
FY 2011 Request	$11,000	$126,100
FY 2011 Enacted	$10,729	$128,200
FY 2012 Request	$12,000	$129,800
FY 2012 Enacted	$10,700	$134,200
FY 2013 Request	$10,700	$131,000
FY 2013 Enacted[1]	$10,150	$116,300
FY 2014 Request	$10,700	$133,200
FY 2014 Enacted	$10,700	$127,200
FY 2015 Request	$10,700	$128,200
FY 2015 Enacted	$10,500	$126,200
FY 2016 Request	$10,700	$130,800
FY 2016 Enacted	$10,537	$126,558
FY 2017 Request	$10,537	$132,558
FY 2017 Enacted	$10,537	$130,481
FY 2018 Request	$0	$130,016
FY 2018 Enacted	$10,537	$130,481
FY 2019 Request	$0	$134,715
FY 2019 Enacted	$10,537	$133,481
FY 2020 Request	$0	$133,414
FY 2020 Enacted	$11,537	$135,981
FY 2021 Request	$0	$136,910
FY 2021 Enacted[2]	$11,787	$136,731
FY 2022 Request[2]	$13,787	$149,675
FY 2022 Enacted[2]	$11,787	$136,731
FY 2023 Request[2]	$13,787	$155,108
FY 2023 Enacted[2]	$12,787	$141,422
FY 2024 Request	$13,787	$165,233
FY 2024 Enacted	$12,787	$140,423
FY 2025 Request	$12,787	$140,423
FY 2025 Enacted	$12,787	$140,423

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

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

[2]The funding levels do not include additionally appropriated COVID-19 funds to the Department of Labor for FY 2021 through FY 2023 through the American Relief Plan, passed on March 10, 2021. Additional funds included $200 million for pandemic-related worker protection activities, including $100 million for OSHA, of which $10 million have been used for training grants and not less than $5 million for COVID-19 enforcement.

Federal OSHA Budget and Personnel, FY 1980–2025

Fiscal Year	Budget (in dollars – $)	Positions (Staff Full-Time Equivalent Employment)
1980	186,394,000	2,951
1985	219,652,000	2,239
1990	267,147,000	2,425
1991	285,190,000	2,466
1992	296,540,000	2,473
1993	288,251,000	2,368
1994	296,428,000	2,295
1995	311,660,000	2,196
1996	303,810,000	2,069
1997	324,955,000	2,118
1998	336,480,000	2,171
1999	354,129,000	2,154
2000	381,620,000	2,259
2001	425,886,000	2,370
2002	443,651,000	2,313
2003	453,256,000	2,313
2004	457,500,000	2,236
2005	464,224,000	2,208
2006	472,427,000	2,005
2007	486,925,000	2,089
2008	486,001,000	2,037
2009	513,042,000	2,037
2010	558,620,000	2,189
2011	558,619,000	2,300
2012	564,788,000	2,239
2013[1]	535,246,000	2,226
2014	552,247,000	2,166
2015	552,787,000	2,132
2016	552,787,000	2,046
2017	552,787,000	2,011
2018	552,787,000	1,878
2019	557,233,000	1,808
2020	581,233,000	1,816
2021	591,233,000	1,736
2022	609,961,000	1,851
2023	632,309,000	2,064
2024	632,309,000	1,962
2025	**632,309,000**	**N/A**[2]

Source: Occupational Safety and Health Administration.

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

[2]FTEs for FY 2025 are not currently available. Due to the recent personnel and staffing decisions by the Trump administration, this number is likely lower than reported in FY 2024.

Federal OSHA Safety and Health Compliance Staffing, 1980–2024

Year	Total Number of Federal OSHA Compliance Officers[1]	Employment (000)[2]	OSHA Compliance Officers Per Million Workers
1980	1,469	99,302	14.8
1981	1,287	100,397	12.8
1982	1,003	99,526	10.1
1983	1,160	100,834	11.5
1984	1,040	105,005	9.9
1985	1,027	107,150	9.6
1986	975	109,597	9.0
1987	999	112,440	8.9
1988	1,153	114,968	10.0
1989	1,038	117,342	8.8
1990	1,203	118,793	10.1
1991	1,137	117,718	9.7
1992	1,106	118,492	9.3
1993	1,055	120,259	8.8
1994	1,006	123,060	8.2
1995	986	124,900	7.9
1996	932	126,708	7.4
1997	1,049	129,558	8.1
1998	1,029	131,463	7.8
1999	1,013	133,488	7.6
2000	972	136,891	7.1
2001	1,001	136,933	7.3
2002	1,017	136,485	7.5
2003	1,038	137,736	7.5
2004	1,006	139,252	7.2
2005	956	141,730	6.7
2006	948	144,427	6.6
2007	948	146,047	6.5
2008	936	145,362	6.4
2009	929	139,877	6.6
2010	1,016	139,064	7.3
2011	1,059	139,869	7.6
2012	1,006	142,469	7.1
2013	994	143,929	6.9
2014	986	146,305	6.7
2015	943	148,834	6.3
2016	952	151,436	6.3
2017	896	153,337	5.8
2018	875	155,761	5.6
2019	862	157,538	5.5
2020	901	147,795	6.1
2021	886	152,581	5.8
2022	1,050	158,291	6.6
2023	1,078	161,037	6.7
2024	987	161,346	6.1

[1]Compliance officers for 1973 to 1989 from Twentieth Century OSHA Enforcement Data, A Review and Explanation of the Major Trends, U.S. Department of Labor, 2002; Compliance officers for 1990 to 2024 from OSHA Directorate of Enforcement Programs. Compliance officer totals include safety and industrial hygiene (health) officers and supervisory safety and industrial hygiene officers.

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

Federal OSHA Compliance Officers per Million U.S. Workers, 1980–2024[1]

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

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

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

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Alabama	2,075,785	19	0	208	1/109,252
Alaska	322,800	1	8	32	1/35,867
Arizona	3,164,081	1	20	316	1/150,671
Arkansas	1,278,470	6	0	128	1/213,078
California	18,002,893	7	162	1,800	1/106,526
Colorado	2,882,674	23	0	288	1/125,334
Connecticut	1,668,508	12	6	167	1/92,695
Delaware	469,362	6	0	47	1/78,227
Florida	9,680,319	63	0	968	1/153,656
Georgia	4,808,000	43	0	481	1/111,814
Hawaii	633,890	3	14	63	1/37,288
Idaho	842,561	8	0	84	1/105,320
Illinois	6,013,493	63	11	601	1/81,263
Indiana	3,157,809	1	37	316	1/83,100
Iowa	1,556,484	1	22	156	1/67,673
Kansas	1,417,023	12	0	142	1/118,085
Kentucky	1,967,892	0	26	197	1/75,688
Louisiana	1,893,810	8	0	189	1/236,726
Maine	639,695	5	4	64	1/71,077
Maryland	2,705,183	4	45	271	1/55,208
Massachusetts	3,636,169	41	9	364	1/72,723

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

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Michigan	4,381,528	1	67	438	1/64,434
Minnesota	2,904,510	0	45	290	1/64,545
Mississippi	1,160,807	7	0	116	1/165,830
Missouri	2,875,146	20	0	288	1/143,757
Montana	506,789	5	0	51	1/101,358
Nebraska	1,008,194	9	0	101	1/112,022
Nevada	1,522,612	1	41	152	1/36,253
New Hampshire	682,299	7	0	68	1/97,471
New Jersey	4,210,540	39	12	421	1/82,560
New Mexico	856,286	0	10	86	1/85,629
New York	9,471,806	59	33	947	1/102,954
North Carolina	4,830,118	2	86	483	1/54,888
North Dakota	421,639	7	0	42	1/60,234
Ohio	5,480,035	50	0	548	1/109,601
Oklahoma	1,671,928	13	0	167	1/128,610
Oregon	1,988,670	2	84	199	1/23,124
Pennsylvania	5,963,389	63	0	596	1/94,657
Rhode Island	488,211	10	0	49	1/48,821
South Carolina	2,243,194	0	21	224	1/106,819
South Dakota	452,705	8	0	45	1/56,588
Tennessee	3,232,182	2	32	323	1/95,064

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

State	Number of Employees[1]	Actual Number of OSHA Inspectors[2,3] Federal	State	Number of Labor Inspectors Needed to Meet ILO Benchmark[4]	Ratio of OSHA Inspectors/Number of Employees
Texas	13,701,879	88	0	1,370	1/155,703
Utah	1,690,802	0	16	169	1/105,675
Vermont	306,971	0	7	31	1/43,853
Virginia	4,048,912	1	47	405	1/84,352
Washington	3,577,580	1	126	358	1/28,170
West Virginia	686,477	6	0	69	1/114,413
Wisconsin	2,922,297	35	0	292	1/83,494
Wyoming	278,739	0	6	28	1/46,457
Totals[5,6]	153,140,899	1,802		15,314	1/84,937

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages, 2023.

[2]Includes only safety and industrial hygiene compliance safety and health officers who conduct workplace inspections and does not include supervisory CSHOs. Federal CSHOs provided by OSHA's Directorate of Enforcement Programs, CSHO Count by State as of December 2024. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2023 State Plan Grant Applications as of July 1, 2024. The number of "on board" CSHOs may not accurately reflect the true number of CSHOs actually hired and conducting enforcement inspections due to possible budgetary issues in any particular state.

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

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

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

[6]Total number of inspectors includes 768 federal OSHA inspectors and 1,034 state OSHA inspectors, including one inspector in the Virgin Islands and 36 in Puerto Rico.

Number of U.S. Establishments and Employees Covered Per OSHA Full-Time Equivalent (FTE) Staff, 1980–2023

Fiscal Year	Annual Average Employment[1]	Annual Average Establishments[1]	OSHA Full-Time Equivalent (FTE) Staff[2]	Employees Covered Per OSHA FTE	Establishments Covered Per OSHA FTE
1980	73,395,500	4,544,800	2,951	24,871	1,540
1985	96,314,200	5,305,400	2,239	43,017	2,370
1990	108,657,200	6,076,400	2,425	44,807	2,506
1995	115,487,841	7,040,677	2,196	52,590	3,206
2000	129,877,063	7,879,116	2,259	57,493	3,488
2005	131,571,623	8,571,144	2,208	59,589	3,882
2010	127,820,442	8,993,109	2,189	54,741	3,851
2011	129,411,095	9,072,796	2,300	55,422	3,886
2012	131,696,378	9,121,868	2,239	57,135	3,957
2013	133,968,434	9,205,888	2,226	60,183	4,136
2014	136,613,609	9,361,354	2,166	61,043	4,183
2015	139,491,699	9,522,775	2,132	62,721	4,282
2016	141,870,066	9,716,618	2,046	65,228	4,472
2017	143,859,855	9,835,104	2,011	71,536	4,891
2018	146,131,754	10,011,038	1,878	74,824	5,126
2019	147,329,051	10,167,267	1,808	81,487	5,623
2020	139,103,773	10,487,687	1,816	76,599	5,775
2021	143,780,068	10,909,076	1,736	82,823	6,284
2022	150,025,655	11,519,312	1,851	81,051	6,223
2023	153,140,899	11,866,306	1,802	84,984	6,585

[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.

WORKPLACE INFECTIOUS DISEASE EXPOSURES

Infectious disease exposures in the workplace have been a longstanding and significant issue, exacerbated by the COVID-19 pandemic and by climate change. There's a broad range of infectious diseases that harm workers, ranging from diseases spread via aerosol transmitted (tiny particles through the air, droplets (large droplets through the air) and contact (touching).

Working-age adults were hit the hardest by the COVID-19 pandemic, particularly those in settings with individuals known to be infected (e.g., health care and nursing homes), indoor environments, poorly ventilated spaces and crowded conditions (e.g., meatpacking facilities and other workplaces). These infections and deaths were disproportionately borne by people of color and those in low-wage jobs that were deemed essential in the early days of the pandemic. Throughout the pandemic, there was a scattered patchwork of mitigation measures to prevent exposures and infections, but this approach was not effective in protecting people at work, where employers are responsible for protecting workers from occupational exposures.

Experience with several major infectious disease outbreaks in the last decade (COVID-19, H1N1, H5N1 and Ebola) has underscored the need for mandatory measures to protect health care workers and other workers at high risk from exposures to infectious diseases. Federal OSHA has some limited, existing standards to help protect workers from infectious disease exposures, including rules on bloodborne pathogens, personal protective equipment and respiratory protection. But there is no broad-based infectious disease standard to protect workers from airborne transmissible diseases such as tuberculosis, influenza and coronaviruses.[132, 133] Previous efforts by OSHA to strengthen specific protections for health care workers, including a standard on tuberculosis and infectious diseases broadly, never reached fruition.

Following the H1N1 pandemic, OSHA began work on an infectious disease standard.[134] In May 2010, OSHA issued a request for information to seek input from the public on the rule. The draft proposed rule was reviewed by a small business panel, which issued a report to OSHA in January 2015, as required by the Small Business Regulatory Enforcement Fairness Act. OSHA continued preparing the proposed rule and the required analysis for publication until the standard was demoted on the regulatory agenda to a long-term action item by the first Trump administration in 2017. The Biden administration reinstated the Notice of Proposed Rulemaking to the regulatory agenda, and scheduled it to be published in June 2024. OSHA held a meeting of the Advisory Committee on Construction Safety and Health (ACCSH) on April 24, 2024, to specifically discuss the Infectious Diseases Rulemaking and Heat Injury and Illness Prevention in Outdoor and Indoor Work Rulemaking.[135] The Construction Safety Act and OSHA regulations require the assistant secretary of OSHA to consult with ACCSH before the agency proposes occupational safety and health standards affecting construction activities, so a proposal on

[132] In May 2009, the California Occupational Safety and Health Standards Board adopted a Cal/OSHA standard on airborne transmissible diseases. The standard covers all airborne transmissible infectious diseases. It requires covered health care employers to develop infection control plans, utilize engineering controls and appropriate personal protective equipment, provide training for workers, and develop and implement isolation plans for identified or suspected cases.

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

infectious disease could be expected soon thereafter. The completion of this standard would have ensured employers are better prepared for any infectious disease outbreak, including a pandemic, and could provide the essential, comprehensive framework, engineering systems and equipment needed for workplace infectious disease prevention plans. The proposed rule was never issued.

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

Avian Flu

On April 1, 2024, the Texas Department of State Health Services reported a dairy worker infected by the highly pathogenic avian influenza (HPAI) H5N1 virus through cattle.[137] The CDC, Department of Agriculture and other agencies monitored the situation at the beginning and the CDC released preliminary recommendations to state health agencies on H5N1 in livestock, including some worker safety recommendations.[138] Since then, across the United States, the total number of confirmed H5N1 human infections remains at 70. There have been 41 confirmed cases from dairy cattle herds, 24 confirmed cases from poultry farms and culling operations, and five confirmed cases from other animal or unknown exposures (and seven additional probable cases).[139] The virus has now mutated and has been transmitted within species, between species and from animals to humans. There is significant concern about this virus circulating and mutating, leading to human-to-human transmission, which can cause the virus to spread rapidly.

In recent weeks, the reported outbreaks in poultry have been declining, but the risk remains as the spring migration of wild birds who carry the virus continues. In April, new outbreaks in poultry have been reported in Colorado, New York, South Dakota and Wisconsin. From late March to late April 2025, there were 41 outbreaks in poultry reported—nine at commercial facilities and 32 in backyard flocks with more than 1.9 million birds affected—and dairy outbreaks continue in California, Idaho and Nevada, with 22 outbreaks reported.[140] The Department of Agriculture (USDA) has confirmed more cases in mammals, including domestic cats in California, Colorado and Ohio. And authorities in the United Kingdom have reported the first known case of H5N1in a sheep on a farm.

Meanwhile, no human cases of bird flu have been reported in the United States since January. But there is great concern that cases are being missed. Many of the workers exposed in these industries are non-English speaking immigrant farmworkers, who are at especially high risk and lack adequate protections, and who also fear speaking up against unsafe working conditions,

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[134] Occupational Safety and Health Administration. "Infectious Diseases Rulemaking" (website). Accessed April 22, 2023. *Available at* OSHA.gov/infectious-diseases/rulemaking.
[135] 89 FR 23051.
[136] *See* ILO.org/international-labour-conference/112th-session-international-labour-conference/standard-setting-committee-biological-hazards-112th-session.
[137] *See* DSHS.texas.gov/news-alerts/health-alert-first-case-novel-influenza-h5n1-texas-march-2024.
[138] *See* CDC.gov/media/releases/2024/p0401-avian-flu.html.
[139] U.S. Centers for Disease Control and Prevention. H5 Bird Flu: Current Situation. *Available at* CDC.gov/bird-flu/situation-summary/index.html?cove-tab=0.
[140] Seminaro, Peg. "DOGE Attack on NIOSH Weakens Workers' Bird Flu Protections." Confined Space. April 10, 2025. *Available at* Jordanbarab.com/confinedspace/2025/04/10/doge-attack-on-niosh-weakens-workers-bird-flu-protections/.

reporting symptoms or seeking care—especially now under the Trump administration's broad sweep to identify undocumented immigrants, as they face possible major retaliation, including deportation.[141]

New human cases that have resulted in death have been reported in India and Mexico. The bird flu outbreaks have greatly affected the supply and price of eggs. Many smaller farms have been severely impacted. But a number of the larger farms have taken advantage of the crisis to raise the price of their eggs, recording record profits while also receiving compensation from USDA for their flocks that have been infected and culled.[142]

On March 19, 2025, CDC issued a new update on the bird flu situation in humans since mid-January, which included laboratory updates on serology testing from close contacts of a confirmed case of influenza A(H5) virus infection in a child in California, as well as sequencing information for A(H5) viruses related to the most recent Ohio human case. The USDA reports outbreaks in poultry have continued to spread, both in commercial and backyard poultry, with reported outbreaks slowing in early March, but increasing a bit shortly thereafter as the spring wild bird migration increases. One of the outbreaks at a Mississippi poultry farm involved the H7N9 strain of the virus, which is highly pathogenic. Meanwhile, several new outbreaks have been reported at dairy farms in California and Idaho, and reports of infections in wild birds, domestic cats and other animals continue to grow. USDA also announced new initiatives to assist farmers and enhance biosecurity that will focus first on egg-laying facilities.

While the CDC continues to classify public health risk of influenza A(H5) viruses as "low risk" to the human population, the World Health Organization (WHO) recently elevated the risk to workers as "low to moderate," which is a significant change. On April 17, 2025, the WHO, the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (WOAH) released an updated joint public health assessment of recent influenza A(H5) virus events in animals and people. The joint assessment is based on data as of March 1, 2025. They state, "Transmission between animals continues to occur and, to date, a growing yet still limited number of human infections are being reported."[143]

Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. continues to oppose vaccination of poultry against avian influenza, and continues to promote that farms that allow the virus to run its course in flocks of infected chickens could help identify which chickens had immunity to the virus, while the rest may get terribly ill and die. A new study reported sustained milk drop and extensive transmission in an H5N1 infected herd in Ohio. A published study found limited effectiveness of antivirals against H5N1 infection in mice.[144] Another study used

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[141] *See* Kffhealthnews.org/news/article/bird-flu-trump-immigration-raids-farmworkers-threats-california-michigan/.
[142] *See* Wapo.st/3EnT3G7.
[143] World Health Organization. "Updated joint FAO/WHO/WOAH public health assessment of recent influenza A(H5) virus events in animals and people." Emergency Situational Updates. April 17, 2025. *Available at* WHO.int/publications/m/item/updated-joint-fao-who-woah-public-health-assessment-of-recent-influenza-a(h5)-virus-events-in-animals-and-people_apr2025.
[144] *See* News-medical.net/news/20250317/Current-antivirals-not-successful-in-treating-severe-H5N1-blu-flu-infections.aspx.

advanced computational modeling to find that the virus is evolving in ways that help it evade immune defenses, whether from past infection or vaccination in mammals.[145]

By contrast, in November 2005, President George W. Bush requested $7.1 billion in funding to prepare for an influenza pandemic, based on H5N1 spread. Even though he stated it was "still primarily an animal disease," it could spread around the world if it gained the ability to pass efficiently from person to person. He stated: "Our country has been given fair warning of this danger to our homeland—and time to prepare."[146] His administration also issued a comprehensive preparedness plan and prioritized the allocation of vaccines. Bush said his strategy had three main elements: detecting outbreaks anywhere in the world; stockpiling vaccines and antiviral drugs while improving the ability to make new vaccines for a pandemic virus; and improving general readiness at the federal, state and local levels. This initiative resulted in the establishment of the National Stockpile, which included respirators and other protective gear.

The recent decimation of NIOSH puts all workers at greater risk and has a direct impact on avian flu response: The agency played a critical role in leading the development of guidelines to protect workers from H5N1 transmission in avian flu response. NIOSH respiratory protection experts have developed the recommendations for the proper respirators and other protective equipment for bird flu. NIOSH investigators have been part of the CDC field investigations of bird flu outbreaks. All the NIOSH epidemiologists, industrial hygienists, engineers, occupational physicians and scientists have been put on administrative leave with notices of termination in June 2025. There is no one left at NIOSH (or elsewhere in the government) to do this work. Other HHS experts at FDA and the CDC working on the response to bird flu have also been terminated, including the FDA staff investigating the contamination of milk, meat and pet food with H5N1.

Measles

The ongoing and worsening measles outbreaks in the United States are of critical concern.[147] Measles is a highly contagious viral infection; 97% of cases nationwide are in those who are unvaccinated or have unknown vaccination status. As of April 10, 2025, there have been a total of 712 confirmed cases for the year—only a few months into the year. As of April 11, 2024, there were 121 cases and 285 for the entire year of 2024. The majority of cases (70%) are in individuals 19 years old and younger—many younger than 5, the group that also has represented the largest percentage of hospitalizations (20%). Cases have been reported by 25 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont and Washington. These do not include probable cases and compare with the previous year's 121 confirmed measles cases.

[145] *See* Scitechdaily.com/the-bird-flu-virus-is-mutating-fast-and-scientists-say-our-vaccines-may-not-be-enough/.
[146] *See* CIDRAP.umn.edu/avian-influenza-bird-flu/bush-asks-71-billion-prepare-flu-pandemic.
[147] *See* CDC.gov/measles/cases-outbreaks.html.

Early on, Chicago had been hit particularly hard.[148] Two children have now died in West Texas, where there is significant measles spread.[149] In New Mexico, an investigation of a third death is now underway.[150]

Future Pandemic Protections

During the COVID-19 pandemic, states like Washington initiated efforts to address future workplace pandemic planning, requiring the reporting and notification to employees of outbreaks, presumption of illness and anti-retaliation measures in the case of future public health disasters. This health emergency standard in Washington passed the legislature and was signed into law on May 11, 2021.[151]

In April 2021, New York passed the NYS Health and Essential Rights (NY HERO) Act, which requires the state to offer model prevention plans for airborne infectious diseases that private sector employers must implement.[152] Employers who do not comply may face civil penalties and civil action by employees. A great success of the NY HERO Act is the requirement for employers to have health and safety committees that are co-chaired and co-staffed with nonsupervisory workers. Those workers have to be chosen by the workforce and their representatives, not by the employer. The committees have to meet within certain time periods and employers have to respond to committee concerns in writing. However, the enforcement mechanism within the state still remains unclear, since the state OSHA plan in New York only covers public sector workplaces, but the state must enforce this in the private sector.

After three years of negotiations, this week the World Health Organization member states reached consensus on a draft pandemic agreement that establishes fundamental guidelines for collaborative preparedness, prevention and response measures, with a focus on equity and resilience.[153,154] Member states are expected to adopt the pandemic agreement, which will be legally binding, at the upcoming World Health Assembly in May. After withdrawing from WHO under President Trump, the United States did not participate in the final negotiations and is not expected to endorse the agreement.[155] Despite the significant impact of U.S. withdrawal and reduced global health funding, this draft treaty marks the first major international agreement developed during a period of diminishing American global influence. Global health experts consider this agreement—the result of multilateral compromise—an important advancement toward preventing the fractious response seen during the COVID-19 pandemic.

On the first day of his second term, President Trump signed an executive order withdrawing the United States from the World Health Organization (WHO). The order was expected, as he attempted this during his first term, in July 2020. However, because WHO withdrawal requires a

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[148] *See* Chicago.gov/city/en/depts/cdph/supp_info/infectious/get-the-facts--measles.html#dashboard.
[149] *See* APNews.com/article/measles-texas-vaccines-funding-cuts-5785985d6b74024b0502f6a2fc1576e2.
[150] *See* NMHealth.org/news/alert/2025/3/?view=2188.
[151] *See* LawFilesExt.Leg.WA.gov/biennium/2021-22/Pdf/Bill%20Reports/Senate/5115-S.E%20SBR%20FBR%2021.pdf?q=20210415090654.
[152] *See* DOL.NY.gov/ny-hero-act.
[153] *See* News.un.org/en/story/2025/04/1162301.
[154] *See* APNews.com/article/who-pandemic-treaty-covid-trump-9003e25d3a9dda95277a9f79cbf77a1d.
[155] *See* CNN.com/2025/04/15/health/world-health-organization-pandemic-agreement-intl-hnk/index.html.

one-year notice, the decision did not take effect and was reversed by President Biden when he took office in 2021.

CDC Advisory Committee

The failure of governments and the corporate infectious disease community to recognize that SARS-CoV-2 and other viruses spread not just through large droplets and small droplets, but primarily through tiny, aerosolized particles through the air, has played a significant role in the protections workers have not been provided throughout the pandemic and for other infectious diseases. Improved ventilation and other measures continue to be underlooked as a key effective measure to clean the air that workers breathe. Those at highest risk, particularly in health care settings, also continue to need strong respiratory protection, such as N95s, and other screening and isolation measures when confronting an aerosolized virus. Other modes of transmission require different control measures. Surface cleaning measures are useful to protect against contact transmission and some other personal protective equipment, like face shields, face coverings and gowns, are useful to protect against larger "droplet" splashes.

The evidence of aerosol transmission causing COVID-19 disease is now overwhelming, with consensus in the scientific and public health communities.[156, 157, 158, 159] It had been recognized at the highest levels of our national government, with the Biden White House's Office of Science and Technology Policy concluding the "…most common way COVID-19 is transmitted from one person to another is through tiny airborne particles of the virus…"[160]

Also on April 18, 2024, completely distinct from the joint consensus statement, the World Health Organization published a report, updating its definitions to more accurately reflect the state of science of disease transmission.[161] The new definitions reflect the difference between routes that involve direct contact through touching infected surfaces or other people and other routes that involve the air (through the air transmission); "through the air transmission" is divided into "direct deposition," referring to larger particles that strike the mucus membranes of the eyes, nose or mouth, and "airborne transmission/inhalation," which refers to smaller particles inhaled into the lungs. The updated guidelines no longer rely on droplet size or distance spread. This significant recognition by the WHO is the result of a multiyear, collaborative effort and reflects shared agreement on terminology between the WHO and four major public health agencies:

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

[157] Tang, J.W., R. Tellier and Y. Li. "Hypothesis: All Respiratory Viruses (Including SARS-CoV-2) are Aerosol Transmitted." *Indoor Air*. January 2022. *Available at* PubMed.ncbi.nlm.nih.gov/35104003/.

[158] Wang, C.C., K.A. Prather, J. Sznitman, et al. "Airborne Transmission of Respiratory Viruses." *Science* Vol. 373, No. 6558. Aug. 27, 2021. *Available at* Science.org/doi/10.1126/science.abd9149.

[159] Peng, Z., A.L. Pineda Rojas, E. Kropff, et al. "Practical Indicators for Risk of Airborne Transmission in Shared Indoor Environments and Their Application to COVID-19 Outbreaks." *Environmental Science & Technology*. Jan. 5, 2022. *Available at* Pubs.acs.org/doi/10.1021/acs.est.1c06531.

[160] Nelson, Alondra. "Let's Clear The Air On COVID." Office of Science and Technology Policy blog, March 23, 2022. *Available at* Bidenwhitehouse.archives.gov/ostp/news-updates/2022/03/23/lets-clear-the-air-on-covid/.

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

Africa Centres for Disease Control and Prevention, Chinese Center for Disease Control and Prevention, European Centre for Disease Prevention and Control and the U.S. CDC.

However, the advisory committee that used to be charged with examining the science and providing key recommendations to the Centers for Disease Control and Prevention (CDC) on the development of the Guidelines to Prevent Transmission of Pathogens in Healthcare Settings—the Healthcare Infection Control Practices Advisory Committee (HICPAC)—ignored the abundance of evidence of how aerosolized viruses behave and infect others, and ignore the widespread recommendations from industrial hygienists, public health experts and workers regarding the control measures necessary to combat aerosolized viruses in these settings. Additionally, on April 18, 2024, the American Public Health Association and the American Industrial Hygiene Association issued a joint consensus statement to HICPAC to strengthen its draft guidance updates and to follow the science and protect health care workers and patients; 57 organizations, including the AFL-CIO, and 499 individual experts signed on to the statement.[162]

Further, until just recently, representation on the committee consisted only of hospital management and scientists who are connected with the hospital industry. After years of public health and union advocacy, in 2024, the CDC finally appointed occupational physicians and aerosol experts to the working group and a worker representative to both the working group and the advisory committee.

However, in 2025, as part of the Trump administration's effort to eliminate stakeholder input and ignore science, this committee is under threat of being disbanded altogether.

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

WORKPLACE HEAT INJURY AND ILLNESS

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

Between 1992 and 2020, heat stress killed 963 workers and caused nearly 33,000 serious lost-time injuries and illnesses, according to BLS. In 2023, BLS reported 55 work-related fatalities from heat exposure, a 28% increase from 43 in 2022 and 53% increase from 36 in 2021. There were 56 deaths in 2020, which was a 30% increase from 2019. More than half of occupational heat fatalities occur during a worker's first few days of working in hot conditions.[163] Workplace injuries and illnesses from heat exposures often are not reported, so the true toll is unknown. Hot working conditions contribute to other injuries due to slippery sweat, fogging personal protective equipment, dizziness, and hot tools and equipment.

State Heat Standards

In the absence of a federal OSHA standard, only six states have issued enforceable standards to protect indoor and outdoor workers from heat illness. In 1997, Minnesota's OSHA program issued a heat standard covering indoor workers.[164] In May 2022, Oregon OSHA issued a heat standard covering both indoor and outdoor workers.[165] In 2023, Washington adopted a heat proposal for its outdoor workers.[166] In June 2024, California OSHA finalized heat protections for indoor workers after previously issuing a heat standard for outdoor workers in 2006.[167] In September 2024, Maryland OSHA's comprehensive heat stress standard went into effect applying to all workplaces in which the heat index goes above 80° F.[168] Finally, Nevada was the most recent state to adopt an indoor and outdoor heat standard in November 2024.[169] New Mexico OSHA has released a draft heat standard for public comment and is expected to finalize it in summer 2025.[170]

While some comprehensive protections have stalled, some state plans and cities have passed incremental heat protections, such as the Colorado Department of Labor and Employment in 2022, by issuing a rule protecting agriculture workers from heat.[171] On March 26, 2024, Phoenix

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[163] Occupational Safety and Health Administration. "Heat – Overview: Working in Outdoor and Indoor Heat Environments." *Available at* OSHA.gov/heat-exposure.
[164] *See* Revisor.mn.gov/rules/5205.0110/.
[165] OSHA.oregon.gov/OSHARules/div2/div2J.pdf.
[166] *See* LNI.wa.gov/safety-health/safety-training-materials/workshops-events/beheatsmart#requirements.
[167] DIR.ca.gov/title8/3395.html.
[168] *See* labor.maryland.gov/labor/mosh/moshheatstress.shtml.
[169] *See* leg.state.nv.us/Register/2024Register/R131-24AP.pdf.
[170] *See* env.nm.gov/occupational_health_safety/heat-illness-and-injury-prevention/.
[171] Colorado Department of Labor and Employement. Division of Labor Standards and Statistics Agricultural Labor Conditions Rules. 7 CCR 1103–15. Adopted Jan. 31, 2022, effective May 1, 2022. *Available at* CDLE.colorado.gov/sites/cdle/files/7%20CCR%201103-15%20Agricultural%20Labor%20Conditions%20Rules%20%5Baccessible%5D.pdf.

became the first locality to pass an ordinance to protect workers from heat.[172] The rest of the country's workers remain unprotected unless they have union contracts covering heat.[173] Worse, Texas and Florida have both instituted measures that preempt their localities from issuing requirements to protect workers from heat, like mandatory breaks for water, rest and shade.[174, 175]

Promulgation of a Federal Heat Standard

On Aug. 30, 2024, the Occupational Safety and Health Administration made a significant step for the country's workers by issuing its proposed rule on heat injury and illness prevention in outdoor and indoor work settings, catalyzed by the Biden administration. The public comment period concluded on Jan. 14, 2025. Amid a changing administration, an informal public hearing is scheduled to begin June 16, 2025.[176]

The process for a federal OSHA heat standard began in 1972, when NIOSH issued its first criteria for a recommended OSHA heat standard, which was then updated in 1986 and 2016. On Sept. 20, 2021, President Biden announced a national initiative to address heat exposures across vulnerable populations, including workers, to build resilience in local communities and to address disproportionate heat impacts.[177] To address occupational exposures under this initiative, the administration committed to OSHA: 1) issuing an advanced notice of proposed rulemaking within a month, 2) issuing a National Emphasis Program, and 3) establishing a new heat work group under the agency's formal advisory committee, the National Advisory Committee on Occupational Safety and Health (NACOSH).

The NACOSH heat work group directed by President Biden consisted of representatives from industry, labor and technical experts, and first convened on Feb. 25, 2022, focused on two charges for the group: 1) to examine and recommend improvements to OSHA's national heat campaign, and 2) to identify elements of a potential standard on protecting outdoor and indoor workers from occupational heat exposure.[178, 179] The consensus work group presented its findings on task one at its Dec. 13, 2022, work group meeting and NACOSH moved the recommendations forward to the agency at its Jan. 10, 2023, meeting.[180] The consensus work group presented its findings on task two at its April 27, 2023, public meeting and NACOSH approved and moved the work group's report to OSHA on May 31, 2023.[181] The federal advisory committee's work group report on task two included the following potential elements for OSHA to consider in a potential standard: written exposure control (heat illness prevention) plan, worker and supervisor training, environmental (exposure) monitoring, workplace control

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[172] *See* Phoenix.gov/cityclerksite/City%20Council%20Meeting%20Files/3-26-24%20Policy%20Agenda-FINAL.pdf.
[173] Occupational Safety and Health Administration. "Heat – Standards." *Available at* OSHA.gov/heat-exposure/standards.
[174] *See* Myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=79034.
[175] *See* Capitol.texas.gov/BillLookup/History.aspx?LegSess=88R&Bill=HB2127.
[176] *See* OSHA.gov/news/newsreleases/osha-trade-release/20250416.
[177] *See* BidenWhiteHouse.archives.gov/briefing-room/statements-releases/2021/09/20/fact-sheet-biden-administration-mobilizes-to-protect-workers-and-communities-from-extreme-heat/.
[178] *See* OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group.
[179] *See* OSHA.gov/heat-exposure/heat-injury-and-illness-prevention-work-group/membership.
[180] *See* Regulations.gov/docket/OSHA-2023-0003.
[181] *See* Regulations.gov/document/OSHA-2023-0003-0012.

measures using the hierarchy of controls (engineering, administrative, work practice, PPE), acclimatization, worker participation and emergency response.

On Oct. 27, 2021, OSHA issued an advance notice of proposed rulemaking on "Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings" for a public comment period that closed in January 2022. The agency held a meeting of the Advisory Committee on Construction Safety and Health (ACCSH) on April 24, 2024, to specifically discuss OSHA's Heat Injury and Illness Prevention in Outdoor and Indoor Work Rulemaking and the Infectious Diseases Rulemaking.[182] The Construction Safety Act and OSHA regulations require the assistant secretary of OSHA to consult with ACCSH before the agency proposes occupational safety and health standards affecting construction activities.

To date, there is still no federal OSHA heat standard.

Enforcement

On April 12, 2022, federal OSHA initiated its National Emphasis Program (NEP)—a targeted enforcement program—for outdoor and indoor heat-related hazards that is in place for at least three years.[183] State plan OSHAs are strongly encouraged, but not required, to adopt NEPs. To date, only 17 state plan states had adopted the program, but some states already may have instituted their own heat enforcement schemes before the national program was issued.[184]

In FY 2024, federal OSHA conducted 837 heat inspections, a significant change from FY 2023, where federal OSHA conducted 1,066 heat illness inspections. In FY 2021, before the NEP, OSHA conducted 48 heat illness inspections and in FY 2022, OSHA conducted 114 heat illness inspections. Among the FY 2024 inspections, OSHA issued 31 serious violations that resulted in an average penalty of $9,810 per violation, an increase from 29 serious violations in FY 2023 that resulted in an average penalty of $6,323. In FY 2024, federal OSHA also issued one willful violation with a penalty of $161,323 and one repeat violation with a penalty of $48,000; this was the first willful violation since FY 2021. Federal OSHA also issued 803 hazard alert letters (HALs) on heat illness in FY 2024, compared with 571 HALs in FY 2023 and 98 HALs in FY 2022. HALs are warnings that do not result in an employer penalty.

Legislation

In 2023, Rep. Judy Chu (Calif.) and Sen. Sherrod Brown (Ohio) introduced the Asunción Valdivia Heat Illness, Injury, and Fatality Prevention Act to mandate OSHA to issue a heat stress standard requiring employers to develop a heat illness prevention plan for indoor and outdoor workers to prevent heat-related illnesses and fatalities. This bill or another version of it has not been re-introduced in the 119th Congress.

Under the bill, the OSHA standard would require exposure limits that trigger action such as hydration, scheduled and paid rest breaks, an acclimatization plan, exposure monitoring and other prevention methods. The final standard must provide no less protection as the most protective state standard, currently California's Heat Illness Prevention Standard (8 CCR §3395),

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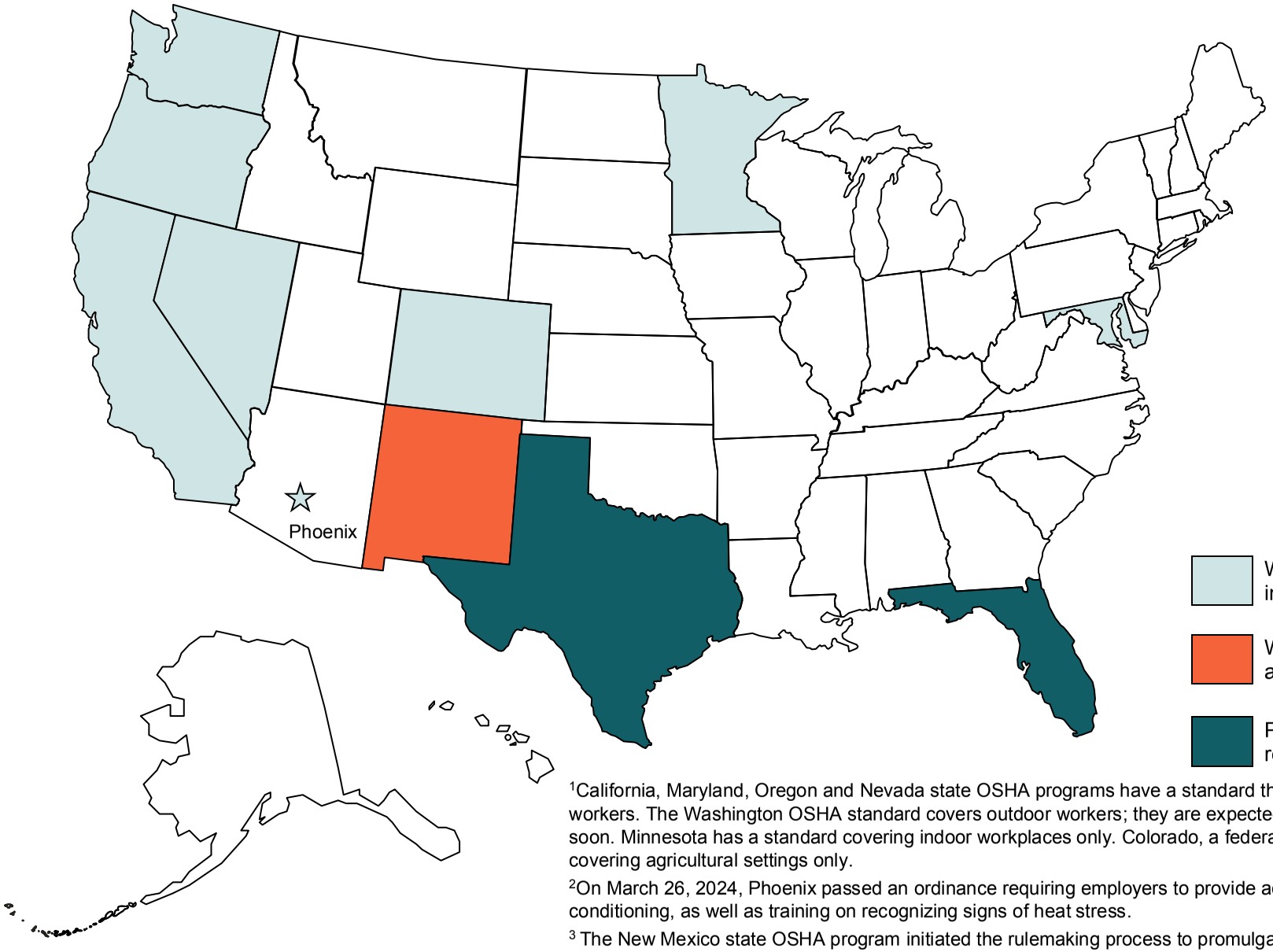
[182] 89 FR 23051.
[183] *See* OSHA.gov/sites/default/files/enforcement/directives/CPL_03-00-024.pdf.
[184] *See* OSHA.gov/stateplans/adoption/directives/2022-04-08.

and consider the National Institute for Occupational Safety and Health's Criteria for a Recommended Standard: Occupational Exposure to Heat and Hot Environments. The standard would cover both outdoor and indoor workers who face exposure to heat levels that exceed the capacities of the body to maintain normal body functions and may cause heat-related injury, illness or fatality. The rule would cover direct-hire employees, contracted and subcontracted employees, and temporary or leased employees employed at these covered facilities.

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

U.S. Workplace Heat Protections, 2025



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

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

[3] The New Mexico state OSHA program initiated the rulemaking process to promulgate a heat illness and injury prevention rule to be implemented in the summer of 2025.

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

Prepared by the AFL-CIO

Profile of Heat-Related Fatalities, 2023[1]

Characteristic	Subcharacteristics	Deaths
Total Fatalities		55
Employee Status	Wage and salary workers	49
	Self-employed	6
Race or Ethnic Origins	White	19
	Hispanic or Latino	23
	Black, non-Hispanic	9
Leading Industries	Private sector construction	18
	Private specialty trade contractors	12
	Agriculture, forestry, fishing and hunting	11
Leading Location	Construction or maintenance sites	16
	Industrial places and premises	8

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

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

WORKPLACE VIOLENCE

Workplace violence continues to be a significant and worsening problem in the United States. It is the third-leading cause of death on the job. Even as the reported overall U.S. injury and illness rate has steadily declined since 1992—by 70% overall—the injury rate for workplace violence decreased until 2011 when the rate increased 41% in one year (2.7 to 3.8). The injury rate for workplace violence has remained at 3.8 or higher for the last dozen years; it is now at 4.3 per 10,000 workers, according to the most recent data for 2021–2022, which is 23% higher than the national worker fatality rate.

In 2023, more than one in every seven work-related deaths was attributed to workplace violence, for a total of 740—more than from fires and explosions. This is a decrease from 849 in 2022 and 761 in 2021. Reports of workplace violence increased during the COVID-19 pandemic, especially true in already-high-risk settings for violence: health care, transit, retail and other settings. The CDC issued guidance for retail and service businesses recognizing that threats and assaults had increased in this sector in 2020, but has since archived the guidance.[185]

Homicides and Suicides

Homicides account for the majority of workplace violence deaths: 458 in 2023, a continued fluctuation from over the past several years (524 in 2022, 481 in 2021, 392 in 2020, 454 in 2019 and 453 in 2018). Industries with the most workplace homicides include retail and trade (94), government (79), and leisure and hospitality (77).

In 2023, 281 workers committed suicide at work, a 5% increase from 267 in 2022. The largest number of suicides at work occurred in 2019 (307 suicides). Suicides do not include unintentional overdoses, which are reported in the "Job Fatalities" section above. There were 291 suicides at work in 1992, the year BLS began reporting these data, but it has fluctuated since. Major increases in workplace suicides occurred just as the recession hit in 2008, when they increased by 33%, and in 2016, when workplace suicides increased by 27%. Hopelessness, uncertainty and toxic work environments that include increased work pressures, workplace bullying and lack of worker control over their work environments most likely have contributed to this growing problem. One study published by the National Institute for Occupational Safety and Health examined U.S. workplace suicides from 2003 to 2010.[186] In that time period, 1,719 people died by workplace suicide. According to the study results, workplace suicides were highest for men, workers ages 65 to 74 years, those in protective service occupations, and those in farming, fishing and forestry.

Many unions now have peer-to-peer model support programs that aim to improve mental health outcomes and prevent suicide. One such program is the MATES model, focused on suicide prevention, that has been implemented in the Australian construction industry since 2008.[187] A

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[185] Archived guidance is no longer available. Previously found at Centers for Disease Control and Prevention. "Limiting Workplace Violence Related to COVID-19." Sept. 1, 2020.
[186] Tiesman, H.M., S. Konda, D. Hartley, et al. "Suicide in U.S. Workplaces, 2003–2010: A Comparison With Non-Workplace Suicides." *American Journal of Preventive Medicine* 48, Issue 6, 674–682. March 16, 2015. *Available at* AJPMonline.org/article/S0749-3797(14)00722-3/abstract.
[187] *See* MATES.org.au/how-mates-works.

2022 study in Australia found evidence of a decline in suicide rates among Australian construction workers over the last two decades (2001–2019).[188]

Nonfatal, Serious Injuries

The majority of nonfatal workplace injuries from violence occur in health care and social assistance. These attacks are serious, underreported and often leave workers physically and emotionally scarred for life. For 2021 and 2022 combined, 124,040 workplace violence incidents that led to injuries involving days away from work, job transfer or restriction in private industry were reported. Women workers experienced 66% of these serious injuries.

For 2021–2022 combined, the annualized rate of workplace violence injuries that led to days away from work was 4.3 per 10,000 workers in the private industry, an increase from 4.0 in 2020, and 7.1 for all ownerships. This is the first year that injuries that lead to job transfer or restriction were also reported; the combined rate for all injuries that lead to days away from work, job transfer or restriction was 6.2 per 10,000 workers in private industry and 10.0 for all ownerships. All of these numbers and rates only reflect injuries that led to days away from work, not all violence-related injuries reported or all that occur.

Due to the new BLS policy explained in the "Data Reporting, Transparency and Equity" section, these data are not available for 2023 as they are only reported every other year, which limits the understanding of the magnitude of nonfatal, serious injuries, including those for workplace violence.

Health Care and Social Assistance

Workers in the health care and social service industries are particularly affected. The nature of their front-line work—direct contact with patients and clients—makes these workers at great risk for job-related violence. In 2023, there were 16 homicides among workers in health care and social assistance, but this figure has otherwise not been reported by BLS since 2019, when there were 32, compared with 24 in 2018 and 31 in 2017.

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

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

Violence against health care and social service workers is foreseeable and preventable. With the expected job growth in the health care and social assistance sectors, workplace violence events

[188] Maheen H., Y. Taouk, A.D. LaMontagne, et al. **"**Suicide Trends Among Australian Construction Workers During Years 2001–2019." *Scientific Reports,* Nov. 23, 2022. *Available at* NATURE.com/articles/s41598-022-24575-x.pdf.

will continue to rise without safeguards in place. Workplace controls are more necessary than ever to address this systemic and serious issue, and reduce the prevalence and severity of violence in the workplace.

OSHA Guidelines and Enforcement

During the Obama administration, in the absence of a federal standard, OSHA enhanced its efforts to address the growing problem of workplace violence through guidelines and enforcement initiatives using the general duty clause (Section 5(a)(1) of the OSH Act).

In April 2015, OSHA updated for a third time since 1998 its comprehensive "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers,"[189] a comprehensive document outlining the contents of violence prevention programs using hazard assessments and the hierarchy of controls. Earlier, OSHA issued several guidance documents for other high-risk populations, including "Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments" and a fact sheet, "Taxi Drivers: How to Prevent Robbery and Violence."[190, 191]

In 2011, OSHA issued a directive, "Enforcement Procedures for Investigating or Inspecting Incidents of Workplace Violence," which established uniform procedures for OSHA field staff when responding to incidents and complaints of workplace violence, and conducting inspections in industries with a high risk of workplace violence, including health care and social service settings and late-night retail establishments.[192] In January 2017, the agency issued a new directive, "Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence." This directive clarifies the different types of health care settings where workplace violence incidents are reasonably foreseeable; expands the OSHA-recognized high-risk industries to include corrections and taxi driving; and provides more resources and guidance to OSHA inspectors.[193]

In 2016, federal OSHA Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming) instituted a regional emphasis program in residential mental intellectual and developmental disability facilities (NAICS 623210) focused on workplace violence hazards.[194] This program has been renewed annually but looks like it has been discontinued recently.

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[189] U.S. Department of Labor, Occupational Safety and Health Administration. "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers." April 2015. *Available at* OSHA.gov/Publications/osha3148.pdf.

[190] U.S. Department of Labor, Occupational Safety and Health Administration. "Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments." OSHA 3153-12R, 2009. *Available at* OSHA.gov/Publications/osha3153.pdf.

[191] U.S. Department of Labor, National Institute for Occupational Safety and Health. "Taxi Drivers: How to Prevent Robbery and Violence." November 2019. *Available at* OSHA.gov/sites/default/files/publications/OSHA3976.pdf.

[192] U.S. Department of Labor, Occupational Safety and Health Administration. "Enforcement Procedures for Investigating or Inspecting Workplace Violence." CPL 02-01-052, Sept. 8, 2011. *Available at* OSHA.gov/sites/default/files/enforcement/directives/CPL_02-01-052.pdf.

[193] U.S. Department of Labor, Occupational Safety and Health Administration. "Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence." CPL 02-01-058, Jan. 10, 2017. *Available at* OSHA.gov/sites/default/files/enforcement/directives/CPL_02-01-058.pdf.

[194] U.S. Department of Labor, Occupational Safety and Health Administration. "Regional Notice CPL 20-05 (04-01)." Oct. 1, 2019. *Available at* OSHA.gov/sites/default/files/enforcement/directives/CPL_20-05_04-01.pdf.

In FY 2024, OSHA conducted 79 workplace violence inspections. OSHA issued six serious violations that resulted in a current median penalty of $15,878 and one repeat violation that resulted in a current penalty of $88,721.

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

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

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

In FY 2020, OSHA conducted 43 workplace violence inspections. OSHA issued two serious violations that resulted in a current median penalty of $12,687, and one repeat violation that resulted in an initial penalty of $72,930. During the COVID-19 pandemic, on-site inspections and enforcement slowed significantly.

In FY 2019, OSHA conducted 76 workplace violence inspections—13 of these involved a fatality or catastrophe. OSHA issued four serious violations that resulted in a current median penalty of $11,082, and one repeat violation that resulted in an initial penalty of $72,930.

In FY 2018, OSHA conducted 78 workplace violence inspections—10 of these involved a fatality or catastrophe. OSHA issued two serious violations that each resulted in an initial penalty of $12,934, and two repeat violations that each resulted in an initial penalty of $71,137.

In FY 2017, OSHA conducted 85 workplace violence inspections—four of these involved a fatality or catastrophe. OSHA issued six serious violations that resulted in an initial median penalty of $11,525.

In FY 2016, OSHA conducted 124 workplace violence inspections—15 of these involved a fatality or catastrophe. OSHA issued nine serious violations that resulted in a current median penalty of $12,471, and two willful serious violations that resulted in a current median penalty of $42,000.

Where there are workplace violence hazards, but OSHA may not issue a general duty clause citation, the agency can issue a Hazard Alert Letter—a voluntary measure that warns employers about the dangers of workplace violence and identifies corrective actions. OSHA issued 72 HALs in FY 2024, 65 in FY 2023, 58 in FY 2022, 30 in FY 2021, 40 in FY 2020, 65 in FY 2019, 60 in FY 2018, 64 in FY 2017, 71 in FY 2016, 18 in FY 2015, two in FY 2014 and five in FY 2013.

The need for enhanced efforts by OSHA to address workplace violence was underscored by a March 2016 report by the U.S. Government Accountability Office. The report, "Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence," examined the magnitude of the problem, existing workplace violence prevention programs and policies, state and local ordinances, and the need for these programs and policies, including the need for an OSHA workplace violence prevention standard for health care and social service workers. The report found that workplace violence is a serious and growing concern for 15 million health care workers, and is preventable through violence prevention programs.[195] The GAO recommended that OSHA improve workplace violence citation training for its inspectors, follow up on Hazard Alert Letters, assess current efforts and determine whether the agency should take regulatory action.

Federal Regulatory Action

In response to the growing threat from workplace violence, there have been increased efforts to secure workplace violence protections through mandatory regulations. In July 2016, a coalition of unions petitioned OSHA to develop a federal workplace violence standard for health care and social assistance workers.[196] Another union petition was filed seeking a standard in the health care sector.[197] In response to the petitions, OSHA issued a request for information to seek input and information on a workplace violence standard, and in early January 2017 held a public meeting of interested stakeholders. At the meeting, the Obama administration announced that OSHA was accepting the petitions and would develop and promulgate a workplace violence standard for health care and social assistance, a critical first step in the process for federal OSHA to protect workers.

After years of stalled efforts, federal OSHA's workplace violence draft rulemaking framework completed the process for small business review required for significant OSHA rules through the Small Business Advocacy Review (SBAR) panels, due to the Small Business Regulatory Enforcement Fairness Act, signed into law in 1996.[198] This is a 60-day process that gives small entity representatives an opportunity to review and provide input on the impact of the rule on them. A final report was issued in May 2023.[199] In the Biden administration, OSHA did not issue a proposed rule to prevent workplace violence; instead, the agency chose to work on an infectious disease proposal, which also was never issued.

On April 1, 2025, Rep. Joe Courtney (Conn.) and Sen. Tammy Baldwin (Wis.) introduced legislation in the House (H.R. 2531) and Senate (S. 1232), respectively—The Workplace Violence Prevention for Health Care and Social Service Workers Act—to help protect these

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[195] U.S. Government Accountability Office. "Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence." March 2016. *Available at* GAO.gov/products/GAO-16-11.
[196] "Labor Organizations Petitioning the U.S. Department of Labor for an OSHA Workplace Violence Prevention Standard for Healthcare and Social Assistance." July 12, 2016. *Available at* SafetyandHealthMagazine.com/ext/resources/document-downloads/unions-petition.pdf.
[197] *See* NationalNursesUnited.org/press/national-nurses-united-petitions-federal-osha-workplace-violence-prevention-standard.
[198] U.S. Department of Labor, Occupational Safety and Health Administration. Workplace Violence SBREFA (website). *Available at* OSHA.gov/workplace-violence/sbrefa.
[199] *See* OSHA.gov/sites/default/files/OSHA-WPV-SBAR-Panel-Report.pdf.

workers.[200] Similar legislation had been introduced in April 2023 and previously passed with bipartisan support by the House of Representatives in April 2021 and November 2019. The bill requires OSHA to issue a federal workplace violence prevention standard, requiring employers in the health care and social service sectors to develop and implement a plan to identify and control workplace violence hazards. The bill ensures that front-line workers participate in the development and implementation of the plan, helping employers identify commonsense measures like alarm devices, lighting, security, and surveillance and monitoring systems to reduce the risk of violent assaults and injuries. The legislation would ensure OSHA protections against violence for all covered workers in the scope of the bill, regardless of whether they otherwise have OSHA coverage in their state. The bill incorporates important elements from OSHA's current "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers."

State Regulations and Legislation

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

New York passed a comprehensive workplace violence standard in 2006, but it only covers the public sector.[201] Public employers are required to develop and implement programs to prevent and minimize workplace violence. Connecticut, Illinois, Maryland, New Jersey and Washington have adopted some form of legislation specifically focused on health care settings. The Maryland legislation, which was implemented on Oct. 1, 2014, addresses all workplace injuries in health care facilities by means of an overall safety program, which includes workplace violence hazards. The measure requires public and private health care employers to establish a safety committee consisting of management and employees, and it requires the committee to establish a safety program that consists of 1) a written policy; 2) an annual comprehensive risk assessment and recommendations for injury prevention; 3) a process for reporting, responding to and tracking incidents of workplace injuries; and 4) regular safety and health training.

In December 2016, the California Department of Industrial Relations filed its final workplace violence standard with the California secretary of state, with an effective date of April 1, 2017.[202] This comprehensive standard, issued in response to a legislative mandate, protects health care workers in the public and private sectors from workplace violence.

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[200] *See* Baldwin.Senate.gov/news/press-releases/baldwin-courtney-introduce-legislation-to-protect-health-care-workers-from-workplace-violence.

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

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

In January 2024, California enacted a new workplace violence prevention law: California Senate Bill 553 (SB 553) amended California Labor Code Section 6401.7 and created Section 6401.9. It requires nearly all California employers to develop and implement a written workplace violence prevention plan, provide annual training on the plan to employees and maintain a log of incidents of workplace violence. Employers had until July 1, 2024, to develop and implement the plan as well as provide the first round of training.[203] This law is the first of its kind in the United States.

Meanwhile, in response to a 2014 petition from a teacher, the California Occupational Safety and Health Standards Board tasked an advisory committee to examine workplace violence prevention in *all* California workplaces, which currently is going through the state process to develop a workplace violence standard for all of general industry. The Occupational Safety and Health Standards Board is required to adopt the standard no later than Dec. 31, 2026.[204]

State and local ordinances are an important piece in addressing workplace policies and practices related to workplace violence, but workers need a strong, comprehensive federal OSHA standard to address this growing national problem.

[203] *See* DIR.CA.gov/dosh/Workplace-Violence.html.
[204] Ibid.

Profile of Workplace Homicides, 2023[1]

Characteristic	Subcharacteristics	Deaths
Total Homicides[2]		458
Gender	Men	373
	Women	84
Employee Status	Wage and salary workers	365
	Self-employed	93
Race	White	194
	Black	129
	Hispanic or Latino	79
Leading Primary Source	Assailant, suspect	224
	Co-worker or work associate of injured worker	92
	Relative or domestic partner of injured worker	28
Leading Secondary Source	Tools, instruments and equipment	414
	Vehicles	10
	Structures and surfaces	3
Leading Worker Activity	Personal care, service and administrative activities	166
	Emergency and security operations	105
	Transportation operations	63
Leading Location	Business and communal areas	168
	Transportation infrastructure	133
	Residence and housing	58
	Industrial places and premises	32
Leading Occupations	Protective service occupation	93
	Transportation and material moving occupations	81
	Sales and related occupations	80
Leading Industries	Retail trade	94
	Federal, state and local government	79
	Leisure and hospitality	77

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

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

[2]This does not include 281 workplace suicides.

Number of Workplace Violence Events Leading to Injuries Involving Days Away, Job Transfer or Restriction from Work, Private Industry, 2021–2022[1,2]

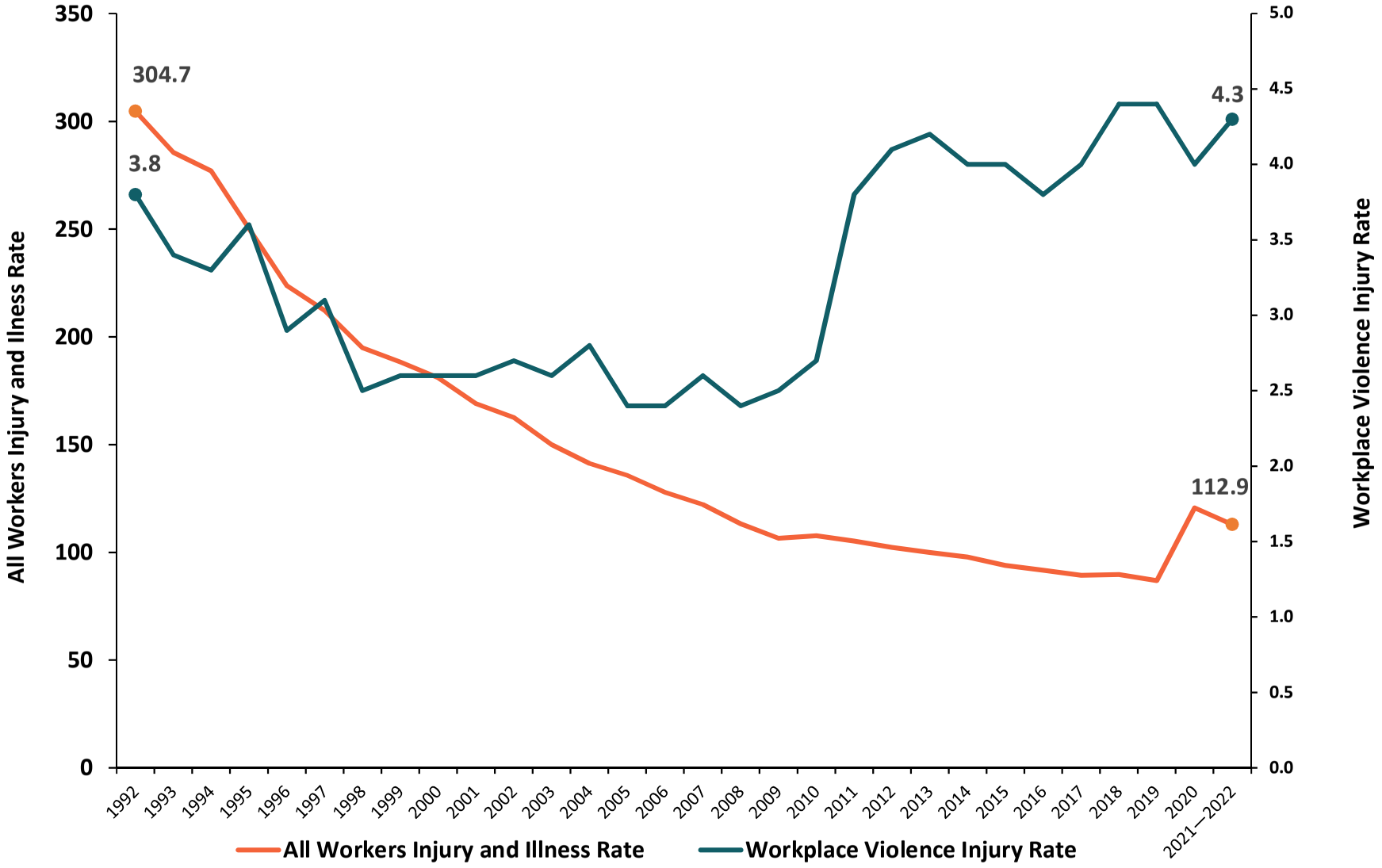
Characteristic	Subcharacteristics	Number
Total Events		124,040
Gender	Women	81,820
	Men	41,490
Race	White	39,740
	Black or African American	14,520
	Hispanic or Latino	12,710
Leading Industries	Health care and social assistance	60,760
	Professional, scientific and technical services	15,010
	Retail trade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

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

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

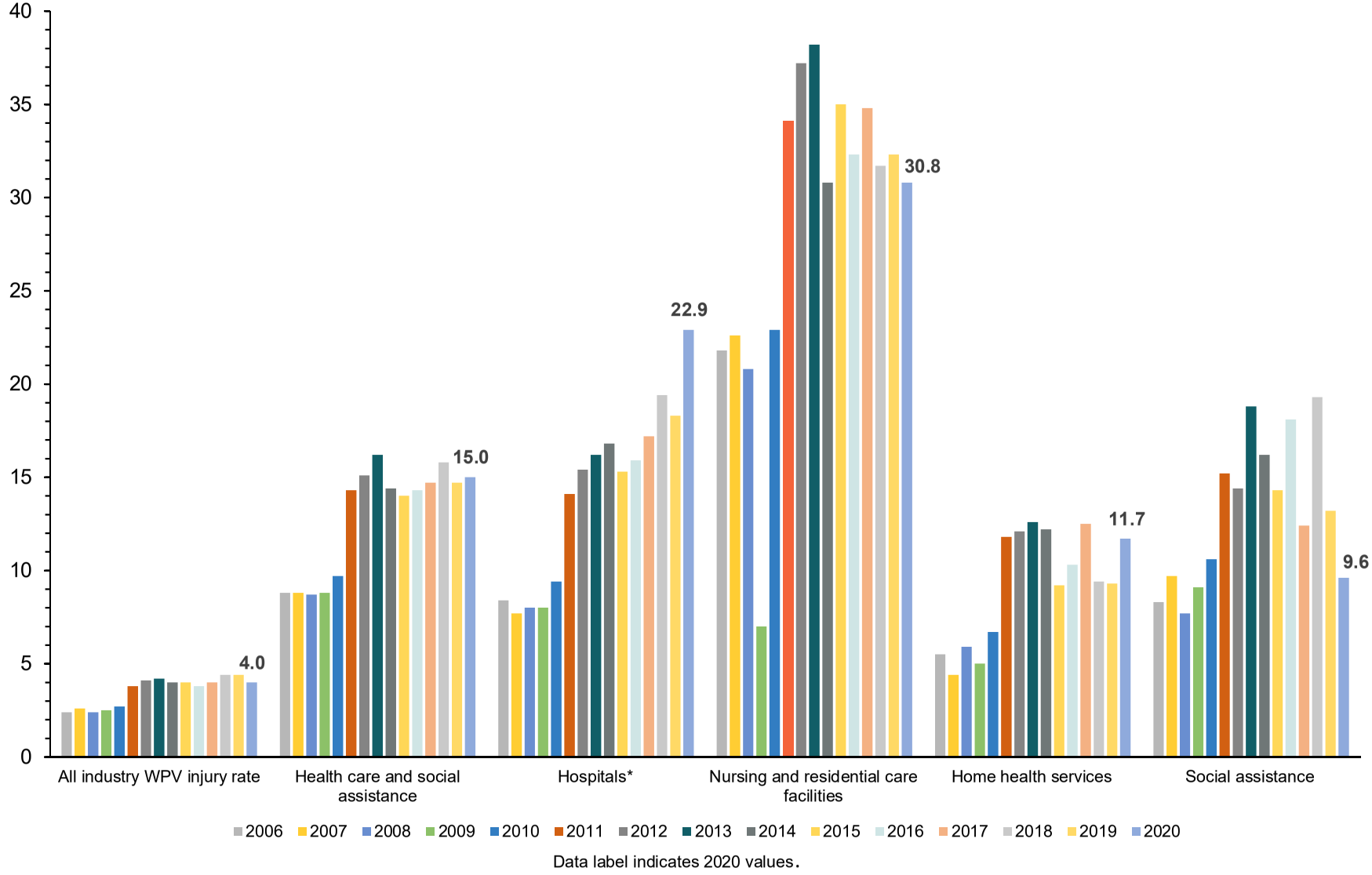
[2]The Bureau of Labor Statistics (BLS) revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work (DAFW) beginning with data years 2021 and 2022. However, these data are now only published biennially (every two years), rather than annually. The last single-year DAFW estimates were for reference year 2020 and were pubilshed in November 2021. Data for 2023 and 2024 will be available in December 2025. See bls.gov/iif/questions-and-answers.htm#accessingourdata.

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



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

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

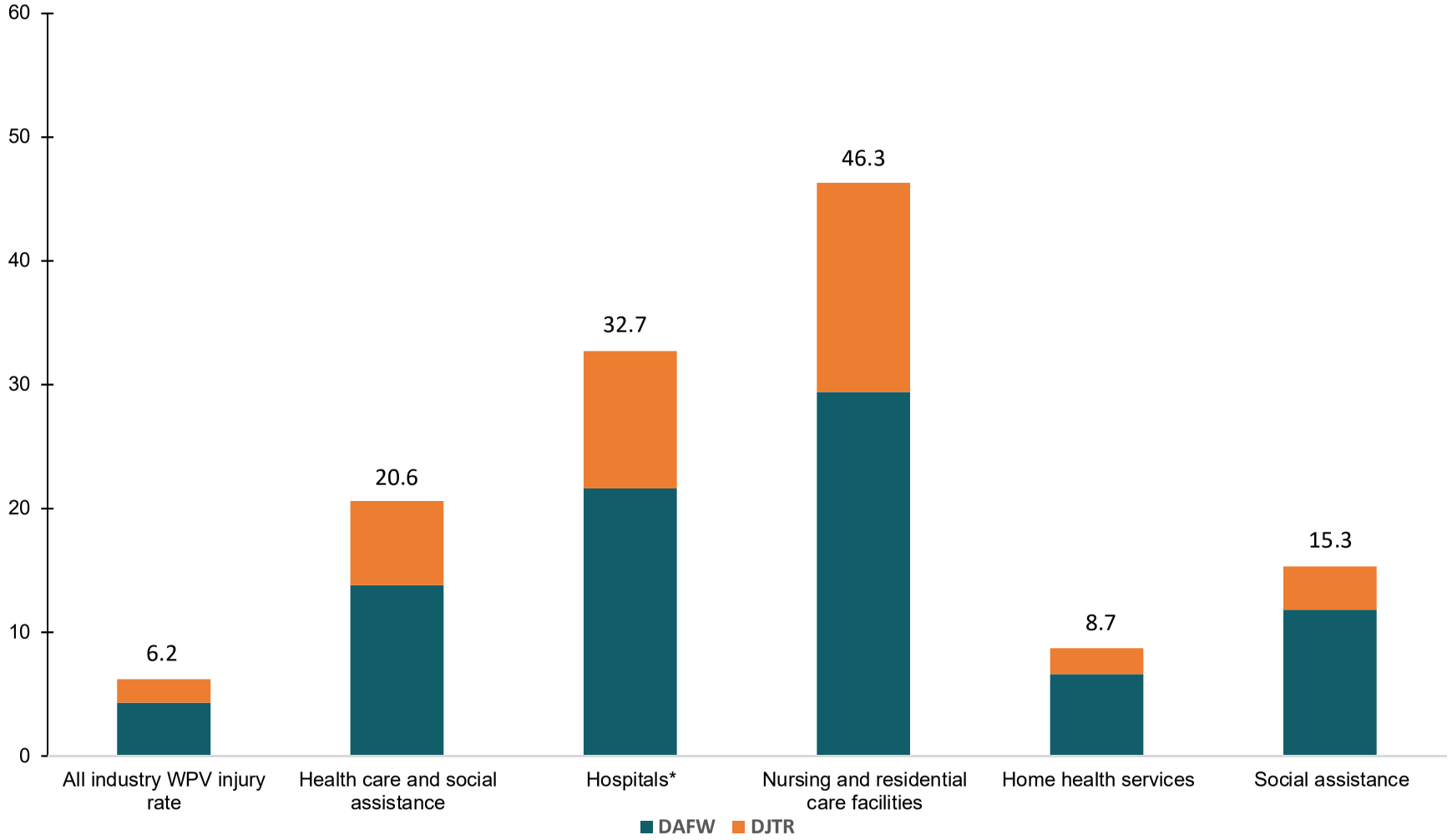


Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

[1]Rate per 10,000 workers.

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

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



Source: U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses. Numerical values are the total rate of DAFW and DJTR, or DART. Data for 2023 and 2024 will be available in December 2025.

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

WORKPLACE MUSCULOSKELETAL DISORDERS

Musculoskeletal disorders (MSDs) continue to account for the largest portion of work-related injuries and illnesses. The total number of serious MSD cases, categorized as leading to days away from work, job transfer or restriction (488,045), accounted for 27.7% of all serious work-related injuries and illnesses in private industry (1,761,900) in 2021 and 2022. Our report estimates the number of all MSD cases to be 775,122. After underreporting, we estimated the true toll is estimated to be approximately 2.3 million MSD cases in one year. Data for 2023 and 2024 will not be reported by BLS until November 2025.

Industries with the highest incidence rates throughout the years continue to be those in health care and social assistance, transportation, and warehousing and storage. It is important to recognize that the numbers and rates of MSDs reported by BLS represent only a portion of the total MSD problem. Other industries with significant MSD problems also have significant prevalence of retaliation against workers who report injuries, like food processing, which keeps certain industries from appearing in these data that are voluntarily reported by employers. Similar detailed reports are not collected for injuries and illnesses that do not involve lost work time or those that do not result in job transfer or restriction. Moreover, these figures do not include injuries suffered by public sector or postal workers.

Under the Biden administration, OSHA refocused the agency's attention on ergonomic hazards that cause MSDs. In FY 2024, federal OSHA issued two serious 5(a)(1) violations and 26 Hazard Alert Letters (HALs). These letters are issued in cases where OSHA identifies serious ergonomic hazards, but is not able to or does not want to meet the legal burden for issuing a general duty citation. Under the first Trump administration, enforcement on ergonomics hazards declined significantly: In FY 2019, FY 2020 and FY 2021, OSHA did not issue any 5(a)(1) citations; it only issued HALs: 31 in FY 2019, 13 in FY 2020 and 20 in FY 2021.

In June 2023, OSHA announced a national emphasis program aimed at preventing workplace hazards in warehouses and distribution centers, which includes ergonomic hazards.[205] In March 2024, OSHA issued a hazard alert on severe injuries in the food-processing industry due to the "alarming number of serious preventable" injuries and deaths in poultry, meat and other food-processing establishments, including cleaning and maintenance shifts.[206]

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

[205] *See* OSHA.gov/news/newsreleases/national/07132023.
[206] *See* OSHA.gov/sites/default/files/publications/OSHA4407.pdf.

Amazon employed 36% of all U.S. warehouse workers in 2022, the company was responsible for more than half (53%) of all serious injuries in the industry.[207]

Addressing ergonomic injuries in the warehousing industry, OSHA conducted several investigations in Amazon warehouse facilities throughout the nation. These investigations resulted in 10 serious citations for ergonomic hazards and six HALs across 10 warehouses in seven states.[208, 209, 210, 211] OSHA found Amazon workers at high risk for lower back injuries and other MSDs, as well as for increased risks of aggravated injuries due to improper medical evaluation by Amazon's onsite medical facilities.[212] In December 2024, OSHA and Amazon brokered a settlement in which OSHA withdrew nine of the 10 citations relating to ergonomic hazards, with Amazon compelled to pay a penalty of $145,000. The corporatewide settlement required Amazon to assess the ergonomic risks in its fulfillment centers, sortation centers, delivery stations and all other facilities via annual updates, and the implementation of controls to reduce ergonomic risk to its workforce.[213]

[207] Strategic Organizing Center. "In Denial: Amazon's Continuing Failure to Fix Its Injury Crisis." April 2023. *Available at* THESOC.org/what-we-do/in-denial-amazons-continuing-failure-to-fix-its-injury-crisis/.
[208] Occupational Safety and Health Administration. "Federal Safety Inspections at Three Amazon Warehouse Facilities Find Company Exposed Workers to Ergonomic, Struck-by Hazards" (press release). Jan. 18, 2023. 23-63-NAT. *Available at* OSHA.gov/news/newsreleases/national/01182023.
[209] Occupational Safety and Health Administration. "U.S. Department of Labor Finds Amazon Exposed Workers to Unsafe Conditions, Ergonomic Hazards at Three More Warehouses in Colorado, Idaho, New York" (press release). Feb. 1, 2023. 23-163-NAT. *Available at* OSHA.gov/news/newsreleases/national/02012023.
[210] Occupational Safety and Health Administration. "U.S. Department of Labor Cites Amazon for Again Exposing Workers to Ergonomic Hazards, This Time at Colorado Springs Delivery Station" (press release). Feb. 23, 2023. 23-359-NAT. *Available at* OSHA.gov/news/newsreleases/national/02232023-0.
[211] *See* OSHA.gov/ords/imis/establishment.inspection_detail?id=1648554.015&id=1647734.015&id=1646340.015.
[212] Occupational Safety and Health Administration. "US Department of Labor finds Amazon failed to provide injured employees proper medical treatment at Castleton, New York, fulfillment facility." April 28, 2023. *Available at* OSHA.gov/news/newsreleases/national/04282023.
[213] *See* OSHA.gov/news/newsreleases/osha-national-news-release/20241219.

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

Year	Total MSD Cases[1]	MSD Cases with Days Away from Work, Job Transfer or Restriction[3]	MSD Cases with Job Transfer or Restriction[4]	MSDs Involving Days Away from Work[5]	Percent of Cases Involving MSDs
2000	1,960,585	954,979	377,165	577,814	34.7%
2001	1,773,304	870,094	347,310	522,500	34.0%
2002	1,598,204	848,062	359,788	487,915	34.0%
2003	1,440,516	759,627	325,380	435,180	33.0%
2004	1,362,336	712,000	309,024	402,700	32.0%
2005	1,264,260	655,440	285,030	375,540	30.0%
2006	1,233,791	638,609	281,192	357,160	30.2%
2007	1,152,778	586,368	252,634	333,760	28.8%
2008	1,086,653	558,835	241,844	317,440	29.4%
2009	963,644	490,216	206,506	283,800	29.4%
2010	934,337	487,421	202,795	284,340	30.5%
2011	1,018,397	534,697	214,966	309,940	34.1%
2012	1,032,811	539,793	225,515	314,470	34.7%
2013	1,015,212	522,988	215,348	307,640	33.5%
2014	955,072	507,382	208,922	298,460	32.3%
2015	954,501	509,067	222,717	286,350	31.7%
2016	921,394	508,355	222,405	285,950	31.8%
2017	879,667	471,250	188,500	282,750	31.2%
2018	848,649	484,942	212,162	272,780	30.3%
2019	829,204	444,217	207,301	266,530	30.0%
2020[6]	552,383	342,859	95,239	247,620	21.1%
2021–2022[7]	775,122	488,045	326,850	251,190	27.7%

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

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

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

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

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

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

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

[7]BLS revised its nonfatal injury and illness data policy in 2022, expanding its detailed case reporting to include job transfer or restriction, in addition to days away from work, beginning with data years 2021 and 2022. However, these data now are only published biennially (every two years), rather than annually. For this table, the total number of 2021–2022 cases was divided in half to produce an annual average for the two years, for comparison. The data for the total number of 2023–2024 cases is expected to be published in November 2025.

WORKPLACE CHEMICAL EXPOSURE LIMITS AND STANDARDS

Chemical Exposure Limits and Standards

Occupational exposure to toxic substances poses a significant and unreasonable risk to millions of workers and is a major cause of acute and chronic disease in the United States. Occupational diseases caused by chemical exposures are responsible for more than 50,000 deaths and 190,000 illnesses each year, including cancers and other lung, kidney, skin, heart, stomach, brain, nerve and reproductive diseases.[214, 215] Many of these diseases are chronic, serious and disabling for millions of workers, and impair their professional and personal lives; this problem largely goes underreported, and its effects are understated. The costs of fatal and nonfatal occupational illnesses from chemical exposures create an enormous burden on the U.S. public health system.[216] Today there are between 7,700 and 84,000 chemicals in commerce, most of them unregulated.[217, 218]

It is not inevitable that workers develop diseases because of their work with chemicals. Where proper controls are installed or safer alternatives are used, exposures can be controlled and diseases prevented so that workers are not made ill because of their jobs.

Workers face particularly high risks from chemical exposures. They manufacture chemicals or are otherwise exposed early in the chemical life cycle, often at the highest exposures, for long durations, when little to no hazard information is known; are a conduit for bringing chemicals home to their families via clothing, equipment, skin and hair; dispose of chemicals and sort through chemical-containing waste; are often unknowingly exposed to legacy uses of chemicals; and are provided little to no information about chemicals they work with or near.

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

Even where OSHA has regulated chemicals, OSHA protections alone are not sufficient to protect workers from dangerous chemicals. Many workers in the United States are not covered by the OSH Act. Currently, 8.1 million public sector workers, including many firefighters and teachers, 10 million self-employed workers, 326,591workers in the mining industry and many other agricultural workers on small farms are not afforded safety and health protections under the OSH

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[214] Wilson, M.P., D.A. Chia and B.C. Ehlers. "Green Chemistry in California: A Framework for Leadership in Chemicals Policy and Innovation." California Policy Research Center, University of California. 2006. *Available at* pdfs.semanticscholar.org/2a06/17c69e9855ab380e41488b63301f99110bd1.pdf.

[215] Takala, J., P. Hämäläinen, K.L. Saarela, et al. "Global Estimates of the Burden of Injury and Illness at Work in 2012." *Journal of Occupational and Environmental Hygiene* 11:5, 326–337. Nov. 12, 2013. *Available at* 10.1080/15459624.2013.863131.

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

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

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

Act. Even where OSHA has coverage responsibilities, the agency is allocated so few resources compared with its mission that in FY 2024, it would have taken federal OSHA inspectors 185 years to visit every workplace in the country once. Unions have some ability to bring in OSHA to help investigate a chemical issue at work, but access to OSHA for unorganized workers, especially as it relates to chemical exposures, is much more difficult—and OSHA has not had a lot of success bringing forward enforcement cases on any unregulated chemical exposure in a union or nonunion setting.

Some states, including California and Washington, have done a better job updating exposure limits and, as a result, workers in those states have much better protection against exposure to toxic substances. Additionally, state OSHA plans could have chosen to adopt and enforce the 1989 permissible exposure limits (PELs) federal OSHA was required to vacate. For instance, Minnesota OSHA continues to enforce the 1989 PELs.[219] In 2016, California resumed activity on chemicals through its Health Effects Advisory Committee, prioritizing chemicals for which to establish PELs, but meetings have stalled since 2020 and the agency's plan on this work remains unclear.[220] But largely, states have not taken stronger action than federal OSHA on workplace chemical regulation.

A bipartisan law updating the Toxic Substances Control Act (TSCA) passed in 2016, creating a key opportunity through the Environmental Protection Agency (EPA) to improve the federal process for assessing chemical toxicity and strengthening worker protections from exposures at different stages of a chemical's lifecycle. Seven months after Congress passed this legislation, the Frank R. Lautenberg Chemical Safety for the 21st Century Act (LSCA), the first Trump administration took office. While the Obama administration's EPA had been adhering to strict deadlines outlined in the law, the Trump administration, influenced by the chemical corporations, derailed EPA's efforts to fulfill its legislative mandate, and protect workers and the public from dangerous chemical exposures: it delayed issuing chemical assessments, weakened the protections proposed by the previous administration and narrowed the scope of uses for the agency to assess for the first 10 chemicals. The Biden administration reset EPA on course to fulfilling its legal obligations under the new law, using science and evidence in TSCA implementation and addressing occupational exposures. The second Trump administration has already reinstated chemical industry friends into the office in charge of implementing TSCA.

More action is needed to fully implement the law as the bipartisan Congress intended when it passed the amended law in 2016 to ensure people are protected from chemical exposures at work.

EPA: Opportunity for Progress

The Toxic Substances Control Act passed by Congress in 1976 aimed to protect the public from dangerous chemical exposures and prevent disease by giving the Environmental Protection Agency authority to regulate chemicals throughout the environment and chemicals being newly manufactured. Lawmakers intended the original law to be a gap-filling statute, giving EPA co-existing and compatible authority with other agencies over chemical exposures. But court

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

decisions thwarted EPA's efforts to regulate even the most dangerous chemicals, including asbestos, and left TSCA toothless and ineffective in protecting people from exposure to chemicals.

In 2016, Congress passed the Frank R. Lautenberg Chemical Safety for the 21st Century Act (LSCA), a bipartisan effort to update and address the deficiencies of the original TSCA. This update assigned EPA a specific mandate to include workers as a potentially vulnerable subpopulation at particular risk to disease from chemicals, and gave authority to EPA to eliminate or reduce that risk, through risk management or bans over time, for chemicals that have been in use for decades and for chemicals new to the market. Further, the revised act gives EPA authority to prioritize and evaluate chemicals that pose a danger to human health or the environment where: 1) other agencies cannot or will not adequately regulate a substance, or 2) the substance is already regulated, albeit ineffectively, by another agency, such as OSHA. Importantly, the amended law requires EPA to prioritize and assess unregulated or inadequately regulated chemicals on a strict timeline in order to protect people and prevent disease.

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

Despite bipartisan approval of the 2016 amended law, the chemical industry is already urging the new Congress to revise the law again in their favor.

Implementation of the Amended TSCA

Existing Chemicals

Soon after the law was passed, EPA was required to begin scoping, risk evaluation and risk management of 10 priority chemicals for expedited review through the risk evaluation and risk management processes, since the agency already had done extensive work on these chemicals throughout the years. In December 2017, EPA identified these as:

- 1,4-Dioxane
- 1-Bromopropane
- Asbestos
- Carbon Tetrachloride
- Cyclic Aliphatic Bromide Cluster (Hexabromocyclododecane or HBCD)
- Methylene Chloride
- N-Methylpyrrolidone (NMP)
- Pigment Violet 29 (Anthra[2,1,9-def:6,5,10-d'e'f']diisoquinoline-1,3,8,10(2H,9H)-tetrone)
- Tetrachloroethylene (PERC)
- Trichloroethylene (TCE)

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

low-priority chemicals—once finalized, the high-priority chemicals will be further assessed through risk evaluation and risk management under LSCA. EPA must consult with other agencies throughout the process regarding relevant exposures, controls and regulatory action.

Some open questions remain on the enforcement of TSCA, especially where monitoring may not show violation of OSHA but may show violation of a new EPA rule. Typically, OSHA will inspect workplaces following a complaint, take measurements and do monitoring; union and other representatives have the right to walk around with an OSHA inspector; and union and employees have the right to obtain results of exposure monitoring. While the maximum OSHA penalty for a serious violation is $16,550 and the agency uses limited to no criminal penalties, TSCA under EPA offers new remedy opportunities: EPA can issue penalties up to $25,000 per day, TSCA provides for private citizen suits and workers must be given a copy of their employer's analyses on the hierarchy of controls. However, EPA enforcement can be limited compared to OSHA, the agency does not automatically inspect in response to complaints, has limited experience in the workplace and has no guaranteed right for the union to accompany an inspector or observe monitoring.

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

- Finalized the risk evaluation framework and risk management framework rules.
- Completed the final risk management rule to phase out current uses and imports of chrysotile asbestos.
- Completed the final risk management rule to phase out methylene chloride in most commercial settings[221] (it was already banned for personal use[222]).
- Completed the final risk management rule to phase out trichloroethylene (TCE) in most commercial settings.
- Completed the final risk management rule to phase out perchloroethylene in most commercial settings.
- Completed the final risk management rule to phase out carbon tetrachloride in most commercial settings.
- Requires a Worker Chemical Protection Program (WCPP), which ensures that workers who still have to make, use or dispose of chemicals are protected from unreasonable risks associated with these chemical exposures.
- Finalized risk evaluation rules and will move toward risk management for 1-bromopropane, 1,4-dioxane, pigment violet 29 (revised risk determination), HBCD (revised risk determination) and NMP.[223]
- Finalized a risk evaluation to address current exposures to legacy asbestos and its disposal.[224]
- Finalized new rules for five persistent, bioaccumulative and toxic (PBT) chemicals.[225]

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[221] *See* FederalRegister.gov/documents/2024/05/08/2024-09606/methylene-chloride-regulation-under-the-toxic-substances-control-act-tsca.
[222] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/final-rule-regulation-methylene-chloride-paint-and.
[223] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/risk-management-existing-chemicals-under-tsca.
[224] *See* EPA.gov/chemicals-under-tsca/epa-finalizes-part-2-tsca-risk-evaluation-asbestos.
[225] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/persistent-bioaccumulative-and-toxic-pbt-chemicals.

- Initiated many efforts to reduce exposure to per- and polyfluoroalkyl substances (PFAS), including finalizing a rule requiring notice and EPA review before these chemicals can be used, and banning the import of certain PFAS chemicals without EPA review and approval. This rule will provide EPA, its partners and the public with the largest-ever dataset of PFAS manufactured and used in the United States.[226, 227] Additionally, EPA added nine additional PFAS to the Toxics Release Inventory as of January 2025.[228]
- Issued scoping documents on its first set of 20 high-priority chemicals and began risk evaluations.[229]
- Identified a set of 20 low-priority chemicals for evaluation.[230]

Under the Federal Insecticide, Fungicide, and Rodenticide Act, EPA also recently finalized a proposed rule to reduce risk of ethylene oxide exposures for workers, including protections that will reduce risk when workers are involved in sterilization of health care and other equipment, and in the manufacturing of spices.[231]

However, many of the finalized TSCA rules are being challenged in court by the chemical industry, including the risk evaluation framework rule, the TCE rule, methylene chloride rule, carbon tetrachloride rule and chrysotile asbestos rule. The AFL-CIO and unions have been engaged to defend these important rules that protect workers' health.

New Chemicals
The amended law gave EPA more authority to put in place more protections on new chemicals coming onto the market. Additionally, EPA can use orders to mandate necessary worker protections as appropriate, and collect additional safety information if needed to make a risk assessment.

Under the first Trump administration, EPA emphasized the allowance of voluntary approaches by employers rather than using its enforcement authority to require employers to implement engineering controls as chemicals move through the supply and use chain. Specifically, EPA allowed employers to rely on warning statements in Safety Data Sheets that instruct workers to wear personal protective equipment (PPE), rather than issue enforceable orders to the company that require the use of more effective controls. In 2020, EPA allowed a new chemical onto the market with a risk of more than 25,000 times its acceptable risk level for workers, based solely on the warning statements about PPE in the Safety Data Sheets.[232] An effort by a coalition of chemical companies, called the TSCA New Chemicals Coalition, attempted to push EPA's longstanding authority on establishing workplace protections for new chemicals and new uses of

[226] *See* EPA.gov/pfas/key-epa-actions-address-pfas.
[227] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/tsca-section-8a7-reporting-and-recordkeeping.
[228] *See* EPA.gov/newsreleases/epa-adds-nine-additional-pfas-toxics-release-inventory.
[229] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/final-scope-documents-high-priority-chemicals.
[230] *See* EPA.gov/assessing-and-managing-chemicals-under-tsca/low-priority-substances-under-tsca.
[231] *See* EPA.gov/newsreleases/epa-finalizes-protections-workers-and-communities-cancer-causing-ethylene-oxide#:~:text=Lowered%20worker%20exposure%20limit%20of%200.5%20ppm%20by%202028%2C%200.25,to%20wear%20additional%20respiratory%20protection.
[232] *See* Blogs.EDF.org/health/2020/08/27/under-the-trump-epa-no-risk-to-workers-is-too-high-to-impede-a-new-chemicals-unfettered-entry-into-the-market/. Aug. 27, 2020.

chemicals onto OSHA, an agency with no ability to regulate chemicals not introduced yet to the market. Any claim that existing general OSHA standards will protect workers is maliciously inaccurate.

Since 2011, OSHA only has issued 31 general duty clause citations for airborne exposures of (existing, not new) chemicals—there is no OSHA PEL for 21 of these, and for the remaining eight there is only a PEL with no requirements for exposure monitoring or medical surveillance. In the rare case that general duty clause citations have been issued, four major conditions have been true:

- The cases involved clinical health effects experienced by workers at the cited facility, consistent with "serious physical harm."
- The majority of cases were symptoms with acute onset (minutes to hours) following inhalation that were anticipated to worsen with continued harmful exposure.
- The cases involved occupational exposures to a relatively well-studied chemical/chemical class at very high levels consistent with "recognized hazard."
- Violations were issued because evidence documented workers at the facility were physically harmed by a hazardous exposure to the chemical inhaled during workplace operations, and not because airborne exposure exceeded an occupational exposure limit.

The Biden administration issued an executive order to evaluate all policies, guidelines, templates and regulations related to LSCA and announced updates to the new chemicals program to reflect the full scope of chemical exposures, including worker exposures as identified in the law. On March 29, 2021, EPA announced several instances where the approach under the Trump administration made assumptions related to worker exposures that did not ensure protections for human health and the environment.[233] This led to a positive development by the agency to stop issuing "not likely to present an unreasonable risk" findings based on a proposed Significant New Use Rule, and to start incorporating reasonably foreseen conditions of use when determining potential risks, including the absence of worker protections or the erroneous assumption that OSHA standards adequately protect workers enough to address unreasonable risk as defined by LSCA.[234] In December 2024, the Biden administration finalized reforms to the New Chemicals Review Process, which ensured new per-and polyfluoroalkyl substances (PFAS) and persistent, bioaccumulative and toxic (PBT) chemicals with potential human exposures are subject to improved safety review processes prior to manufacturing.[235] However, issues remain with workers receiving adequate information about and protections for the new chemicals they are working with prior to and as they come on the market. As of March 2025, the second iteration of the Trump administration announced its intent to alter the EPA's New Chemicals Review Program. In doing so, Trump's EPA appointee Lee Zeldin attempts to restore American manufacturing's "competitiveness."[236]

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[233] *See* EPA.gov/chemicals-under-tsca/important-updates-epas-tsca-new-chemicals-program.
[234] *See* FederalRegister.gov/documents/2023/12/18/2023-27653/significant-new-use-rules-on-certain-chemical-substances-22-25e.
[235] *See* EPA.gov/newsreleases/epa-reforms-new-chemicals-review-process-better-protect-public-health-promote.
[236] *See* EPA.gov/newsreleases/epa-announces-path-forward-chemical-reviews-protect-public-health-increase-efficiency.

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

Chemical[2]	OSHA PEL	Cal/ OSHA PEL	ACGIH TLV	NIOSH REL	EPA ECEL	Units
Acrylamide[3]	0.3	0.03	0.03	0.03		mg/m^3
Ammonia	50	25	25	25		ppm
Asphalt fume[3]	-	5	0.5	5 (s)		mg/m^3
Benzene[3]	1	1	0.5	0.1		ppm
1-Bromopropane[4]	-	5	0.1	-		ppm
n-Butanol	100	50 (c)	20	50 (c)		ppm
Carbon disulfide[6]	20	1	1	1		ppm
Carbon monoxide[6,7]	50	25	25	35		ppm
Carbon tetrachloride[4,5]	10	2	5	2 (s)	0.03	ppm
Chlorobenzene	75	10	10	-		ppm
Chlorodiphenyl (54% chlorine) (PCB)[3]	0.5	0.5	0.5	0.001		mg/m^3
Cobalt metal, dust and fume	0.1	0.02	0.02	0.05		mg/m^3
Dimethyl sulfate[3,6]	1	0.1	0.1	0.1		ppm
2-Ethoxyethanol (EGEE)	200	5	5	0.5		ppm
Ethyl acrylate[3]	25	5	5	-		ppm
Formaldehyde[3,4]	0.75	0.75	0.1	0.016		ppm
Gasoline[3]	-	300	300	-		ppm
Glutaraldehyde[6]	-	0.05 (c)	0.05 (c)	0.2 (c)		ppm
Manganese compounds	5 (c)	0.2	0.02	1 (inhalable) 0.02 (respirable)		mg/m^3
Methylene bisphenyl isocyanate (MDI)	0.02 (c)	0.005	0.005	0.005		ppm
Methylene chloride (Dichloromethane)[4,5]	25	25	50	-	2	ppm
Styrene	100	50	10	50		ppm
Trichloroethylene (TCE)[4,5]	100	25	10	25 (TWA) 2 (c)	0.2	ppm
Tetrachloroethylene (Perchloroethylene/PERC)[3,4,5,6]	100	25	25	-	0.14	ppm
Toluene[6]	200	10	20	100		ppm
Toluene-2,4-Diisocyanate (TDI)[3]	0.02 (c)	0.005	0.001	-		ppm
Triethylamine	25	1.0 (c)	0.5	-		ppm
Welding fume[3]	-	5	-	-		mg/m^3

[1](c) Ceiling level; (s) Short-term exposure limit; (TWA) eight-hour time-weighted average.

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

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

[4]Designated by EPA as a high-priority chemical for regulation under the amended Toxic Substances Control Act. Only existing chemical exposure limits (ECELs) that have been finalized are listed in the table (for remaining uses of the chemical that have not been required to be phased out). In 2024, the proposed ECEL for remaining uses of 1-Bromopropane was 0.05 ppm.

[5]These may change as all four of these regulations are currently being challenged in court.

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

[7]The American Conference of Governmental Industrial Hygienists (ACGIH) has proposed a reduction of the threshold limit values (TLV) from 25 ppm to 15 ppm and proposed to add a notation indicating that carbon monoxide is ototoxic.

5(a)(1) Citations for Airborne Chemical Exposures 2011–2024, Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
Feb. 14, 2011 313878563, FL	Spray Painting in Construction	VM&P Naptha (No PEL)	Lung, skin irritation, chemical pneumonia	5,900 mg/m^3 15 minutes	1,800 mg/m^3 (C) REL NIOSH
April 8, 2011 314468745, MO	Construction Work in Sewer Manhole	Hydrogen sulfide (10 ppm, 8 hour)	Lung, eye irritation, central nervous system, dizziness, coma	235 ppm (assume direct read)	100 ppm IDLH NIOSH
July 7, 2011 315638304, NC	Home Furniture Manufacturing	1-Bromopropane (No PEL)	Liver damage, neurotoxicity, fetal	86 ppm 8 hours	25 ppm AEL EPA
Aug. 2, 2011 315447078, NC	Operating Propane Forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	278 ppm (assume direct read)	No reference (200 ppm-C NIOSH REL)
Aug. 10, 2011 315685123, NC	Operating Forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	2,622 ppm (assume direct read)	200 ppm (C) REL NIOSH
Aug. 12, 2011 314677188, NJ	Applying Adhesive in Glass Manufacturing	Ethyl cyanoacrylate (No PEL)	Respiratory illness, sensitization	0.5 ppm 8 hours	0.20 ppm TLV ACGIH
Aug. 25, 2011 313138430, WI	By Furnace at Steel Foundry	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	492 ppm (assume direct read)	200 ppm (C) REL NIOSH
Sept. 7, 2011 29490, CO	Spray Finishing Auto Body	HDIH[1] (No PEL)	Nausea, dizziness, cyanosis	2.34 mg/m^3 19 minutes	1 mg/m^3 STEL MSDS
Oct. 7, 2011 315121244, WI	Mixing and Gluing Ceramic Fibers	Refractory ceramic fibers (No PEL)	Respiratory irritation, lung cancer, mesothelioma	0.87 fibers/cc 8 hours	0.5 f/cc REG HTIW
Nov. 7, 2011 62933, FL	Spray Finishing Auto Body	HDIH[1] (No PEL)	Respiratory irritation, chemical asthma	1.23 mg/m^3 19 minutes	1 mg/m^3 STEL MSDS
Feb. 28, 2012 315359471. FL	Roofer Heating Asphalt Kettle	Asphalt fumes (No PEL)	Eye, upper respiratory irritation, cancer	0.93 mg/m^3 8 hours	5 mg/m^3 REL NIOSH
March 6, 2012 316337708, NC	Spraying Glue	1-Bromopropane (No PEL)	Liver damage, neurotoxicity, fetal	90 ppm 8-hour TWA	25 ppm AEL EPA
March 16, 2012 316436021, NC	Operating Forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	600 ppm (assume direct read)	200 ppm (C) REL NIOSH
May 12, 2012 110849, WI	Handling Molds in Steel Foundry	DMEA[2] (No PEL)	Headache, nausea, blurred vision, increased heart rate	17.7 ppm 8 hours	3 ppm MSDS

5(a)(1) Citations for Airborne Chemical Exposures 2011–2024, Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
May 24, 2012 316528181, NC	Operating Forklift	Carbon monoxide (50 ppm, 8 hour)	Nausea, dizziness, cyanosis	300 ppm (assume direct read)	200 ppm (C) REL NIOSH
April 2, 2013 890719, NJ	Pouring Food Flavor Chemical	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	0.094 ppm 15 minutes	0.02 STEL ACGIH
April 19, 2013 702499, TX	Spraying Powder Coat on Metal Part	TGIC[3] (No PEL)	Respiratory illness, sensitization, male reproduction	0.22 mg/m^3 8 hours	0.05 mg/m^3 TLV ACGIH
June 18, 2013 315840883, NV	Animal Surgery	Isoflurance (No PEL)	Reproductive, central nervous system, liver, kidney	2.3 ppm (assume 60 minutes)	2 ppm (C) REL NIOSH
Sept. 19, 2013 897143, WI	Manual Work with Fiberglass Molds	Styrene (100 ppm PEL)	Respiratory, skin and eye irritation, central nervous system, liver	65.2 ppm 10 hours	50 ppm REL NIOSH
Sept. 30, 2013 899582, FL	Disinfecting Endoscopy Equipment	Glutaraldehyde (no PEL)	Respiratory illness, skin and eye irritation, sensitization, asthma	0.13 ppm (assume 15 minutes)	0.05 ppm (C) TLV ACGIH
Feb. 3, 2014 925263, TX	Foam Lamination for Car Seats	2,6-TDI[4] (No PEL)	Respiratory illness, asthma, sensitizer	0.08 mg/m^3 8 hours	0.036 mg/m^3 TLV ACGIH
March 21, 2014 947716, NV	Destruction of Old Munitions	TNT[5] (1.5 mg/m3 8 hour)	Respiratory, liver, kidneys, central nervous system, eyes, skin	0.17 mg/m^3 8 hours	0.1 mg/m^3 TLV ACGIH
Oct. 24, 2014 317376770, NV	Animal Surgery	Isoflurance (No PEL)	Reproductive, central nervous system, liver, kidney	Above REL (not posted)	2 ppm (C) REL NIOSH
Dec. 1, 2015 1068107, NJ	Fragrance Manufacturing	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	80.1 ppm 15 minutes	0.02 STEL ACGIH
April 13, 2015 1055558, NJ	Fragrance Manufacturing	Diacetyl (No PEL)	Lung damage, bronchiolitis obliterans	5.8969 ppm 15 minutes	0.02 ppm STEL ACGIH
Jan. 17, 2017 1125064, PA	Travel Trailer and Camper Manufacturing	TGIC[3] (No PEL)	Respiratory illness, sensitization, contact dermatitis, serious eye damage, male reproduction health effects	0.866 mg/m^3 8-hour TWA	0.05 mg/m^3 TLV ACGIH 0.025 mg/m^3 Mfg STEL

5(a)(1) Citations for Airborne Chemical Exposures 2011–2024, Federal OSHA and State Plan Cases

Date Issued, Insp. #, State	Workplace Operation	Chemical (OSHA PEL)	Health Effects	Measured Exposure	Reference OEL
Feb. 26, 2018 1260141, PA	Degreasing	1-Bromopropane (No PEL)	Nervous system damage, cancer, eye and respiratory irritation, possible neurological damage	88.53 ppm 8-hour TWA	0.1 ppm TLV ACGIH 5.0 ppm PEL CAL/OSHA
Feb. 26, 2019 1343291, WI	Aluminum Manufacturing	Metalworking fluids	Respiratory illness, skin irritation, asthma	341 endotoxin units/m^3 8-hour TWA	90 endotoxin units/m^3 DECOS[6]
May 17, 2023 1635864, GA	Amusement and Recreation Industries	Freon R-123 Freon R-134a	Asphyxiation	1,400 pounds of a freon leak	N/A
May 19, 2023 1635820, NH	Plastics Material and Resin Manufacturing	1,5-Naphthalene diisocyanate (NDI)	Skin sensitization, respiratory irritation, asthma	0.34861 and 0.223394 mg/m^3	REL-ceiling[7] of 0.170 mg/m^3
June 28, 2024 1718649, TX	Metal Coating, Engraving (except Jewelry and Silverware), and Allied Services to Manufacturers	TGIC[3] (No PEL)	Respiratory illness, sensitization, contact dermatitis, serious eye damage, male reproduction health effects	0.36 mg/m^3	0.05 mg/m^3 TLV ACGIH 0.025 mg/m^3 Mfg STEL

Source: Occupational Safety and Health Administration.

[1]HDIH is hexamethylene diisocyante homopolmer.

[2]DMEA is dimethylethylamine.

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

[4]2,6–TDI is toluene diisocyanate.

[5]TNT is 2,4,6–trinitrotoluene.

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

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

MINE SAFETY AND HEALTH

In 2024, there were 28 overall mining fatalities due to traumatic injury, a decrease from previous years. There were 18 metal and nonmetal miner deaths, a decrease from 31 fatalities in 2023, and 10 coal miner deaths, an increase from nine fatalities in 2023.

In 2024, MSHA issued 39,044 coal mine citations and orders and 55,574 metal and nonmetal mine citations and orders. This is similar to the year before. Impact inspections, instituted as a 10-year initiative after the April 2010 explosion that killed 29 miners at the Upper Big Branch (UBB) mine in West Virginia, began slowing in 2018 and paused in April 2020 until the initiative was reinstated in January 2023 under the Biden administration. Impact inspections are conducted at mines with a poor compliance history with MSHA standards, high numbers of injuries, illnesses or fatalities, or other indicators of unsafe mines. In 2024, there were 167 impact inspections—94 in coal and 73 in metal/nonmetal that resulted in 2,436 total citations, 75 orders and 692 significant and substantial (S&S) citations. Orders are issued to mine operators to require them to withdraw miners from affected areas of the mine for failure to abate violations, for "unwarrantable failure" (reckless disregard, intentional misconduct) to correct S&S violations, and where imminent danger exists. S&S citations are a violation of a mandatory MSHA standard in which the hazard resulting from the violation has a reasonable likelihood of resulting in an injury of a reasonably serious nature.

The pattern of violations (POV) list has been a way to identify mining operators who have recurring significant and substantial violations. Since the POV initiative began in 2010 with 51 mines, the number of mines on the list has declined significantly. In December 2022, the first mine since 2014 was placed on the POV list (Weeks Island Mine and Mill), and in 2023 another was placed on the list (Gramercy Operation).[237] The renewed use of one of the agency's toughest enforcement actions under the Biden administration showed a commitment to mining enforcement initiatives that hold mining operators accountable. On April 7, 2025, under the Trump administration, MSHA announced the removal of Morton Salt Inc.'s Weeks Island Mine and Mill from the agency's POV list.[238]

In 2024, MSHA filed 54 discrimination complaints on behalf of miners and sought 13 reinstatement cases. This was an increase in both complaints and reinstatements compared with 2023, and the highest number of discrimination complaints filed since 2016.

Protecting Miners Under Changing Administrations

The last year of the Obama administration still remains the safest on record for the mining industry, with record low fatalities reported (25 total). In April 2010, the worst coal mine disaster in the United States in 40 years killed 29 miners at UBB. The explosion and subsequent investigations highlighted major deficiencies in MSHA's oversight, and the poor state of safety

[237] Mine Safety and Health Administration. Mines Issued POV Notifications. Accessed April 8, 2024. MSHA. *Available at* MSHA.gov/mines-issued-pov-notifications.

[238] Mine Safety and Health Administration. "US Department of Labor removes Morton Salt Inc., Weeks Island Mine and Mill from MSHA's pattern of violations list." April 7, 2025. *Available at* MSHA.gov/news-media/news-releases/2025/04/07/us-department-labor-removes-morton-salt-inc-weeks-island-mine-and-mill-mshas-pattern-violations.

and health and a lack of compliance not only at UBB, but also at many of the nation's mines. The Obama administration took aggressive action following the UBB explosion, criminally prosecuting both the company and individuals for violations that led to the deaths. Don Blankenship, the CEO of Massey Energy—the owner of the UBB mine—was found guilty of conspiracy to violate mine safety standards and was sentenced to and served one year in jail.[239] In January 2024, Don Blankenship announced his candidacy for U.S. Senate, but lost in the primary.[240]

Following the UBB explosion, MSHA launched a series of initiatives to strengthen enforcement programs and regulations that significantly improved safety and health conditions at the nation's mines. These included impact inspections to target mines with poor safety records, and an enforcement program to address mines with patterns of violations. New mine safety and health standards were issued, including rules on rock-dusting to prevent mine explosions, proximity detection systems on continuous mining machines in underground coal mines and pre-shift examination of mines. The most significant MSHA rule issued by the Obama administration was the coal dust rule in April 2014, which cut permissible exposure to coal dust to reduce the risk of black lung disease. The Miners' Voice initiative encouraged miners to exercise their rights under the Mine Act, educating miners about their rights and stepping up enforcement of anti-retaliation protections.

In its first term (2017–2021), the Trump administration took a less aggressive approach to oversight of working conditions in the nation's mines. President Trump appointed a mining executive as MSHA assistant secretary. David Zatezalo, formerly CEO of Rhino Resource Partners, was confirmed by the Senate in November 2017 on a party-line vote. Rhino Resources has a long history with MSHA, and previously had received two pattern of violation notices from the agency for failure to correct repeat and ongoing violations. During the four years of the administration, MSHA largely maintained its enforcement programs, while expanding voluntary programs for mine employers.

The Biden administration began several initiatives to improve mining safety. In February 2022, the Biden administration recognized the number of preventable mining injuries and announced a campaign to reinforce the importance of training.[241] The Miner Health Matters campaign was announced on Sept. 29, 2022, as an effort to raise awareness of regulations that give coal miners with pneumoconiosis, or black lung, the right to work at a section of a mine with lower levels of dust without having their pay reduced, discrimination or termination.[242] A Miner Safety and Health app was launched in both English and Spanish to be used as a tool to review best mine safety and health practices, find resources on miners' rights and responsibilities, and report

[239] Department of Justice, U.S. Attorney's Office, Southern District of West Virginia. "Blankenship sentenced to a year in Federal prison." April 6, 2016. *Available at* Justice.gov/usao-sdwv/pr/blankenship-sentenced-year-federal-prison.
[240] Associated Press. "Ex-coal CEO Don Blankenship couldn't win a Senate seat with the GOP. He's trying now as a Democrat." Jan. 26, 2024. *Available at* APNews.com/article/west-virginia-don-blankenship-senate-f4b1c533d6529759df3a21755a021dbf.
[241] Mine Safety and Health Administration. "Take Time, Save Lives." February 2022. *Available at* MSHA.gov/take-time-save-lives.
[242] Mine Safety and Health Administration. "Miner Health Matters." *Available at* MSHA.gov/miner-health-matters.

hazardous work condition complaints.[243] In December 2023, MSHA issued a final rule to protect miners from surface mobile equipment by requiring employers to have a written safety program for mobile and powered haulage equipment at surface mines and surfaces of underground mines.[244] In 2023 alone, 26 mineworkers died from machinery and powered haulage.[245] In its proposal, in September 2021, MSHA reported that from 2003 to 2018, there were 109 preventable fatalities and 1,543 injuries caused by hazards related to working near or operating mobile and powered haulage equipment at mines.[246]

In its second term (beginning January 2025), the Trump administration nominated Wayne Palmer to serve as the head of MSHA; he was MSHA deputy assistant secretary in the first Trump administration. At the time of publication of this report, he had not been confirmed by the U.S. Senate. Between the two Trump administration terms, Palmer worked for Essential Minerals Association, an industry group that has filed a legal brief to challenge the agency's 2024 rule that protects miners' health from silica exposure.

Silica

After decades, the final rule to address respirable crystalline silica exposures for miners was issued April 18, 2024.[247] This rule will save many lives and prevent debilitating, permanent lung disease in mining and construction workers at mine sites, including underground and surface mines in coal and metal/nonmetal settings. However, two recent actions have put the lifesaving effects of this regulation in jeopardy:

- On April 9, 2025, MSHA formally announced a four-month pause on enforcement of the silica rule in coal mining (30 C.F.R. part 60), citing "recent National Institute for Occupational Safety and Health (NIOSH) restructuring," its impact on the supply of approved and certified respirators and personal dust monitors, and "other technical reasons." Enforcement in coal mining was delayed from April 14, 2025, to Aug. 18, 2025.[248]
- On April 11, 2025, the U.S. Court of Appeals for the 8th Circuit granted a request for a stay on the compliance deadlines of the silica rule until the court completes "a substantive review of the petition," after the National Stone, Sand and Gravel Association and other industry groups challenged the rule and motioned for the stay. When these industry groups challenged the rule, they argued that it "contains harsher restrictions on traditional tools for controlling exposure and requires costly sampling and medical surveillance

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[243] Mine Safety and Health Administration. "US Department of Labor Launches Miner Safety and Health App for Spanish-Speaking Miners to Expand Access to Useful Information" (press release). 23-86-NAT. Jan. 19, 2023. *Available at* DOL.gov/newsroom/releases/msha/msha20230119.
[244] 88 FR 87904.
[245] Mine Safety and Health Administration. "US Department of Labor announces final rule to protect miners from surface mobile equipment-related accidents, injuries, fatalities." Dec. 19, 2023. *Available at* DOL.gov/newsroom/releases/msha/msha20231219.
[246] 86 FR 50496.
[247] *See* FederalRegister.gov/documents/2024/04/18/2024-06920/lowering-miners-exposure-to-respirable-crystalline-silica-and-improving-respiratory-protection.
[248] Mine Safety and Health Administration. "Temporary Enforcement Pause: Silica Rule." April 8, 2025. *Available at* MSHA.gov/notice-stakeholders.

without regard to exposure or risk, ultimately making compliance far more challenging and infeasible at many mining operations."[249]

On April 14, 2025, the United Mine Workers of America (UMWA) and the United Steelworkers (USW) filed a motion in federal court to intervene in the ongoing administrative review proceeding of the Mine Safety and Health Administration's defense of the silica rule, "which is crucial for the health and safety of UMWA members and the nation's miners." The union statement states, "If we don't stand up now, we risk condemning a new generation of miners to the same suffering that past generations endured. That is not a future we are willing to accept."[250]

Miners have been fighting for these protections for decades and made significant progress in the last few years. In June 2022, MSHA announced a silica enforcement initiative to better protect miners from health hazards related to repeated overexposures of silica. The initiative included inspections, sampling, compliance assistance and direct conversations with miners about their rights to report health hazards.[251]

In 2023, MSHA proposed to lower the permissible silica exposure limit from 100 $\mu g/m^3$ to 50 $\mu g/m^3$ in both coal and nonmetal mine settings, and include other ancillary requirements to address the significant risk miners face even at the new limit. The standard was set to be lowered following the issuance of the OSHA silica rule in 2016, which reduced permissible exposures to 50 $\mu g/m^3$ for industries under OSHA's jurisdiction. However, even under massive pressure, the Trump administration opted to issue only a request for information on silica in 2019 when the agency had plenty of information to issue a proposal or direct final rule, and refused to take further action even in the face of the alarming increase in black lung disease (coal worker pneumoconiosis, or CWP) among miners. This rule had been in development for years before it was placed on the long-term regulatory agenda by the Trump administration.

In 2018, the National Institute for Occupational Safety and Health (NIOSH) reported the largest cluster of black lung disease among active coal miners that had been identified in years. More than 400 cases of advanced progressive massive fibrosis (PMF), the complicated form of CWP, were reported from just three clinics in Appalachia from 2013 to 2017.[252] In central Appalachia (Kentucky, Virginia and West Virginia), 20.6% of long-tenured miners have CWP; the national prevalence of CWP in miners with 25 years or more of tenure now exceeds 10%.[253] The current conjecture is that exposure to silica from mining coal seams containing high concentrations of quartz is a major factor in causing this increase in disabling lung disease, and that new

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[249] *Sorptive Minerals Institute v. Mine Safety and Health Adm'n, et al.,* Nos. 24-1889, 24-2661, 24-2663 (8th Cir. 2024).
[250] *See* UMWA.org/news-media/press/umwa-usw-fight-to-uphold-life-saving-silica-protections-for-americas-miners/.
[251] Mine Safety and Health Administration. "US Department of Labor Takes Action to Reduce Miners' Exposure to Silica Dust as Work Continues on an Improved Health Standard" (press release). 22-1145-NAT. June 8, 2022. *Available at* DOL.gov/newsroom/releases/msha/msha20220608.
[252] Blackley, D.J., L.E. Reynolds, C. Short, et al. "Progressive Massive Fibrosis in Coal Miners From 3 Clinics in Virginia." *Journal of the American Medical Association* 319(5):500–501. Feb. 6, 2018. *Available at* JAMANetwork.com/journals/jama/fullarticle/2671456.
[253] Blackley, D.J., C.N. Halldin and A.S. Laney. "Continued Increase in Prevalence of Coal Workers' Pneumoconiosis in the United States, 1970–2017." *American Journal of Public Health* 108, No. 9: 1220–1222. Sept. 1, 2018. *Available at* 10.2105/AJPH.2018.304517.

technologies and equipment pulverize the rock more intensely—worsening exposures—which is evidenced by younger workers being diagnosed.

Two more recent NIOSH studies reinforce these mining silica exposures and the need for protections. In one, using MSHA's health inspection data, the researchers found that hazardous silica exposures in metal and nonmetal mining overall have been prevalent and persistent over decades, well greater than the MSHA permissible exposure limit for respirable dust and the NIOSH recommended exposure limit. Additionally, these exposures appear to be increasing in recent years in certain settings.[254] NIOSH also published the largest study ever on coal miner fatalities from lung disease, with a major finding that younger miners have higher mortality rates than their predecessors.[255]

Without NIOSH, these critical studies will no longer exist, meaning federal, state and local agencies, medical professionals and the public will not have critical data on clusters of occupational disease and will not be able to trigger interventions that save lives. Without NIOSH, regular development and testing of mine safety and mine health technologies also will no longer exist, putting mineworkers in significant danger.

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

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

Profiles of Mine Safety and Health, 2014–2024[1]

Coal Mines

	2014	2015	2016	2017	2018	2019	2020[4]	2021[4]	2022	2023	2024
Number of coal mines	1,629	1,455	1,286	1,214	1,189	1,136	1,015	971	991	994	923
Number of miners	116,263	102,861	81,844	82,886	82,811	81,465	63,766	61,432	66,429	68,665	66,790
Fatalities	16	12	8	15	12	12	5	11	11	9	10
Fatal injury rate[2]	0.0149	0.0131	0.0115	0.0200	0.0156	0.0159	0.0091	0.0203	0.018	0.0139	0.0161
All injury rate[2]	3.15	2.93	2.91	3.20	2.89	2.94	2.73	2.88	2.85	2.76	2.71
States with coal mining	26	26	26	25	26	26	23	24	24	25	25
Coal production (millions of tons)	1,000	897	728	775	756	706	535	578	595	578	512
Citations and orders issued[3]	62,436	49,320	40,498	46,754	46,704	43,580	28,662	29,676	36,748	39,092	39,044

Metal and Nonmetal Mines

	2014	2015	2016	2017	2018	2019	2020[4]	2021[4]	2022	2023	2024
Number of metal/nonmetal mines	11,994	11,824	11,824	11,901	11,890	11,861	11,741	11,638	11,654	11,654	11,718
Number of miners	250,809	247,510	237,434	238,715	249,475	250,520	233,692	240,267	248,672	256,075	259,801
Fatalities	30	17	17	13	16	15	24	27	19	31	18
Fatal injury rate[2]	0.0147	0.0084	0.0088	0.0066	0.0077	0.0072	0.0124	0.0136	0.009	0.0143	0.0082
All injury rate[2]	2.11	2.03	1.94	1.79	1.75	1.73	1.6	1.66	1.59	1.56	1.56
States with M/NM mining	50	50	50	50	50	50	50	50	50	50	54
Citations and orders issued[3]	58,602	58,371	56,526	57,847	50,786	55,700	49,167	48,084	51,270	56,333	55,574

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

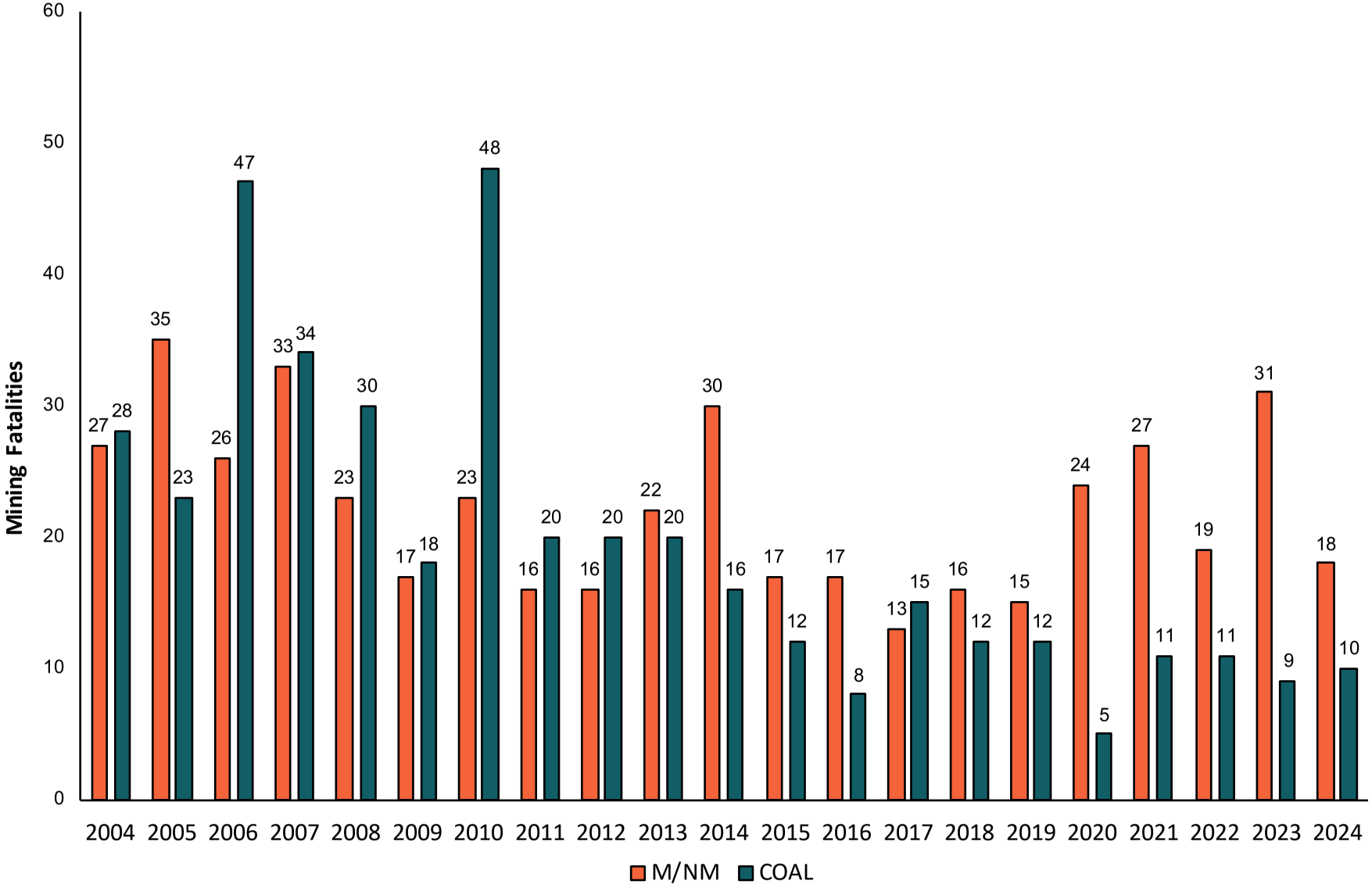
[1]Includes operator and contractor employees.

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

[3]Citations and orders are those not vacated.

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

Coal and Metal/Nonmetal Mining Fatality Comparisons, 2004–2024



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

MSHA Impact Inspections, 2024[1]

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	Year Totals
Coal													
Number of Impact Inspections	8	8	8	7	8	8	9	8	5	7	8	10	94
Total # Citations Issued	98	106	138	74	112	92	134	119	55	123	72	89	1,212
# Orders[2] Issued	1	3	2	0	3	2	11	1	0	4	1	1	29
# S&S[3] Citations Issued	42	33	45	21	23	14	36	33	8	49	20	29	353
% S&S Citations	43%	31%	33%	28%	21%	15%	27%	28%	15%	40%	28%	33%	29%
Metal/Nonmetal													
Number of Impact Inspections	7	5	6	8	7	7	7	6	3	8	6	3	73
Total # Citations Issued	88	98	59	172	183	100	89	128	56	133	89	29	1,224
# Orders[2] Issued	1	0	4	1	2	1	5	5	1	26	0	0	46
# S&S[3] Citations Issued	21	25	29	46	39	17	34	39	16	46	24	3	339
% S&S Citations	24%	26%	49%	27%	21%	17%	38%	30%	29%	35%	27%	10%	28%

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

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

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

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

Coal Mining Fatalities by State, 2004–2024

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Alabama	2	4	2	3	2	3	2		3	1	1	1	1	1	1					1	1
Alaska																					
Arizona			1					1													
Arkansas																					
California																					
Colorado				1				1	1					1							1
Connecticut																					
Delaware																					
Florida																					
Georgia																					
Hawaii																					
Idaho																					
Illinois					1	2	2		1	4	1	3	1			1				1	
Indiana	1			3	1		1		1	1	1				2				1	1	
Iowa																					
Kansas																					
Kentucky	6	8	16	2	8	6	7	8	4	2	2	2	2	2	1	5	2	1	2	1	
Louisiana						1															
Maine																					
Maryland			1	2																	

Coal Mining Fatalities by State, 2004–2024

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Massachusetts																					
Michigan																					
Minnesota																					
Mississippi																					
Missouri																					
Montana			1				1				1			1							
Nebraska																					
Nevada																					
New Hampshire																					
New Jersey																					
New Mexico				1															1		
New York																					
North Carolina																					
North Dakota																					
Ohio		1						2	1	1								1			
Oklahoma		1		1																	
Oregon																					
Pennsylvania	1	4	1	1	5	1				2		3	1	1	3	2	1	1	2	1	2
Puerto Rico																					
Rhode Island																					

Coal Mining Fatalities by State, 2004–2024

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
South Carolina																					
South Dakota																					
Tennessee	1					1			1												
Texas				1	1															1	
Utah	2		1	10						1	1							1			
Vermont																					
Virginia	3		1		2	1		1	1		2	1									1
Washington															1						
West Virginia	12	4	23	9	9	3	35	6	7	6	5	2	3	8	4	4	2	5	4	3	5
Wisconsin																					
Wyoming		1			1			1		2	2			1				1			
Total	28	23	47	34	30	18	48	20	20	20	16	12	8	15	12	12	5	10	10	9	10

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

Metal and Nonmetal Mining Fatalities by State, 2004–2024

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Alabama		1					1		1					1	1						
Alaska			2	3				2										1			
Arizona		2	1	2	2	1	2		1	1	1		1	1			2	1	1		
Arkansas				2		1							1						3	1	
California			2	3	2	1	2		1	2		1		1			2			2	1
Colorado		2								2							1			1	1
Connecticut																					
Delaware																					
Florida		2	1				1	1	2		1	1	1					2		1	1
Georgia	1				1	1	1			2		1	1	1		1	2	2	1	4	1
Hawaii																					
Idaho							1	2			1			1				1		1	
Illinois											1			1			1	1			
Indiana	2		1	1							1									1	1
Iowa	1				2	1		1			1	1	1	1	1		2				
Kansas					1		2			1	1						1				
Kentucky		3	1		1	2			1	4	1		1				1			1	
Louisiana			1	1		1				1	1					1	3				1
Maine																					
Maryland							1		1												
Massachusetts			1									1								2	1
Michigan	2	1	3										1		1		1				

Metal and Nonmetal Mining Fatalities by State, 2004–2024

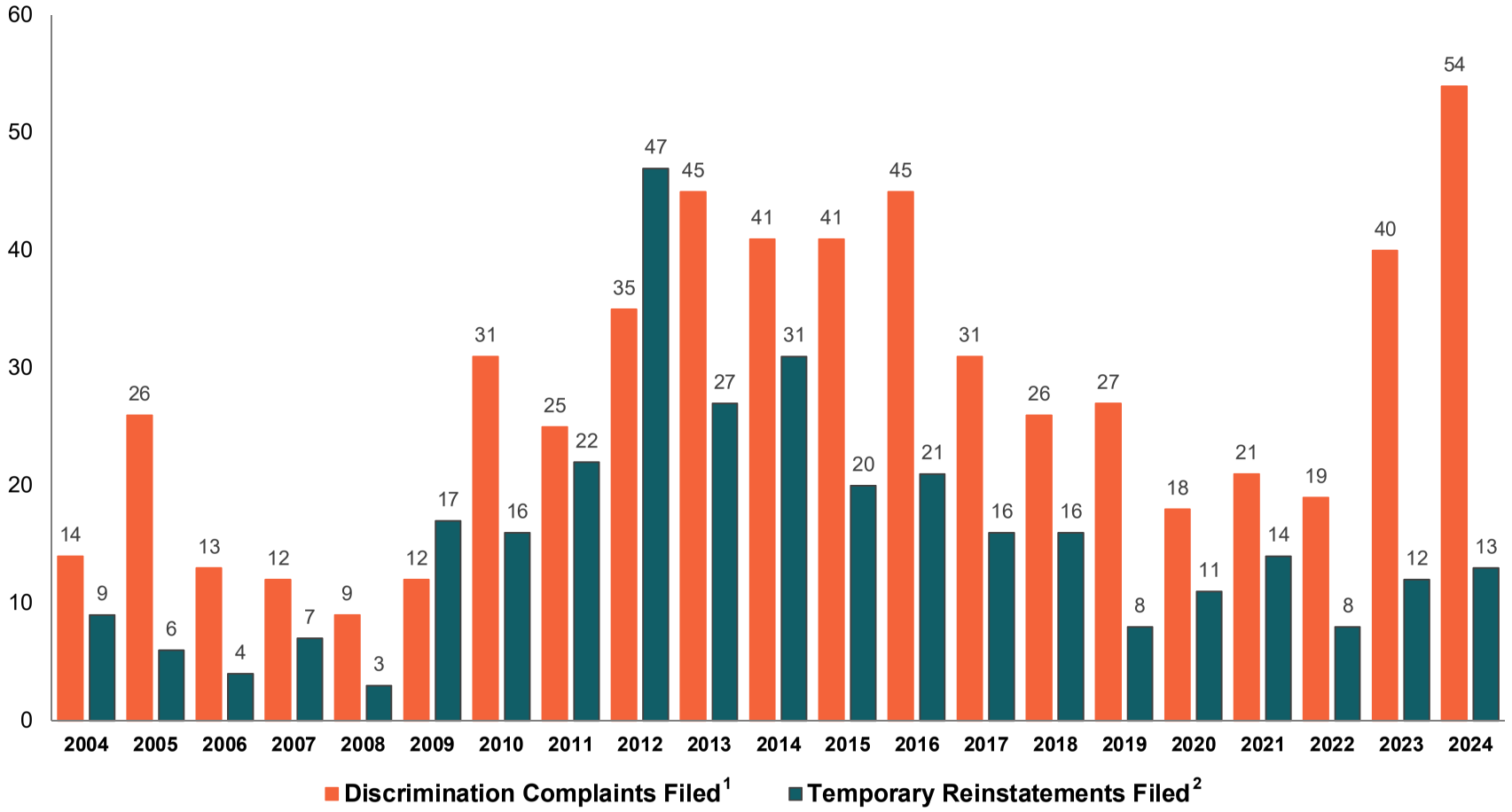
State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Minnesota		1	3	2			1	2								1				1	
Mississippi		2											2			1					
Missouri	2	1		2	2	2				2	2	2					1	2	1	2	
Montana		1		1				1	2		1				1			1		1	
Nebraska		1		1					1			1						1			
Nevada	4	3		2	3	1	2	1	1	2	2	3	1	2	2		1	1	3	2	
New Hampshire				1								1									
New Jersey		1															1				
New Mexico	1	2			1	1				1				1	1	1		1			
New York	1				1		1	1	3		2				1			1	1		1
North Carolina	1			1				1	1				1	1							
North Dakota												1			1						
Ohio		2		2				1			1	1					1				2
Oklahoma	2						3		1							1			1	1	1
Oregon	2	1	1	1										1							
Pennsylvania	2	1	2		2	1		1		1	2	1			1			1	1	1	2
Puerto Rico			1	1		1															
Rhode Island																			1		
South Carolina	1	1									2					1	1		1		
South Dakota																				1	
Tennessee	1	1	2	1		1	1			1			1			2		3	1	2	1
Texas	3	2	1	2	3	2	2			1	5	1	2	1	3	3	2	5	2	4	4

Metal and Nonmetal Mining Fatalities by State, 2004–2024

State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Utah			1		1		1	1			2		1		1			1		1	
Vermont																2					
Virginia		1	1	1							2	1	1		1				1		
Washington		1	1	1			1	1					1				1				
West Virginia				1																	
Wisconsin		1			1													1	1	1	
Wyoming	1	1		1												1					
Total	27	35	26	33	23	17	23	16	16	22	30	17	17	13	15	15	24	27	19	31	18

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

MSHA Discrimination Complaints and Temporary Reinstatements Filed by the Department of Labor on Behalf of Miners, 2004–2024



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

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

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

STATE COMPARISONS

Profile of Workplace Safety and Health in the United States

State	Fatalities 2023[1]			Injuries/Illnesses 2023[2]		Penalties FY 2023[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
Alabama	75	3.6	21	29,400	2.0	3,316	36	19	0	187	Federal
Alaska	29	7.4	47	6,400	3.1	4,812	12	1	8	56	State
Arizona	103	3.1	16	55,900	2.4	5,476	8	1	20	326	State
Arkansas	92	7.5	48	19,000	1.9	6,361	2	6	0	316	Federal
California	439	2.5	5	363,900	3.0	8,291	1	7	162	267	State
Colorado	83	2.8	12	52,700	2.7	3,586	31	23	0	236	Federal
Connecticut	33	2.0	3	31,000	2.6	3,119	37	12	6	177	Federal[5]
Delaware	11	2.5	5	7,200	2.2	4,868	11	6	0	211	Federal
Florida	306	3.1	16	N/A	N/A	4,384	19	63	0	293	Federal
Georgia	192	4.0	26	N/A	N/A	4,161	23	43	0	223	Federal
Hawaii	16	2.6	9	12,400	3.1	3,858	24	3	14	128	State
Idaho	48	5.4	40	N/A	N/A	2,820	40	8	0	264	Federal
Illinois	145	2.5	5	101,400	2.4	3,760	25	63	11	129	Federal[5]
Indiana	157	5.1	39	54,600	2.5	1,863	44	1	37	203	State
Iowa	91	5.9	43	32,500	3.1	4,595	16	1	22	186	State
Kansas	53	3.8	24	24,200	2.5	4,714	13	12	0	152	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2023[1]			Injuries/Illnesses 2023[2]		Penalties FY 2023[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
Kentucky	91	4.6	35	39,200	2.8	3,744	27	0	26	194	State
Louisiana	104	5.6	42	19,400	1.4	5,650	6	8	0	484	Federal
Maine	27	4.2	31	17,300	4.2	3,590	30	5	4	184	Federal[5]
Maryland	69	2.4	4	41,600	2.3	894	50	4	45	164	State
Massachusetts	111	3.3	20	55,400	2.2	3,438	34	41	9	152	Federal[5]
Michigan	166	3.6	21	78,900	2.6	1,336	49	1	67	85	State
Minnesota	70	2.5	5	56,000	2.8	2,208	42	0	45	181	State
Mississippi	72	6.3	44	N/A	N/A	4,635	15	7	0	243	Federal
Missouri	114	4.1	28	52,000	2.6	4,518	18	20	0	248	Federal
Montana	38	7.1	46	11,500	3.4	2,916	39	5	0	261	Federal
Nebraska	46	4.8	36	17,100	2.5	5,050	9	9	0	173	Federal
Nevada	57	4.0	26	36,600	3.3	5,488	7	1	41	80	State
New Hampshire	21	3.1	16	N/A	N/A	2,238	41	7	0	207	Federal
New Jersey	81	1.8	2	66,800	2.3	4,950	10	39	12	139	Federal[5]
New Mexico	38	4.5	34	N/A	N/A	6,184	3	0	10	474	State
New York	246	2.8	12	136,200	2.1	3,650	29	59	33	209	Federal[5]

Profile of Workplace Safety and Health in the United States

State	Fatalities 2023[1]			Injuries/Illnesses 2023[2]		Penalties FY 2023[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
North Carolina	177	3.7	23	68,600	2.0	3,546	32	2	86	212	State
North Dakota	26	6.9	45	N/A	N/A	4,673	14	7	0	117	Federal
Ohio	164	3.1	16	84,800	2.2	4,370	20	50	0	136	Federal
Oklahoma	76	4.3	32	28,100	2.4	4,354	21	13	0	203	Federal
Oregon	54	2.8	12	45,500	3.4	1,561	48	2	84	58	State
Pennsylvania	169	2.9	15	115,200	2.6	4,212	22	63	0	146	Federal
Rhode Island	6	1.2	1	N/A	N/A	3,012	38	10	0	109	Federal
South Carolina	112	5.0	37	30,100	1.9	1,753	46	0	21	376	State
South Dakota	20	4.3	32	N/A	N/A	3,391	35	8	0	131	Federal
Tennessee	164	5.4	40	53,300	2.2	1,682	47	2	32	150	State
Texas	564	4.1	28	175,900	1.8	4,544	17	88	0	187	Federal
Utah	69	4.1	28	28,800	2.5	1,910	43	0	16	170	State
Vermont	16	5.0	37	7,900	4.0	3,454	33	0	7	151	State
Virginia	117	2.7	10	58,300	2.1	3,760	25	1	47	164	State
Washington	97	2.7	10	81,600	3.4	1,781	45	1	126	38	State
West Virginia	58	8.3	49	12,300	2.6	6,056	4	6	0	180	Federal

Profile of Workplace Safety and Health in the United States

State	Fatalities 2023[1]			Injuries/Illnesses 2023[2]		Penalties FY 2023[3]		Inspectors[4,5]		Years to Inspect Each Workplace Once[6]	State or Federal Program
	Number	Rate	Rank[7]	Number	Rate	Average ($)	Rank[8]	Federal	State		
Wisconsin	112	3.9	25	56,200	2.8	3,707	28	35	0	107	Federal
Wyoming	45	16.0	50	4,600	2.7	5,660	5	0	6	307	State
Total or National Average:	**5,283**	**3.5**		**2.6 Million**	**2.4**	**3,381[9]**		**1,802[10]**		**166[11]**	

[1]The state fatality rates are calculated by BLS as deaths per 100,000 workers. The total number includes 12 fatalities in the District of Columbia.

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

[3]U.S. Department of Labor, OSHA, OIS Inspection Reports, FY 2024. Penalties shown are average current penalty per serious citation for conditions creating a substantial probability of death or serious physical harm to workers. For Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York, averages are based only on federal penalty data.

[4]Includes only safety and industrial hygiene Compliance Safety and Health Officers (CSHOs) who conduct workplace inspections and does not include supervisory CSHOs. Federal CSHOs provided by OSHA's Directorate of Enforcement Programs, CSHO Count By State as of December 2024. State plan CSHOs provided by OSHA's Directorate of Cooperative and State Programs and includes "on board" safety and health CSHOs from the FY 2024 State Plan Grant Applications as of July 1, 2024. The number of "on board" CSHOs may not accurately reflect the true number of CSHOs actually hired and conducting enforcement inspections due to possible budgetary issues in any particular state.

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

[6]Years to inspect is based on the number of establishments in 2023 and the number of OSHA inspections in FY 2024. The number of establishments in OSHA's jurisdiction includes private sector establishments (except mining) and federal establishments. For any state with a plan that covers public sector employees, state and local establishments also are included.

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

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

[9]National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $4,083 per citation; state plan OSHA states average $2,580 per citation.

[10]Total number of nonsupervisory CSHO inspectors includes 768 federal OSHA inspectors and 1,034 state OSHA inspectors, including one inspector in the Virgin Islands and 36 in Puerto Rico.

[11]Frequency of all covered establishments for all states combined. Average inspection frequency of covered establishments for federal OSHA states is once every 185 years; inspection frequency of covered establishments for state OSHA plan states is once every 147 years. States with their own OSHA program for public employees only (Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York) are considered federal states for these averages. Federal, state and national average includes the District of Columbia, Puerto Rico and the Virgin Islands.

Workplace Safety and Health Statistics by State, 2018–2023

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]				
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	FY20	FY21	FY22	FY23	FY24
Alabama	4.5	4.2	4.2	5.5	3.6	3.6	2.7	2.5	2.6	2.4	2.3	2.0	4,117	4,614	4,501	4,057	3,316
Alaska	9.9	14.1	10.7	6.2	5.1	7.4	3.6	3.5	3.5	3.3	3.3	3.1	5,113	3,501	3,421	3,814	4,812
Arizona	2.5	2.7	3.1	2.1	3.2	3.1	3.0	3.0	3.0	2.8	3.1	2.4	1,379	1,029	1,181	3,446	5,476
Arkansas	6.3	5.0	5.4	5.8	6.1	7.5	2.2	2.1	2.8	2.4	2.5	1.9	5,409	6,568	5,539	7,210	6,361
California	2.3	2.5	2.9	2.8	2.9	2.5	3.3	3.2	3.2	3.2	3.6	3.0	7,372	9,569	8,423	8,660	8,291
Colorado	2.6	2.9	2.9	3.4	3.1	2.8	N/A	N/A	N/A	N/A	2.8	2.7	3,422	4,057	4,067	5,029	3,586
Connecticut	2.8	1.4	1.8	1.4	2.0	2.0	3.2	3.1	3.0	3.0	3.2	2.6	3,107	3,678	4,240	4,277	3,119
Delaware	1.6	4.1	1.7	2.8	3.7	2.5	2.4	2.3	2.2	2.2	2.6	2.2	5,910	5,254	5,432	5,550	4,868
Florida	3.5	3.2	3.2	3.4	3.1	3.1	N/A	N/A	N/A	N/A	N/A	N/A	4,198	4,728	4,775	4,934	4,384
Georgia	3.8	4.3	4.3	4.0	4.3	4.0	2.5	2.5	N/A	N/A	N/A	N/A	4,094	5,070	4,680	4,403	4,161
Hawaii	3.4	4.1	2.9	2.2	3.5	2.6	3.3	3.2	3.0	3.3	3.2	3.1	3,498	2,974	3,084	3,389	3,858
Idaho	5.8	4.1	4.1	3.3	4.4	5.4	N/A	N/A	N/A	N/A	N/A	N/A	4,521	3,467	3,661	4,633	2,820
Illinois	3.1	2.7	2.6	3.1	3.0	2.5	2.7	2.5	2.7	2.6	2.7	2.4	3,910	3,897	4,634	4,341	3,760
Indiana	5.6	4.7	5.4	5.2	5.0	5.1	3.2	3.2	3.1	3.1	2.9	2.5	1,519	1,282	1,418	1,601	1,863
Iowa	4.9	4.7	4.0	3.3	3.6	5.9	3.3	3.2	3.3	3.3	3.3	3.1	3,892	4,237	5,156	5,476	4,595
Kansas	4.5	6.0	4.2	4.6	3.8	3.8	3.1	3.0	2.9	2.7	2.9	2.5	3,371	3,442	3,910	4,193	4,714
Kentucky	4.2	4.2	5.4	5.2	3.9	4.6	3.2	3.0	3.2	3.1	3.0	2.8	3,790	3,888	3,841	6,335	3,744
Louisiana	5.1	6.2	5.9	7.7	6.4	5.6	1.8	1.7	1.8	1.9	1.6	1.4	4,049	3,854	4,713	5,565	5,650
Maine	2.5	3.0	3.1	2.9	3.8	4.2	4.7	4.8	4.3	4.7	5.0	4.2	4,041	5,243	4,328	4,390	3,590
Maryland	3.4	2.6	2.2	2.8	2.8	2.4	2.8	2.6	2.5	2.7	2.4	2.3	754	862	865	6,124	894
Massachusetts	2.7	2.4	2.3	2.9	2.4	3.3	2.6	2.6	2.4	2.4	2.7	2.2	3,724	4,226	4,049	4,600	3,438
Michigan	3.4	3.6	3.1	3.3	3.2	3.6	3.0	2.8	3.1	3.0	2.8	2.6	1,292	1,217	1,227	1,340	1,336

Workplace Safety and Health Statistics by State, 2018–2023

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]				
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	FY20	FY21	FY22	FY23	FY24
Minnesota	2.7	2.6	2.4	2.8	2.8	2.5	3.2	3.1	3.4	3.3	3.7	2.8	1,114	1,330	1,407	6,261	2,208
Mississippi	6.7	5.2	4.2	3.5	6.9	6.3	N/A	N/A	N/A	N/A	N/A	N/A	4,206	4,594	4,937	4,224	4,635
Missouri	5.1	3.7	4.0	5.4	4.4	4.1	2.8	2.7	2.8	2.6	2.8	2.6	4,040	4,501	4,735	5,216	4,518
Montana	5.5	7.8	6.0	8.0	4.8	7.1	3.9	3.8	3.4	3.4	3.6	3.4	1,733	2,729	2,001	3,126	2,916
Nebraska	4.7	5.4	5.2	4.1	5.8	4.8	3.2	3.0	2.9	3.0	3.1	2.5	3,787	3,663	3,553	5,309	5,050
Nevada	2.8	2.8	3.0	3.3	4.3	4.0	3.5	3.5	3.2	3.3	3.4	3.3	3,696	4,670	4,221	4,407	5,488
New Hampshire	2.9	1.5	2.2	3.2	2.8	3.1	N/A	N/A	N/A	N/A	N/A	N/A	3,877	3,527	3,628	4,219	2,238
New Jersey	2.0	1.8	2.2	2.7	2.7	1.8	2.6	2.5	2.9	2.6	2.4	2.3	4,491	4,776	5,155	4,944	4,950
New Mexico	4.7	6.2	4.6	6.2	6.8	4.5	2.8	2.5	2.6	2.8	2.3	N/A	2,417	5,180	3,997	4,393	6,184
New York	3.1	3.1	2.9	2.9	2.9	2.8	2.2	2.2	2.2	2.2	2.3	2.1	4,231	4,569	4,547	4,614	3,650
North Carolina	3.8	4.0	4.4	3.9	4.6	3.7	2.4	2.3	2.1	2.2	2.2	2.0	1,854	1,892	1,956	3,611	3,546
North Dakota	9.6	9.7	7.4	9.0	9.8	6.9	N/A	N/A	N/A	N/A	N/A	N/A	4,971	6,089	5,438	5,652	4,673
Ohio	3.0	3.1	2.4	3.4	3.0	3.1	2.4	2.4	2.4	2.2	2.3	2.2	4,193	4,574	4,835	5,077	4,370
Oklahoma	5.2	4.2	4.6	5.1	4.0	4.3	N/A	N/A	2.7	2.8	2.8	2.4	3,537	4,836	3,836	4,134	4,354
Oregon	3.1	3.5	3.4	3.3	2.8	2.8	3.6	3.9	3.4	3.8	3.9	3.4	599	615	631	5,026	1,561
Pennsylvania	3.0	2.6	2.7	2.9	3.1	2.9	3.2	3.2	3.0	2.9	2.9	2.6	3,977	4,387	4,972	5,383	4,212
Rhode Island	1.8	1.8	1.1	1.0	1.4	1.2	N/A	N/A	N/A	N/A	N/A	N/A	3,236	4,246	4,616	4,388	3,012
South Carolina	4.6	4.8	4.8	5.0	6.1	5.0	2.4	2.4	2.1	2.2	2.3	1.9	1,510	1,586	2,008	1,849	1,753
South Dakota	6.9	4.7	7.8	4.7	5.6	4.3	N/A	N/A	N/A	N/A	N/A	N/A	3,524	2,908	3,877	4,524	3,391
Tennessee	4.1	4.0	5.1	4.4	5.7	5.4	2.8	2.7	2.7	2.5	2.4	2.2	1,672	2,083	1,900	4,456	1,682
Texas	3.8	4.7	3.9	4.2	4.3	4.1	2.0	2.1	2.0	2.1	1.9	1.8	3,724	3,387	3,742	4,341	4,544
Utah	3.4	3.5	3.4	3.4	3.6	4.1	2.8	2.9	2.6	2.6	2.5	2.5	1,337	1,496	1,462	1,729	1,910

Workplace Safety and Health Statistics by State, 2018–2023

	Fatality Rates[1]						Injury/Illness Rates[2]						Average Penalties($)[3]				
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	FY20	FY21	FY22	FY23	FY24
Vermont	3.5	3.2	2.8	3.3	3.6	5.0	4.7	4.6	3.6	3.8	3.9	4.0	3,192	3,553	3,496	3,930	3,454
Virginia	3.5	4.3	3.0	3.2	3.4	2.7	2.5	2.3	2.1	2.1	2.3	2.1	2,573	3,258	3,112	3,327	3,760
Washington	2.4	2.3	2.5	2.1	2.9	2.7	4.0	3.8	3.5	3.5	3.9	3.4	1,592	1,723	1,870	4,662	1,781
West Virginia	7.9	6.4	6.6	5.2	6.8	8.3	3.0	2.8	2.9	2.9	3.3	2.6	4,257	5,109	5,327	6,173	6,056
Wisconsin	3.8	3.8	4.1	3.4	4.3	3.9	3.6	3.3	3.1	3.2	3.0	2.8	3,805	4,358	4,709	4,721	3,707
Wyoming	11.5	12.0	13.0	10.4	12.7	16.0	3.2	3.1	3.0	2.9	3.0	2.7	3,987	3,562	3,872	4,861	5,660
National Average[4]	3.5	3.5	3.4	3.6	3.7	3.5	2.8	2.8	2.7	2.7	2.7	2.4	$2,973	$3,315	$3,225	$3,502	$3,381

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

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

[3]U.S. Department of Labor, OSHA OIS inspection reports for FY 2018 through FY 2024. Penalties shown are average per serious citation for conditions creating a substantial probability of death or serious physical harm to workers. For Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York—states that operate their own state plan for public employees only—averages are based only on federal data.

[4]National average is the per citation average for federal OSHA serious penalties and state OSHA plan states' serious penalties combined. Federal serious penalties average $4,083 per citation; state plan OSHA states average $2,580 per citation.

State-by-State OSHA Fatality Investigations, FY 2024

State	Number of OSHA Fatality Investigations Conducted	Total Penalties ($)	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program[2]
Alabama	21	549,678	26,175	22,583	17,744	Federal
Alaska	6	1,089,443	181,574	33,876	23,713	State
Arizona	21	394,186	18,771	12,440	12,440	State
Arkansas	11	408,678	37,153	21,294	21,294	Federal
California	245	2,199,180	8,976	8,780	8,780	State
Colorado	13	313,833	24,141	28,346	25,810	Federal
Connecticut	15	713,455	47,564	13,712	13,712	Federal[2]
Delaware	1	--	--	--	--	Federal
Florida	85	1,256,944	14,788	20,741	16,131	Federal
Georgia	37	1,498,059	40,488	24,198	21,782	Federal
Hawaii	3	43,252	14,417	23,970	21,626	State
Idaho	6	271,507	45,251	15,324	12,541	Federal
Illinois	47	487,932	10,382	11,524	8,067	Federal[2]
Indiana	30	115,000	3,833	5,250	4,900	State
Iowa	17	147,180	8,658	9,375	6,349	State
Kansas	16	232,083	14,505	21,431	14,518	Federal
Kentucky	29	677,700	23,369	20,000	16,000	State
Louisiana	16	302,329	18,896	25,356	18,228	Federal
Maine	3	194,429	64,810	29,957	18,125	Federal[2]
Maryland	23	44,750	1,946	3,750	3,750	State
Massachusetts	12	620,503	51,709	14,517	14,517	Federal[2]

State-by-State OSHA Fatality Investigations, FY 2024

State	Number of OSHA Fatality Investigations Conducted	Total Penalties ($)	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program[2]
Michigan	36	197,700	5,492	10,670	7,075	State
Minnesota	29	2,066,858	71,271	50,250	50,000	State
Mississippi	13	681,429	52,418	27,262	17,750	Federal
Missouri	20	556,545	27,827	17,053	12,284	Federal
Montana	5	30,372	6,074	7,260	2,288	Federal
Nebraska	9	163,611	18,179	12,676	7,034	Federal
Nevada	5	39,156	7,831	13,422	9,437	State
New Hampshire	3	22,746	7,582	7,098	13,422	Federal
New Jersey	18	532,535	29,585	29,035	22,500	Federal[2]
New Mexico	8	695,743	86,968	13,380	13,380	State
New York	58	1,099,196	18,952	19,356	19,356	Federal[2]
North Carolina	54	581,526	10,769	15,625	12,904	State
North Dakota	4	32,955	8,239	12,676	12,676	Federal
Ohio	37	656,592	17,746	16,131	14,500	Federal
Oklahoma	15	254,453	16,964	16,131	16,131	Federal
Oregon	32	250,463	7,827	18,675	18,675	State
Pennsylvania	31	654,341	21,108	16,131	16,131	Federal
Rhode Island	3	16,291	5,430	16,131	5,000	Federal
South Carolina	35	73,220	2,092	3,500	3,500	State
South Dakota	4	111,390	27,848	31,316	22,480	Federal
Tennessee	31	152,618	4,923	5,400	5,400	State

State-by-State OSHA Fatality Investigations, FY 2024

State	Number of OSHA Fatality Investigations Conducted	Total Penalties ($)	Average Total Penalty Per Investigation ($)	Median Initial Penalty[1] ($)	Median Current Penalty[1] ($)	State or Federal Program[2]
Texas	123	3,177,302	25,832	15,318	13,222	Federal
Utah	13	67,900	5,223	4,200	4,200	State
Vermont	3	22,790	7,597	14,063	7,031	State
Virginia	38	290,848	7,654	18,675	17,183	State
Washington	23	1,839,292	79,969	10,800	10,800	State
West Virginia	5	53,813	10,763	19,588	14,100	Federal
Wisconsin	20	430,721	21,536	27,655	2,400	Federal
Wyoming	8	60,897	7,612	16,118	13,886	State
National Median State Plan States				**8,435**	**7,031**	
National Median Federal States				**16,208**	**16,131**	
Total or National Average[3]	**1,401**	**26,998,842**	**19,271**			

Source: OSHA OIS Fatality Inspection Reports, issued Jan. 21, 2025.

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

[2]Under the OSH Act, states may operate their own OSHA programs. Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York have state programs covering state and local employees only; for these six states, only federal plan data are listed. Twenty-one states have state OSHA programs covering both public and private sector workers; for these 21 states, only state plan data are listed.

[3]National fatality investigations for all federal OSHA and state OSHA plan states combined. Federal OSHA average is $23,705 per fatality investigation; state plan OSHA average is $15,240 per fatality investigation. Total investigations, total penalties and national average penalty per investigation includes two investigations in the District of Columbia, 12 in Puerto Rico, one in Guam and zero in the Vrgin Islands, American Samoa, and the Northern Mariana Islands; it also includes some federal investigations in state plan states.

Comparison of Workplace Fatality and Injury Rates by State, 2023

State	Fatality Rate[1]	Injury and Illness Rates[2,3]	State	Fatality Rate[1]	Injury and Illness Rates[2,3]	State	Fatality Rate[1]	Injury and Illness Rates[2,3]	State	Fatality Rate[1]	Injury and Illness Rates[2,3]
Alabama	3.6	2.0	Indiana	5.1	2.5	Nebraska	4.8	2.5	South Carolina	5.0	1.9
Alaska	7.4	3.1	Iowa	5.9	3.1	Nevada	4.0	3.3	South Dakota[4]	4.3	N/A
Arizona	3.1	2.4	Kansas	3.8	2.5	New Hampshire[4]	3.1	N/A	Tennessee	5.4	2.2
Arkansas	7.5	1.9	Kentucky	4.6	2.8	New Jersey	1.8	2.3	Texas	4.1	1.8
California	2.5	3.0	Louisiana	5.6	1.4	New Mexico[4]	4.5	N/A	Utah	4.1	2.5
Colorado	2.8	2.7	Maine	4.2	4.2	New York	2.8	2.1	Vermont	5.0	4.0
Connecticut	2.0	2.6	Maryland	2.4	2.3	North Carolina	3.7	2.0	Virginia	2.7	2.1
Delaware	2.5	2.2	Massachusetts	3.3	2.2	North Dakota[4]	6.9	N/A	Washington	2.7	3.4
Florida[4]	3.1	N/A	Michigan	3.6	2.6	Ohio	3.1	2.2	West Virginia	8.3	2.6
Georgia[4]	4.0	N/A	Minnesota	2.5	2.8	Oklahoma	4.3	2.4	Wisconsin	3.9	2.8
Hawaii	2.6	3.1	Mississippi[4]	6.3	N/A	Oregon	2.8	3.4	Wyoming	16.0	2.7
Idaho[4]	5.4	N/A	Missouri	4.1	2.6	Pennsylvania	2.9	2.6	National Average	**3.5**	**2.4**
Illinois	2.5	2.4	Montana	7.1	3.4	Rhode Island[4]	1.2	N/A			

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

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

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

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

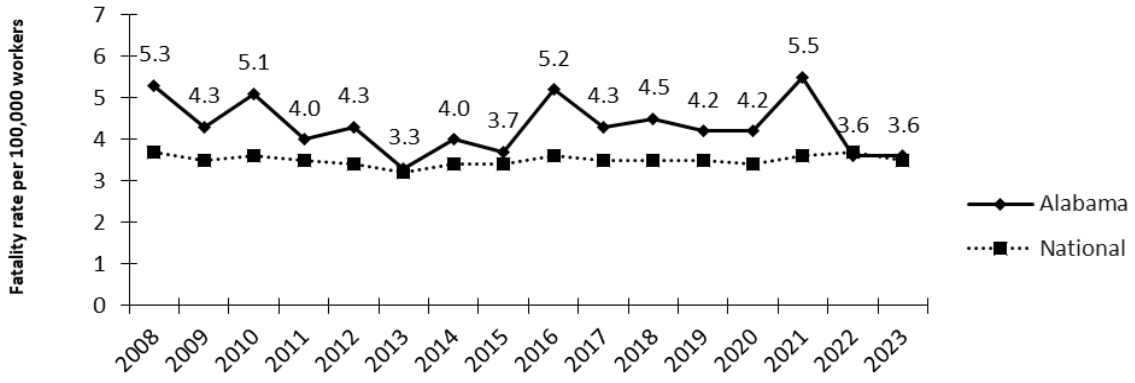
[4]Not all states participate in the Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses. Participation is voluntary, even in states where the fatality rate may be high.

STATE PROFILES

ALABAMA

Worker Safety and Health

Number of employees:[1]	2,075,785
Number of establishments:[1]	156,469
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	318,714
Number of workplace fatalities, 2023:[3]	75
Rate per 100,000 workers:[3]	3.6
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	21
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	29,400
Rate per 100 workers:[5]	2.0
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	17,400
Rate per 100 workers: [6]	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	19
Years it would take for OSHA to inspect each workplace once:	187
Number of workplace safety and health inspections conducted, FY 2024:[8]	807
Construction:	409
Nonconstruction:	398
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,316
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$17,744
National median for federal OSHA:	$16,131

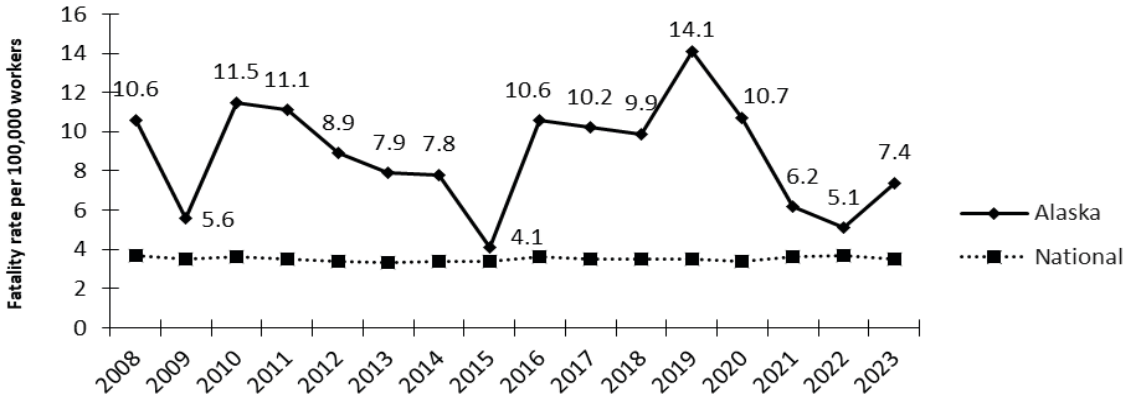


Prepared by AFL-CIO Safety and Health, April 2025

ALASKA

Worker Safety and Health

Number of employees:[1]	322,800
Number of establishments:[1]	25,004
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	29
Rate per 100,000 workers:[3]	7.4
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	47
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	6,400
Rate per 100 workers:[5]	3.1
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	3,700
Rate per 100 workers: [6]	1.8
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	9
Years it would take for OSHA to inspect each workplace once:	56
Number of workplace safety and health inspections conducted, FY 2024:[8]	447
Construction:	124
Nonconstruction:	323
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,812
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$23,713
National median for state OSHA:	$7,031



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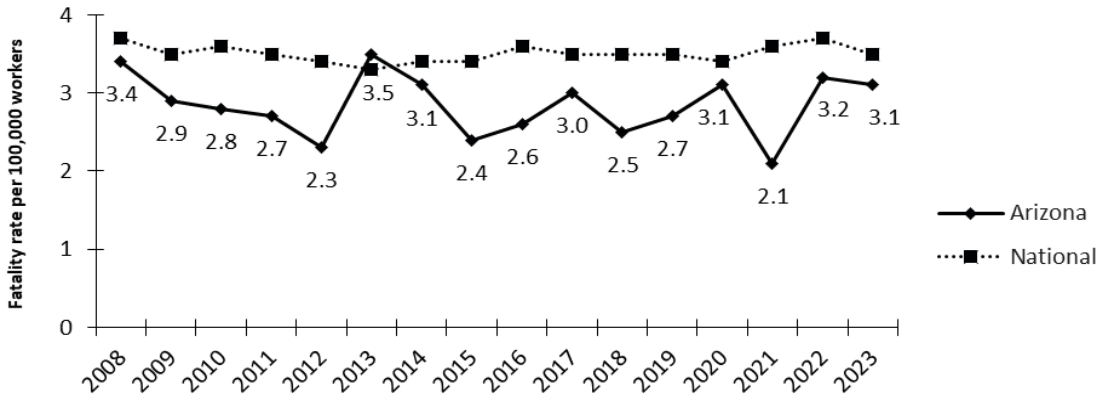
ARIZONA

Worker Safety and Health

Number of employees:[1]	3,164,081
Number of establishments:[1]	220,695
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	103
Rate per 100,000 workers:[3]	3.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	16
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	55,900
Rate per 100 workers:[5]	2.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	31,000
Rate per 100 workers: [6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	21
Years it would take for OSHA to inspect each workplace once:	326
Number of workplace safety and health inspections conducted, FY 2024:[8]	677
Construction:	257
Nonconstruction:	420
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$5,476
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$12,440
National median for state OSHA:	$7,031



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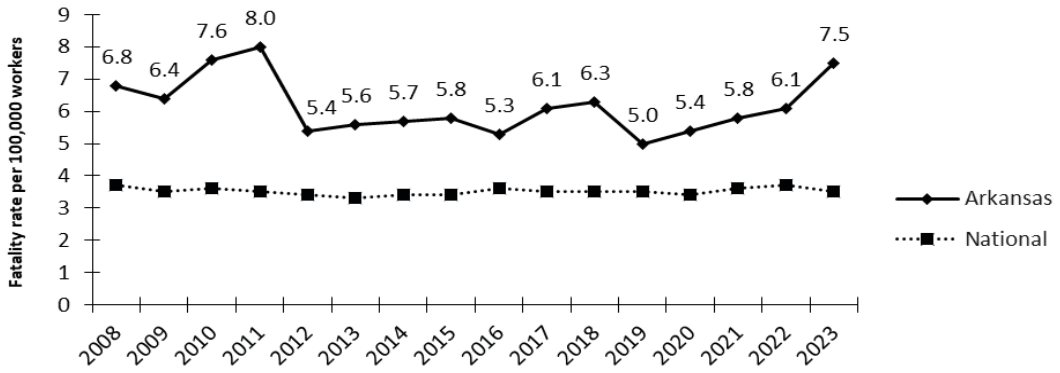
ARKANSAS

Worker Safety and Health

Number of employees:[1]	1,278,470
Number of establishments:[1]	102,529
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	174,804
Number of workplace fatalities, 2023:[3]	92
Rate per 100,000 workers:[3]	7.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	48
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	19,000
Rate per 100 workers:[5]	1.9
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	9,400
Rate per 100 workers: [6]	1.0
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	6
Years it would take for OSHA to inspect each workplace once:	316
Number of workplace safety and health inspections conducted, FY 2024:[8]	314
Construction:	97
Nonconstruction:	217
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$6,361
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$21,294
National median for federal OSHA:	$16,131



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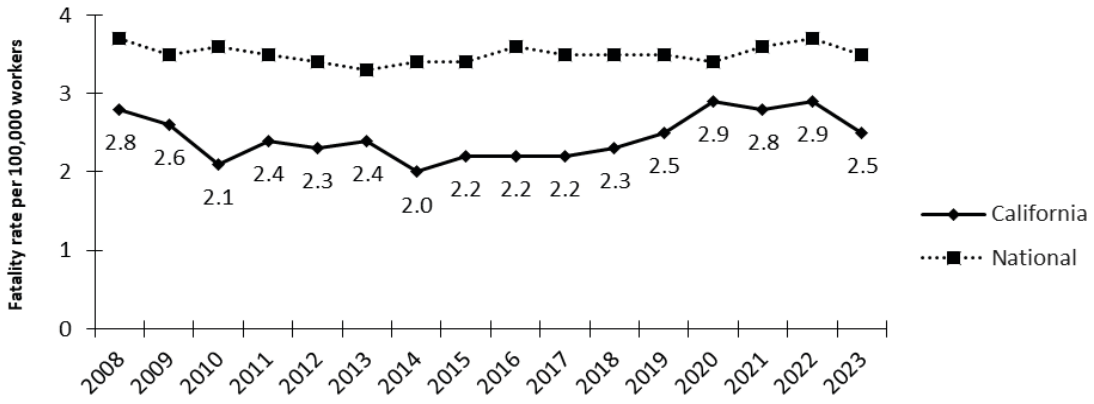
CALIFORNIA

Worker Safety and Health

Number of employees:[1]	18,002,893
Number of establishments:[1]	1,751,430
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	439
Rate per 100,000 workers:[3]	2.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	5
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	363,900
Rate per 100 workers:[5]	3.0
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	236,700
Rate per 100 workers: [6]	2.0
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	169
Years it would take for OSHA to inspect each workplace once:	267
Number of workplace safety and health inspections conducted, FY 2024:[8]	6,558
Construction:	1,933
Nonconstruction:	4,625
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$8,291
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$8,780
National median for state OSHA:	$7,031



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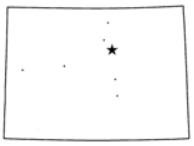
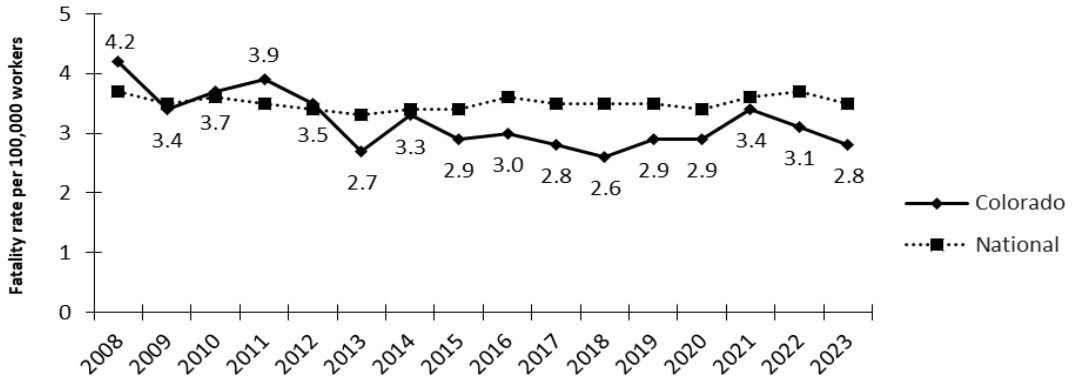
COLORADO



Worker Safety and Health

Number of employees:[1]	2,882,674
Number of establishments:[1]	258,519
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	394,588
Number of workplace fatalities, 2023:[3]	83
Rate per 100,000 workers:[3]	2.8
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	12
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	52,700
Rate per 100 workers:[5]	2.7
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	31,300
Rate per 100 workers: [6]	1.6
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	23
Years it would take for OSHA to inspect each workplace once:	236
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,085
Construction:	654
Nonconstruction:	431
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,586
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$25,810
National median for federal OSHA:	$16,131



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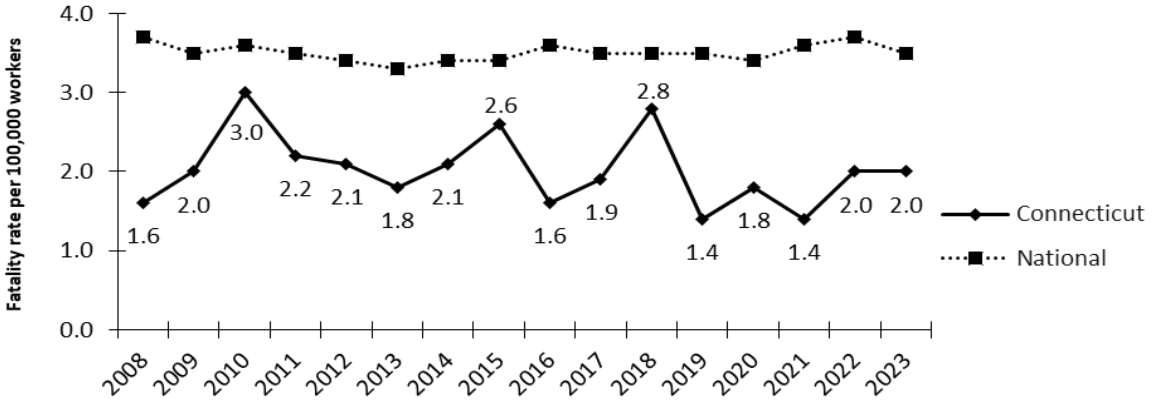
CONNECTICUT

Worker Safety and Health

Number of employees:[1]	1,668,508
Number of establishments:[1]	147,393
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2023:[3]	33
Rate per 100,000 workers:[3]	2.0
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	3
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	31,000
Rate per 100 workers:[5]	2.6
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	20,000
Rate per 100 workers: [6]	1.7
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	18
Years it would take for OSHA to inspect each workplace once:	177
Number of workplace safety and health inspections conducted, FY 2024:[8]	834
Construction:	294
Nonconstruction:	540
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,119
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$13,712
National median for federal OSHA:	$16,131

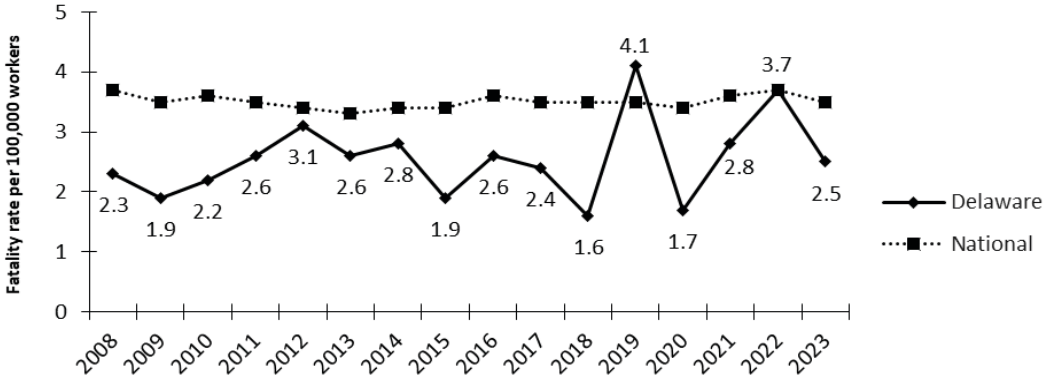


Prepared by AFL-CIO Safety and Health, April 2025

DELAWARE

Worker Safety and Health

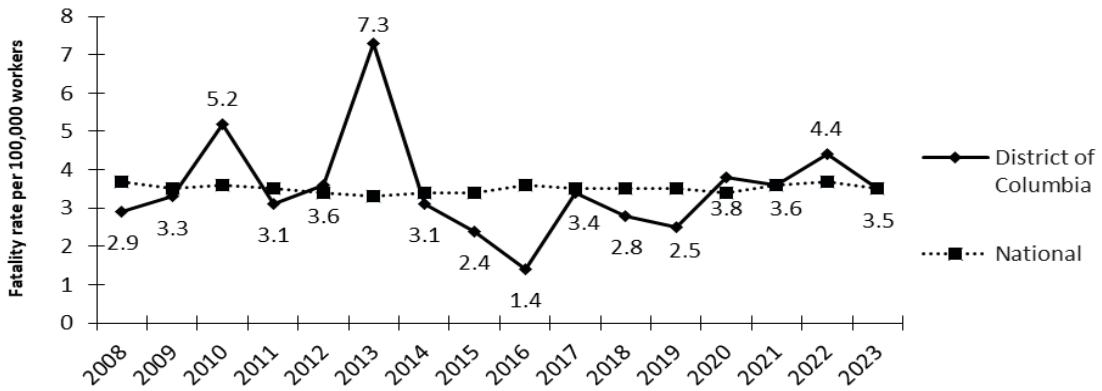
Number of employees:[1]	469,362
Number of establishments:[1]	43,537
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	58,903
Number of workplace fatalities, 2023:[3]	11
Rate per 100,000 workers:[3]	2.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	5
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	7,200
Rate per 100 workers:[5]	2.2
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	4,500
Rate per 100 workers: [6]	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	6
Years it would take for OSHA to inspect each workplace once:	211
Number of workplace safety and health inspections conducted, FY 2024:[8]	204
Construction:	138
Nonconstruction:	66
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,868
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	–
National median for federal OSHA:	$16,131



Prepared by AFL-CIO Safety and Health, April 2025

DISTRICT OF COLUMBIA
Worker Safety and Health

Number of employees:[1]	757,754
Number of establishments:[1]	51,503
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	41,579
Number of workplace fatalities, 2023:[3]	12
Rate per 100,000 workers:[3]	3.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	N/A
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	5,200
Rate per 100 workers:[5]	2.5
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	2,900
Rate per 100 workers: [6]	0.6
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	N/A
Years it would take for OSHA to inspect each workplace once:	350
Number of workplace safety and health inspections conducted, FY 2024:[8]	147
Construction:	119
Nonconstruction:	28
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$6,636
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$33,069
National median for federal OSHA:	$16,131

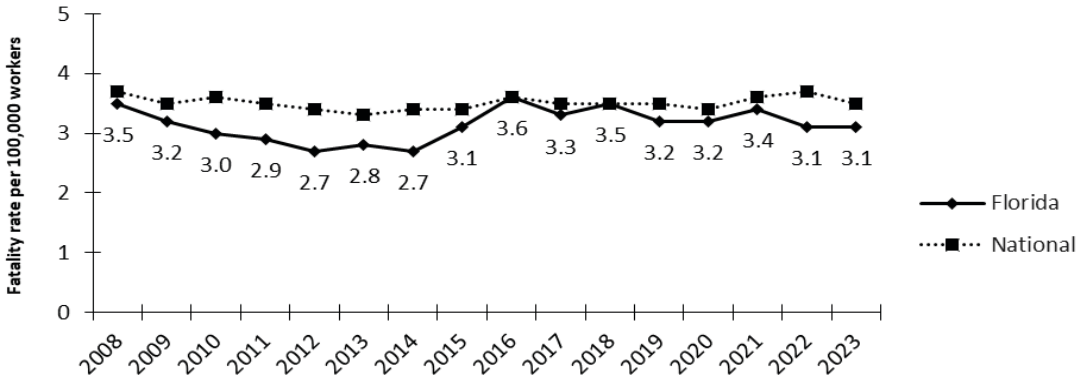


Prepared by AFL-CIO Safety and Health, April 2025

FLORIDA

Worker Safety and Health

Number of employees:[1]	9,680,319
Number of establishments:[1]	879,046
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	925,251
Number of workplace fatalities, 2023:[3]	306
Rate per 100,000 workers:[3]	3.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	16
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers: [6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	63
Years it would take for OSHA to inspect each workplace once:	293
Number of workplace safety and health inspections conducted, FY 2024:[8]	2,991
Construction:	1,499
Nonconstruction:	1,492
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,384
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$16,131
National median for federal OSHA:	$16,131

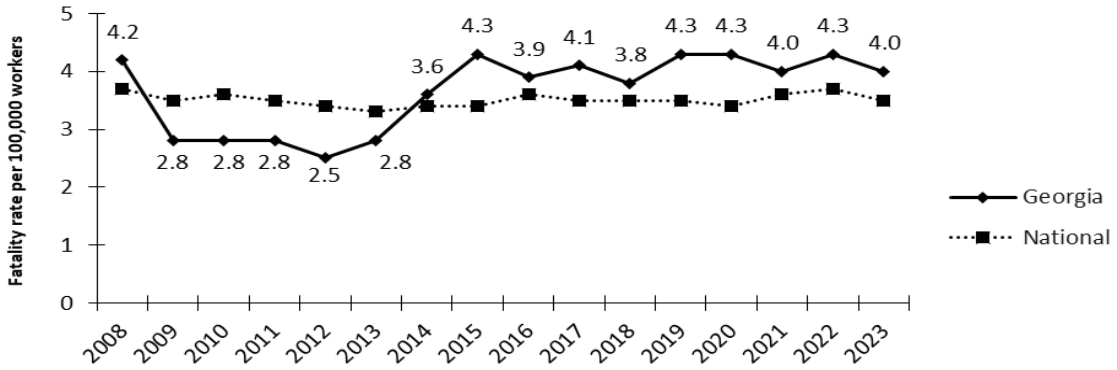


Prepared by AFL-CIO Safety and Health, April 2025

GEORGIA

Worker Safety and Health

Number of employees:[1]	4,808,000
Number of establishments:[1]	387,003
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	551,164
Number of workplace fatalities, 2023:[3]	192
Rate per 100,000 workers:[3]	4.0
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	26
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers: [6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	43
Years it would take for OSHA to inspect each workplace once:	223
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,705
Construction:	751
Nonconstruction:	954
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,161
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$21,782
National median for federal OSHA:	$16,131

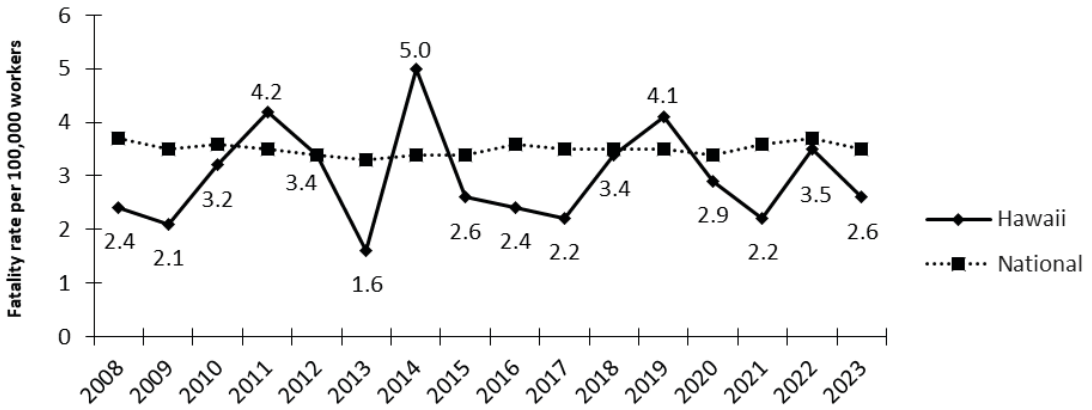


Prepared by AFL-CIO Safety and Health, April 2025

HAWAII

Worker Safety and Health

Number of employees:[1]	633,890
Number of establishments:[1]	56,668
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	16
Rate per 100,000 workers:[3]	2.6
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	9
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	12,400
Rate per 100 workers:[5]	3.1
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	7,500
Rate per 100 workers: [6]	1.9
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	17
Years it would take for OSHA to inspect each workplace once:	128
Number of workplace safety and health inspections conducted, FY 2024:[8]	441
Construction:	58
Nonconstruction:	383
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,858
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$21,626
National median for state OSHA:	$7,031

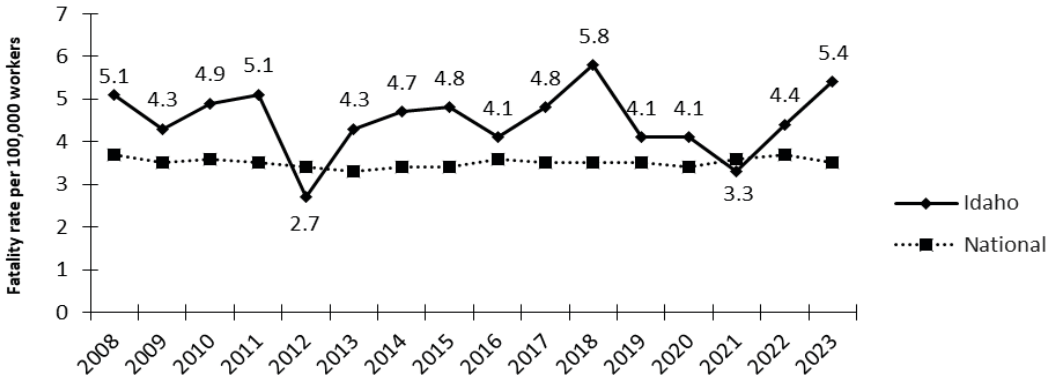


Prepared by AFL-CIO Safety and Health, April 2025

IDAHO

Worker Safety and Health

Number of employees:[1]	842,561
Number of establishments:[1]	93,760
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	111,120
Number of workplace fatalities, 2023:[3]	48
Rate per 100,000 workers:[3]	5.4
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	40
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers: [6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	8
Years it would take for OSHA to inspect each workplace once:	264
Number of workplace safety and health inspections conducted, FY 2024:[8]	346
Construction:	222
Nonconstruction:	124
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$2,820
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$12,541
National median for federal OSHA:	$16,131

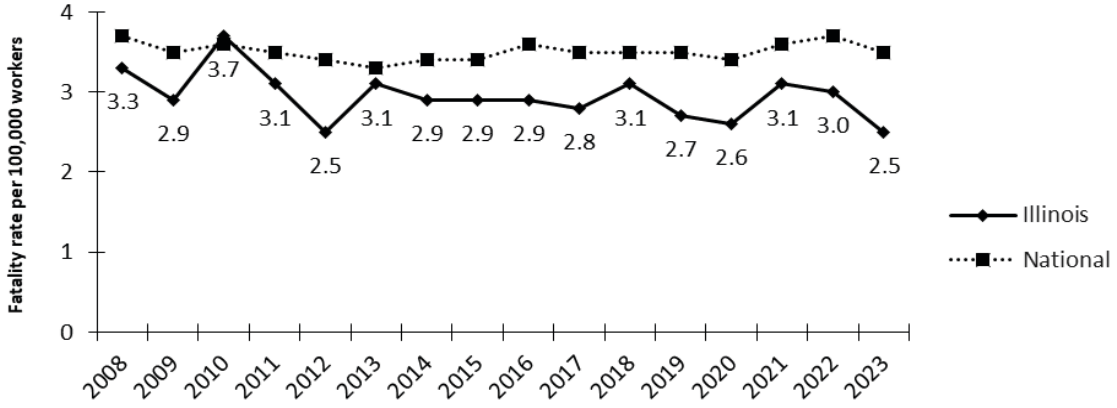


Prepared by AFL-CIO Safety and Health, April 2025

ILLINOIS

Worker Safety and Health

Number of employees:[1]	6,013,493
Number of establishments:[1]	399,215
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2023:[3]	145
Rate per 100,000 workers:[3]	2.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	5
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	101,400
Rate per 100 workers:[5]	2.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	64,500
Rate per 100 workers: [6]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	74
Years it would take for OSHA to inspect each workplace once:	129
Number of workplace safety and health inspections conducted, FY 2024:[8]	3,097
Construction:	1,594
Nonconstruction:	1,503
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,760
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$8,067
National median for federal OSHA:	$16,131

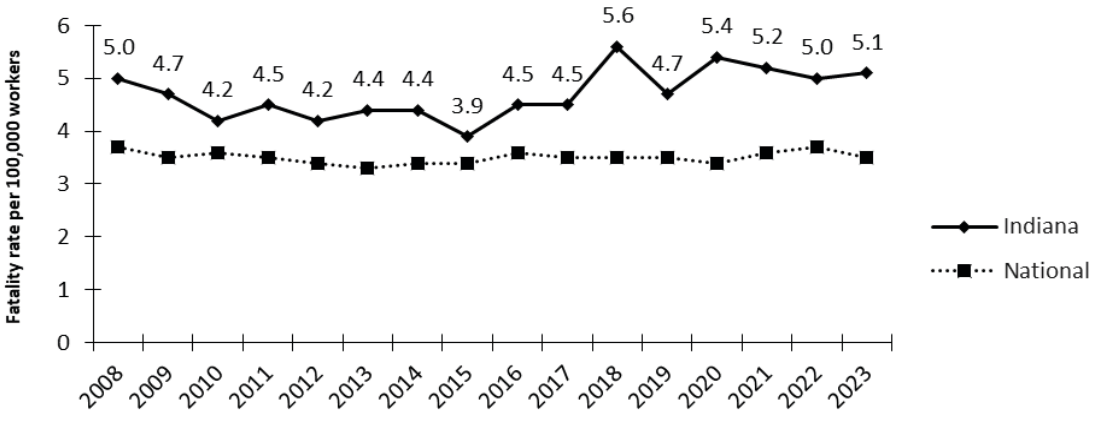


Prepared by AFL-CIO Safety and Health, April 2025

INDIANA

Worker Safety and Health

Number of employees:[1]	3,157,809
Number of establishments:[1]	189,259
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	157
Rate per 100,000 workers:[3]	5.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	39
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	54,600
Rate per 100 workers:[5]	2.5
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	30,400
Rate per 100 workers: [6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	38
Years it would take for OSHA to inspect each workplace once:	203
Number of workplace safety and health inspections conducted, FY 2024:[8]	931
Construction:	341
Nonconstruction:	590
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,863
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$4,900
National median for state OSHA:	$7,031

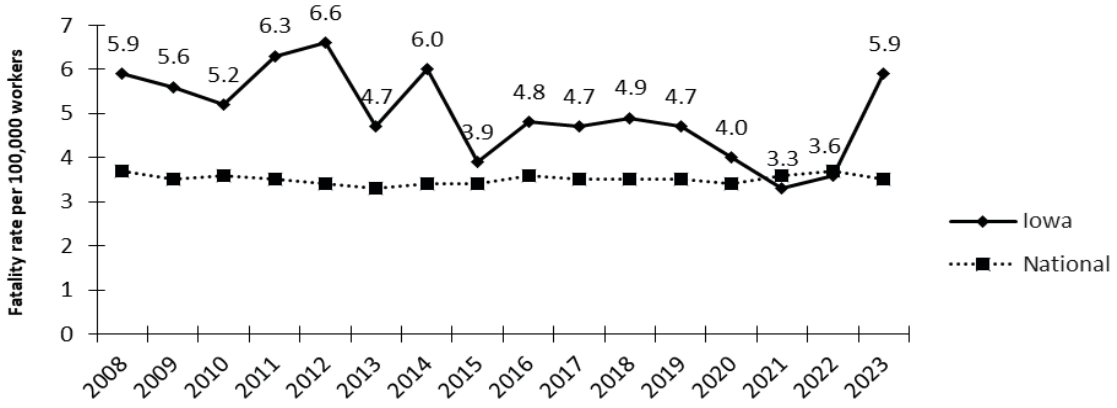


Prepared by AFL-CIO Safety and Health, April 2025

IOWA

Worker Safety and Health

Number of employees:[1]	1,556,484
Number of establishments:[1]	111,045
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	91
Rate per 100,000 workers:[3]	5.9
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	43
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	32,500
Rate per 100 workers:[5]	3.1
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	19,100
Rate per 100 workers: [6]	1.8
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	23
Years it would take for OSHA to inspect each workplace once:	186
Number of workplace safety and health inspections conducted, FY 2024:[8]	595
Construction:	160
Nonconstruction:	435
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,595
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$6,349
National median for state OSHA:	$7,031

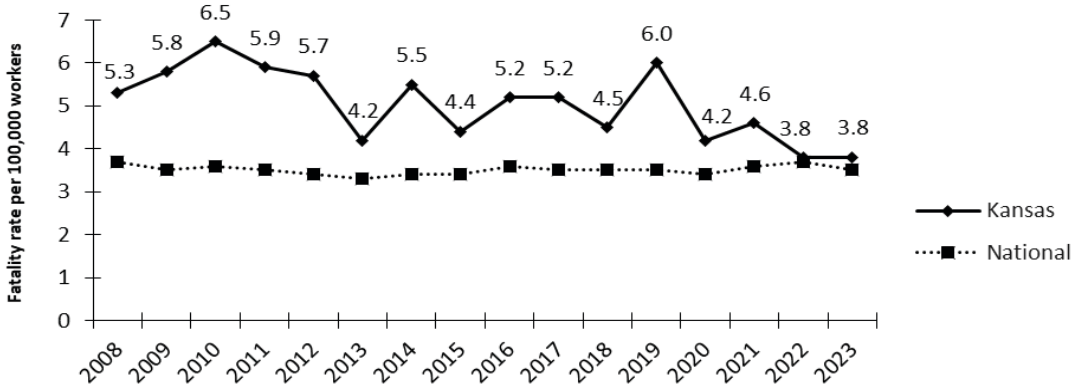


Prepared by AFL-CIO Safety and Health, April 2025

KANSAS

Worker Safety and Health

Number of employees:[1]	1,417,023
Number of establishments:[1]	96,521
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	216,329
Number of workplace fatalities, 2023:[3]	53
Rate per 100,000 workers:[3]	3.8
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	24
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	24,200
Rate per 100 workers:[5]	2.5
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	13,200
Rate per 100 workers: [6]	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	12
Years it would take for OSHA to inspect each workplace once:	152
Number of workplace safety and health inspections conducted, FY 2024:[8]	608
Construction:	276
Nonconstruction:	332
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,714
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$14,518
National median for federal OSHA:	$16,131



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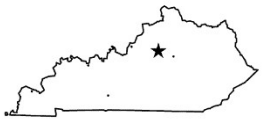
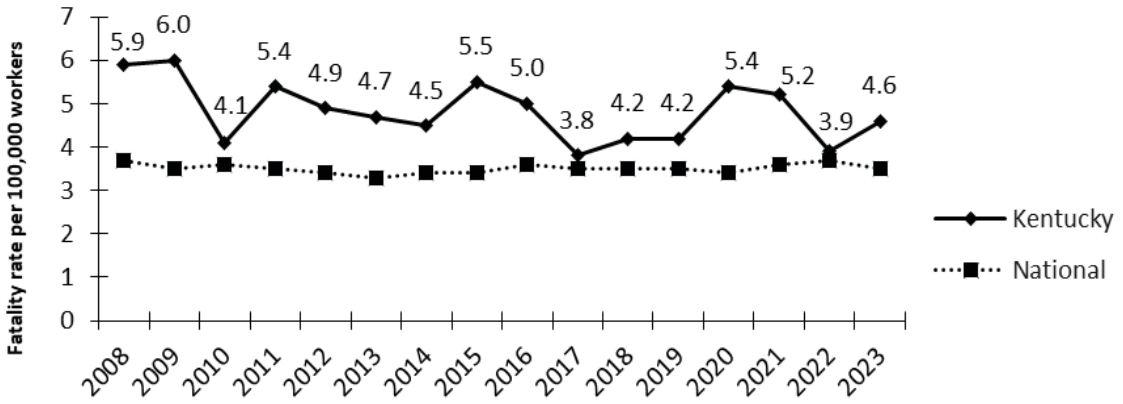
KENTUCKY



Worker Safety and Health

Number of employees:[1]	1,967,892
Number of establishments:[1]	152,145
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	91
Rate per 100,000 workers:[3]	4.6
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	35
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	39,200
Rate per 100 workers:[5]	2.8
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	20,800
Rate per 100 workers:[6]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	26
Years it would take for OSHA to inspect each workplace once:	194
Number of workplace safety and health inspections conducted, FY 2024:[8]	784
Construction:	214
Nonconstruction:	570
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,744
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$16,000
National median for state OSHA:	$7,031

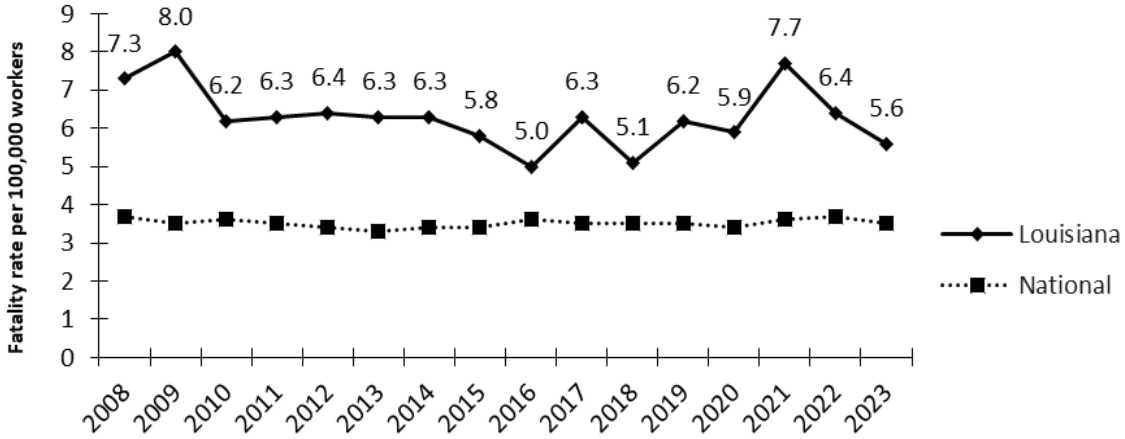


Prepared by AFL-CIO Safety and Health, April 2025

LOUISIANA

Worker Safety and Health

Number of employees:[1]	1,893,810
Number of establishments:[1]	153,869
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	267,396
Number of workplace fatalities, 2023:[3]	104
Rate per 100,000 workers:[3]	5.6
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	42
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	19,400
Rate per 100 workers:[5]	1.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	9,600
Rate per 100 workers: [6]	0.7
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	8
Years it would take for OSHA to inspect each workplace once:	484
Number of workplace safety and health inspections conducted, FY 2024:[8]	308
Construction:	126
Nonconstruction:	182
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$5,650
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$18,228
National median for federal OSHA:	$16,131

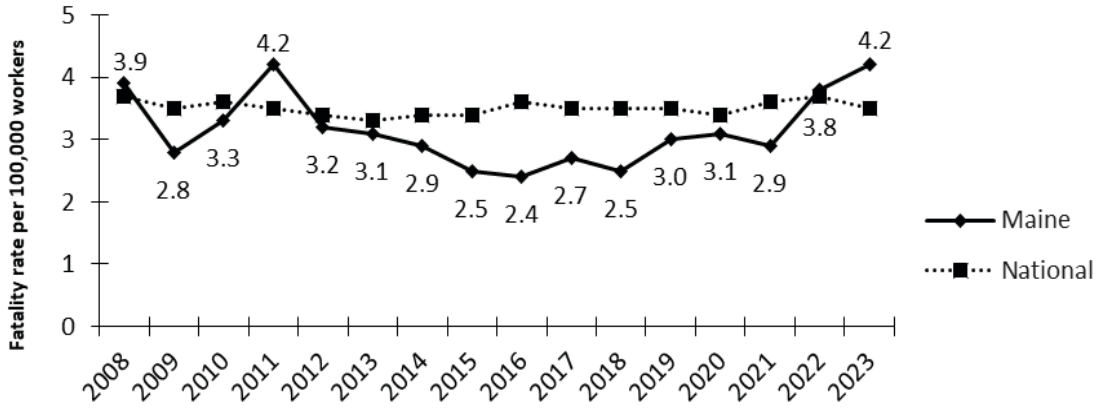


Prepared by AFL-CIO Safety and Health, April 2025

MAINE

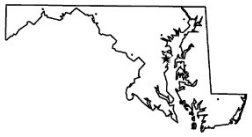
Worker Safety and Health

Number of employees:[1]	639,695
Number of establishments:[1]	64,082
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2023:[3]	27
Rate per 100,000 workers:[3]	4.2
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	31
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	17,300
Rate per 100 workers: [5]	4.2
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	10,400
Rate per 100 workers: [6]	2.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	9
Years it would take for OSHA to inspect each workplace once:	184
Number of workplace safety and health inspections conducted, FY 2024:[8]	348
Construction:	109
Nonconstruction:	239
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,590
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$18,125
National median for federal OSHA:	$16,131



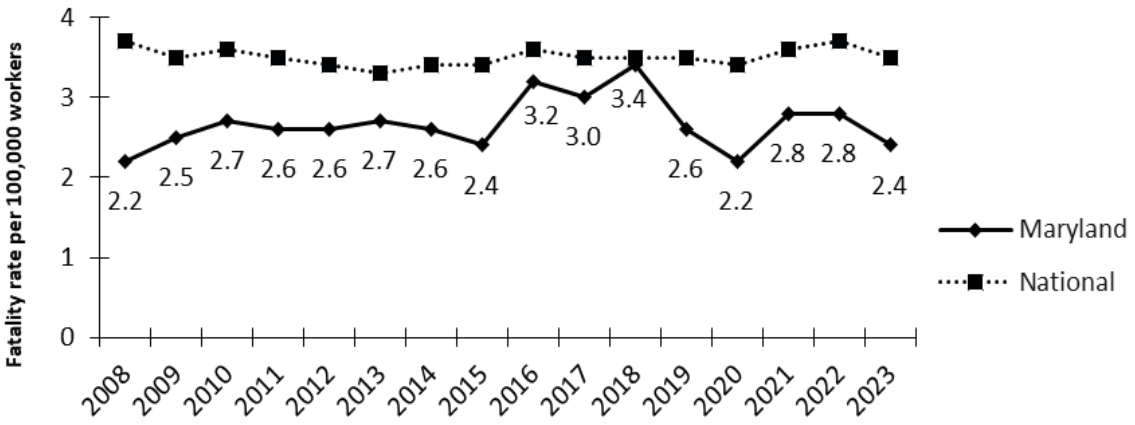
Prepared by AFL-CIO Safety and Health, April 2025

MARYLAND



Worker Safety and Health

Number of employees:[1]	2,705,183
Number of establishments:[1]	190,185
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	69
Rate per 100,000 workers:[3]	2.4
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	4
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	41,600
Rate per 100 workers:[5]	2.3
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	25,800
Rate per 100 workers:[6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	49
Years it would take for OSHA to inspect each workplace once:	164
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,161
Construction:	715
Nonconstruction:	446
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$894
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$3,750
National median for state OSHA:	$7,031

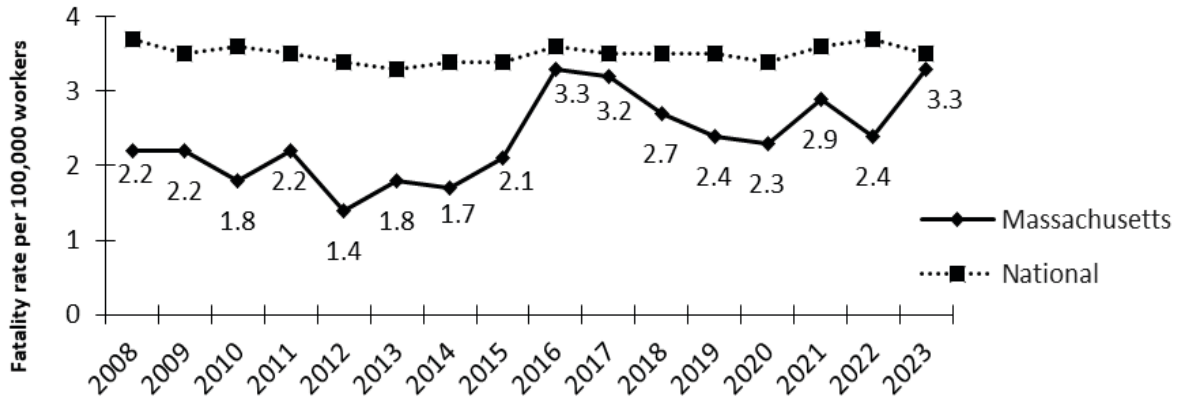


Prepared by AFL-CIO Safety and Health, April 2025

MASSACHUSETTS

Worker Safety and Health

Number of employees:[1]	3,636,169
Number of establishments:[1]	292,076
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2023:[3]	111
Rate per 100,000 workers:[3]	3.3
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	20
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	55,400
Rate per 100 workers:[5]	2.2
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	33,700
Rate per 100 workers: [6]	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	50
Years it would take for OSHA to inspect each workplace once:	152
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,927
Construction:	1,048
Nonconstruction:	879
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,438
National average for federal OSHA:	$4,038
Median penalty per fatality investigation, FY 2024:[8,10]	$14,517
National median for federal OSHA:	$16,131

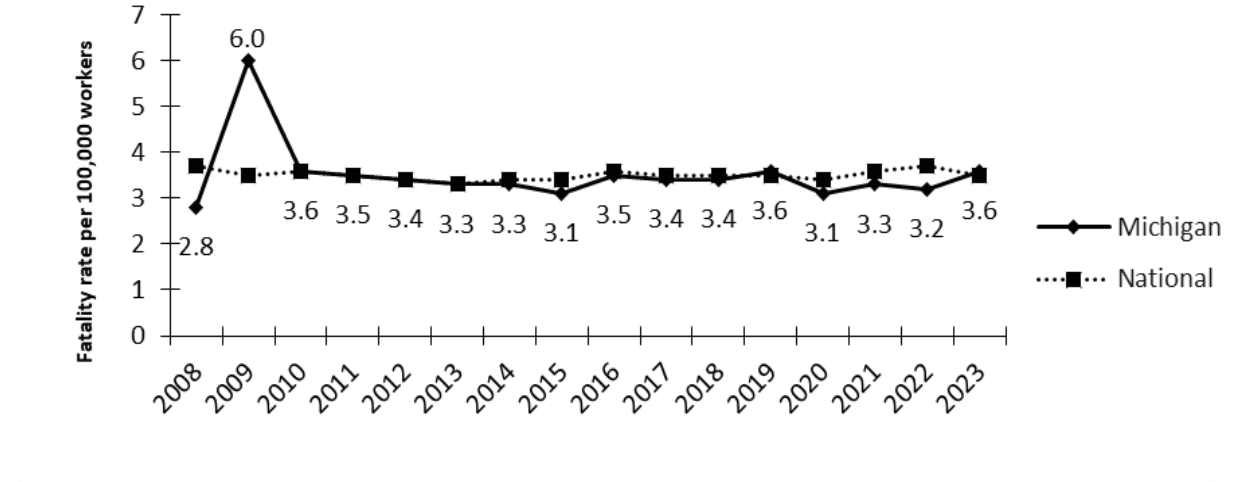


Prepared by AFL-CIO Safety and Health, April 2025

MICHIGAN

Worker Safety and Health

Number of employees:[1]	4,381,528
Number of establishments:[1]	323,687
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	166
Rate per 100,000 workers:[3]	3.6
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	21
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	78,900
Rate per 100 workers:[5]	2.6
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	42,800
Rate per 100 workers:[6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	68
Years it would take for OSHA to inspect each workplace once:	85
Number of workplace safety and health inspections conducted, FY 2024:[8]	3,802
Construction:	1,782
Nonconstruction:	2,020
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,336
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$7,075
National median for state OSHA:	$7,031

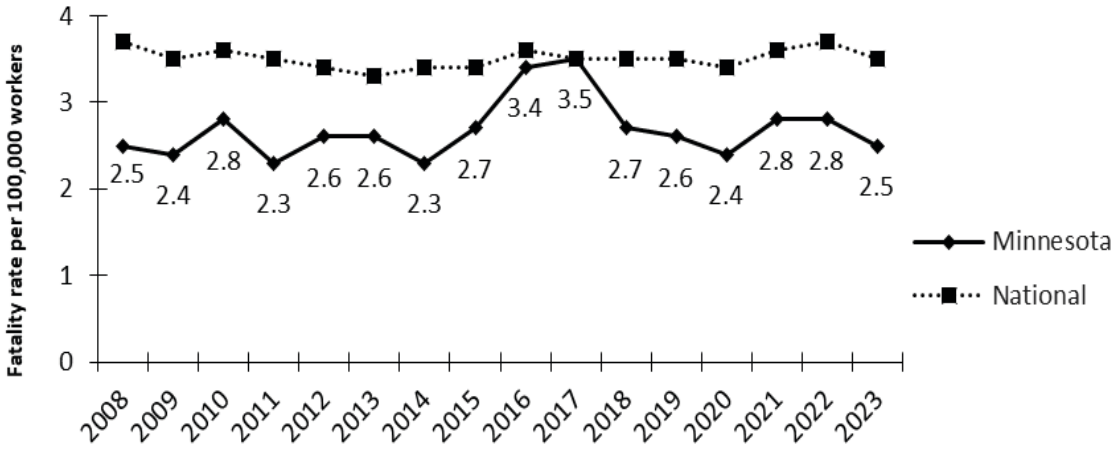


Prepared by AFL-CIO Safety and Health, April 2025

MINNESOTA

Worker Safety and Health

Number of employees:[1]	2,904,510
Number of establishments:[1]	208,347
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	70
Rate per 100,000 workers:[3]	2.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	5
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	56,000
Rate per 100 workers:[5]	2.8
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	30,900
Rate per 100 workers:[6]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	45
Years it would take for OSHA to inspect each workplace once:	181
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,150
Construction:	338
Nonconstruction:	812
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$2,208
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$50,000
National median for State OSHA:	$7,031

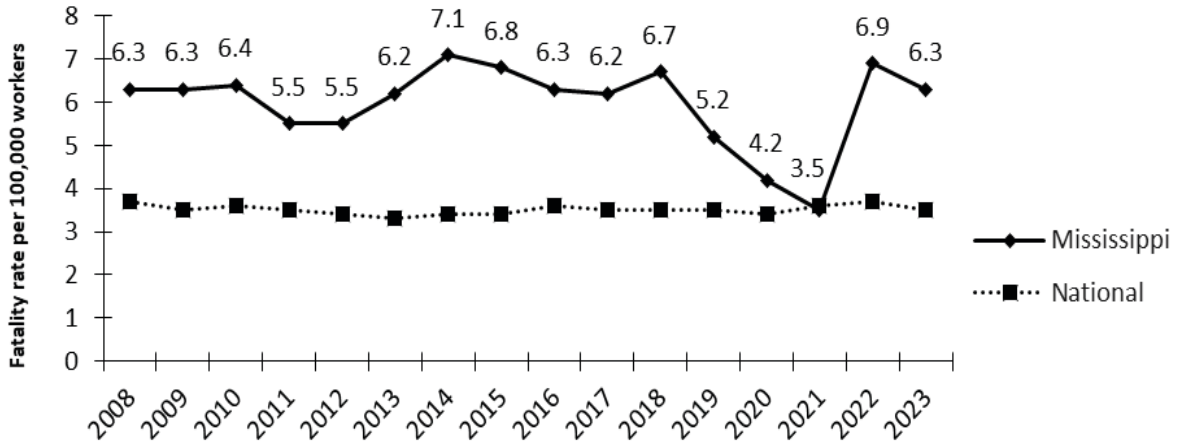


Prepared by AFL-CIO Safety and Health, April 2025

MISSISSIPPI

Worker Safety and Health

Number of employees:[1]	1,160,807
Number of establishments:[1]	86,648
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	202,190
Number of workplace fatalities, 2023:[3]	72
Rate per 100,000 workers:[3]	6.3
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	44
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers:[6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	7
Years it would take for OSHA to inspect each workplace once:	243
Number of workplace safety and health inspections conducted, FY 2024:[8]	344
Construction:	120
Nonconstruction:	224
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,635
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$17,750
National median for federal OSHA:	$16,131

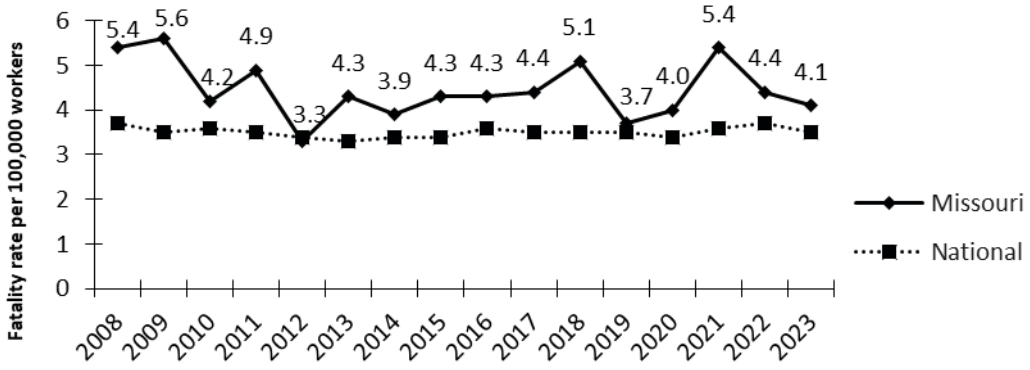


Prepared by AFL-CIO Safety and Health, April 2025

MISSOURI

Worker Safety and Health

Number of employees:[1]	2,875,146
Number of establishments:[1]	246,801
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	348,058
Number of workplace fatalities, 2023:[3]	114
Rate per 100,000 workers:[3]	4.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	28
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	52,000
Rate per 100 workers:[5]	2.6
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	28,300
Rate per 100 workers:[6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	20
Years it would take for OSHA to inspect each workplace once:	248
Number of workplace safety and health inspections conducted, FY 2024:[8]	961
Construction:	559
Nonconstruction:	402
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,518
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$12,284
National median for federal OSHA:	$16,131

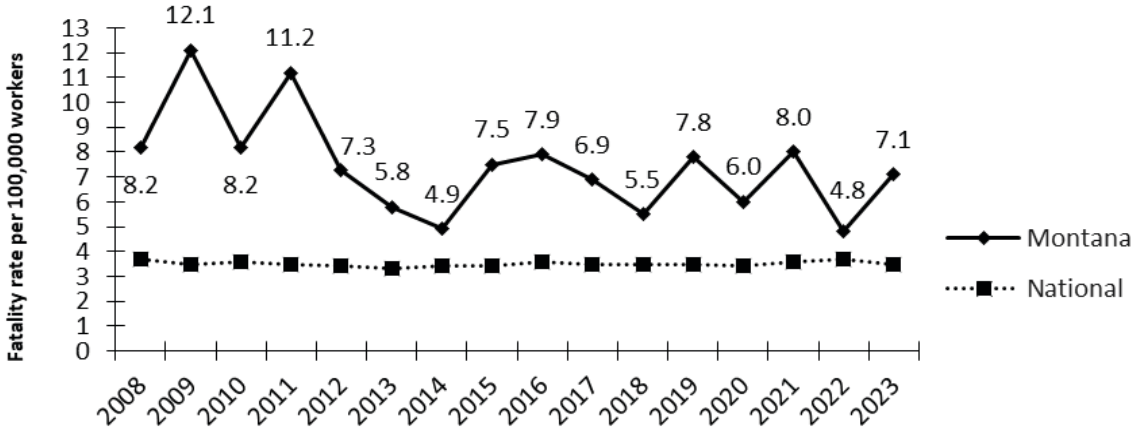


Prepared by AFL-CIO Safety and Health, April 2025

MONTANA

Worker Safety and Health

Number of employees:[1]	506,789
Number of establishments:[1]	65,848
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	70,937
Number of workplace fatalities, 2023:[3]	38
Rate per 100,000 workers:[3]	7.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	46
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	11,500
Rate per 100 workers:[5]	3.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	6,300
Rate per 100 workers:[6]	1.9
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	5
Years it would take for OSHA to inspect each workplace once:	261
Number of workplace safety and health inspections conducted, FY 2024:[8]	246
Construction:	115
Nonconstruction:	131
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$2,916
National average for federal OSHA:	$4,803
Median penalty per fatality investigation, FY 2024:[8,10]	$2,288
National median for federal OSHA:	$16,131

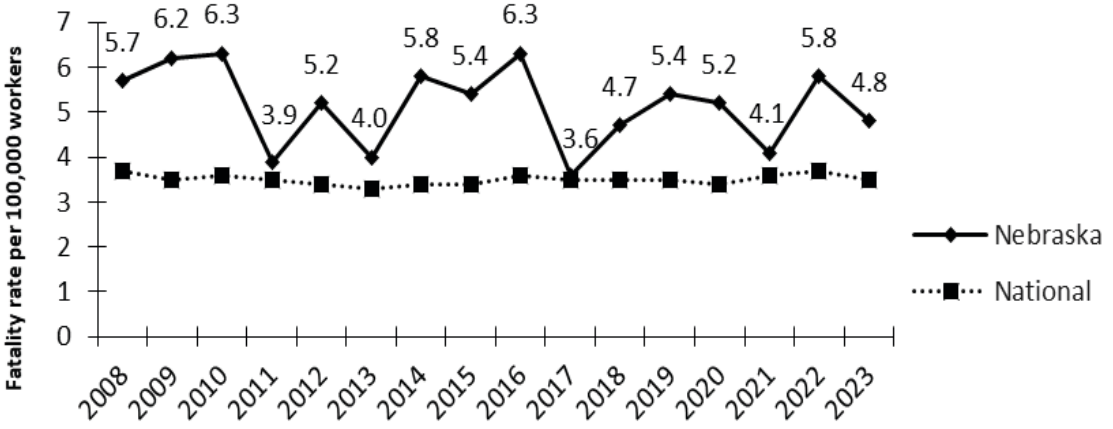


Prepared by AFL-CIO Safety and Health, April 2025

NEBRASKA

Worker Safety and Health

Number of employees:[1]	1,008,194
Number of establishments:[1]	76,887
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	145,483
Number of workplace fatalities, 2023:[3]	46
Rate per 100,000 workers:[3]	4.8
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	36
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	17,100
Rate per 100 workers:[5]	2.5
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	9,100
Rate per 100 workers:[6]	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	9
Years it would take for OSHA to inspect each workplace once:	173
Number of workplace safety and health inspections conducted, FY 2024:[8]	429
Construction:	378
Nonconstruction:	51
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$5,050
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$7,034
National median for federal OSHA:	$16,131

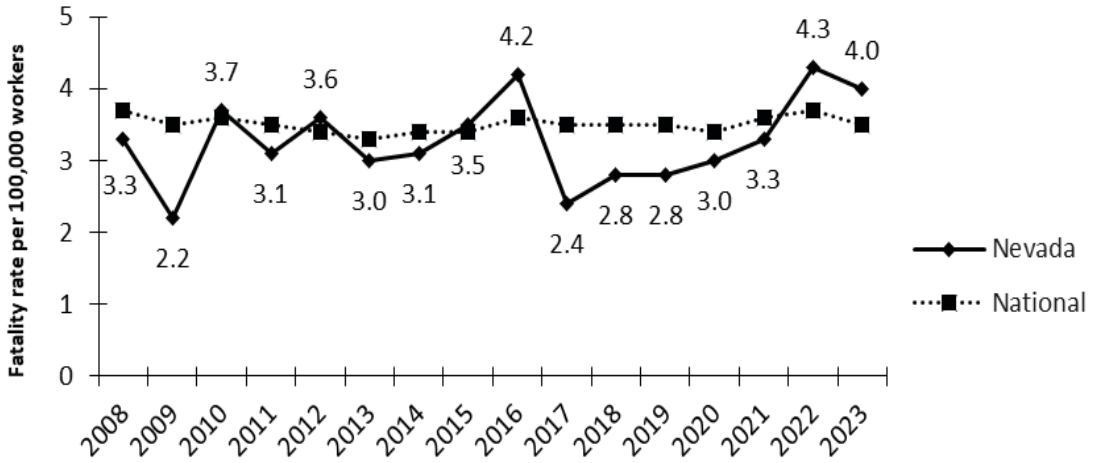


Prepared by AFL-CIO Safety and Health, April 2025

NEVADA

Worker Safety and Health

Number of employees:[1]	1,522,612
Number of establishments:[1]	108,736
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	57
Rate per 100,000 workers:[3]	4.0
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	26
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	36,600
Rate per 100 workers:[5]	3.3
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	22,500
Rate per 100 workers:[6]	2.0
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	42
Years it would take for OSHA to inspect each workplace once:	80
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,354
Construction:	435
Nonconstruction:	919
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$5,488
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$9,437
National median for state OSHA:	$7,031

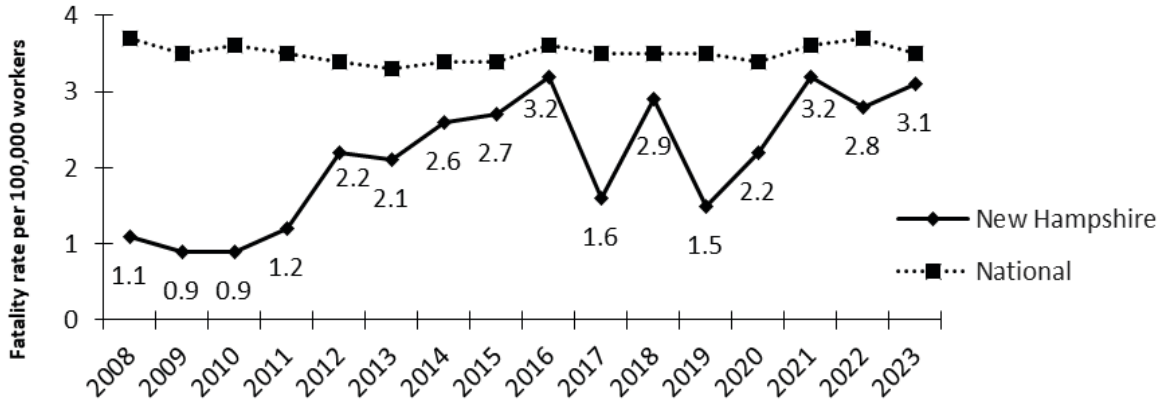


Prepared by AFL-CIO Safety and Health, April 2025

NEW HAMPSHIRE

Worker Safety and Health

Number of employees:[1]	682,299
Number of establishments:[1]	65,193
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	73,133
Number of workplace fatalities, 2023:[3]	21
Rate per 100,000 workers:[3]	3.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	16
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers:[6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	7
Years it would take for OSHA to inspect each workplace once:	207
Number of workplace safety and health inspections conducted, FY 2024:[8]	304
Construction:	157
Nonconstruction:	147
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$2,238
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$13,422
National median for federal OSHA:	$16,131

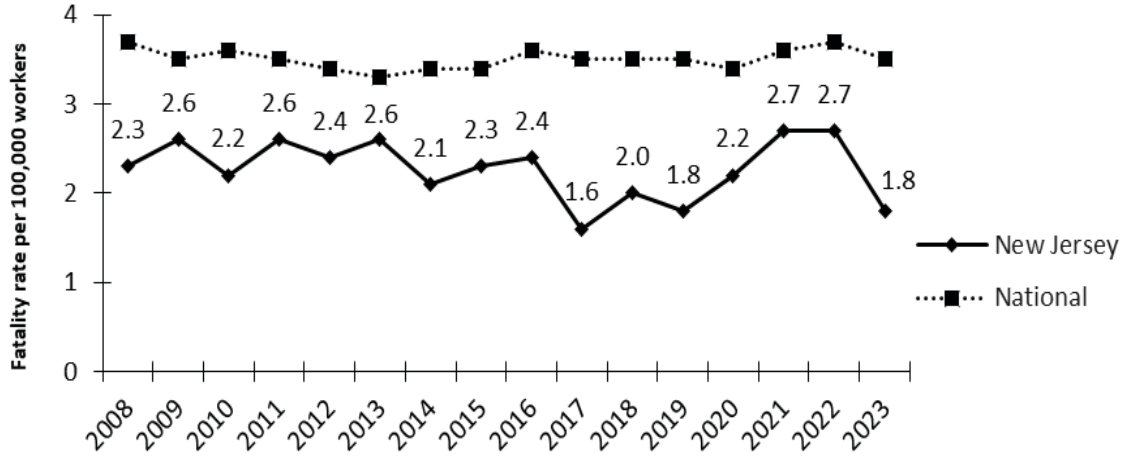


Prepared by AFL-CIO Safety and Health, April 2025

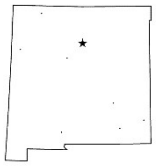
NEW JERSEY

Worker Safety and Health

Number of employees:[1]	4,210,540
Number of establishments:[1]	319,347
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2023:[3]	81
Rate per 100,000 workers:[3]	1.8
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	2
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	66,800
Rate per 100 workers:[5]	2.3
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	43,700
Rate per 100 workers:[6]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	51
Years it would take for OSHA to inspect each workplace once:	139
Number of workplace safety and health inspections conducted, FY 2024:[8]	2,292
Construction:	1,217
Nonconstruction:	1,075
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,950
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$22,500
National median for federal OSHA:	$16,131

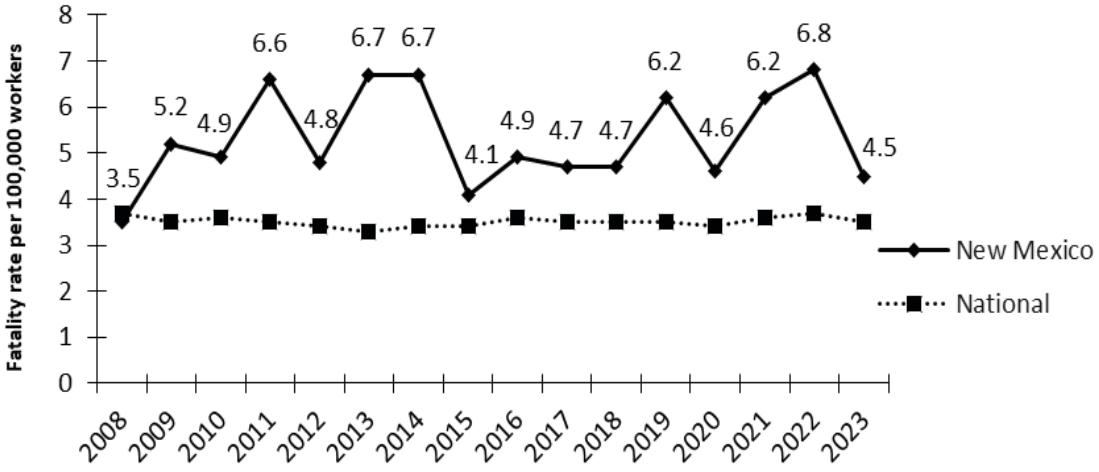


NEW MEXICO



Worker Safety and Health

Number of employees:[1]	856,286
Number of establishments:[1]	67,372
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	38
Rate per 100,000 workers:[3]	4.5
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	34
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	10
Years it would take for OSHA to inspect each workplace once:	474
Number of workplace safety and health inspections conducted, FY 2024:[8]	142
Construction:	39
Nonconstruction:	103
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$6,184
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$13,380
National median for state OSHA:	$7,031

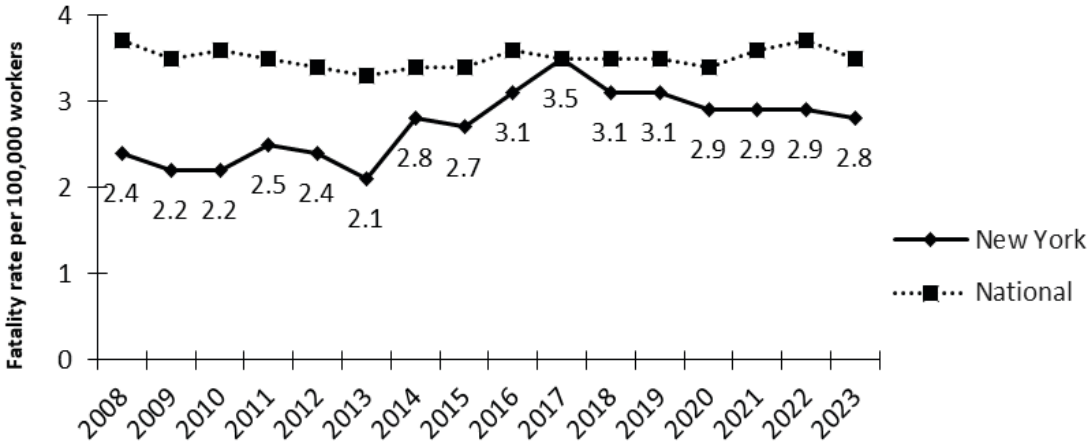


Prepared by AFL-CIO Safety and Health, April 2025

NEW YORK

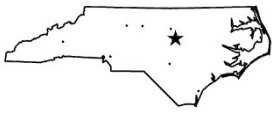
Worker Safety and Health

Number of employees:[1]	9,471,806
Number of establishments:[1]	697,833
State or federal OSHA program:[2]	Federal
Number of workplace fatalities, 2023:[3]	246
Rate per 100,000 workers:[3]	2.8
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	12
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	136,200
Rate per 100 workers:[5]	2.1
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	85,000
Rate per 100 workers:[6]	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	92
Years it would take for OSHA to inspect each workplace once:	209
Number of workplace safety and health inspections conducted, FY 2024:[8]	3,328
Construction:	1,591
Nonconstruction:	1,737
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,650
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$19,356
National median for federal OSHA:	$16,131

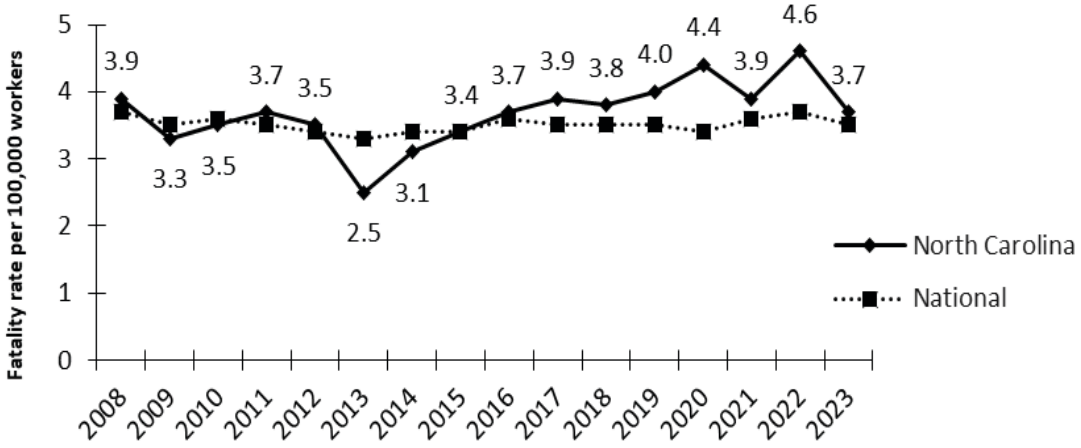


NORTH CAROLINA

Worker Safety and Health

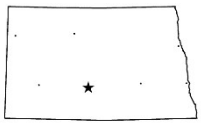


Number of employees:[1]	4,830,118
Number of establishments:[1]	374,991
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	177
Rate per 100,000 workers:[3]	3.7
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	23
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	68,600
Rate per 100 workers:[5]	2.0
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	40,900
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	88
Years it would take for OSHA to inspect each workplace once:	212
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,767
Construction:	883
Nonconstruction:	884
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,546
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$12,904
National median for state OSHA:	$7,031



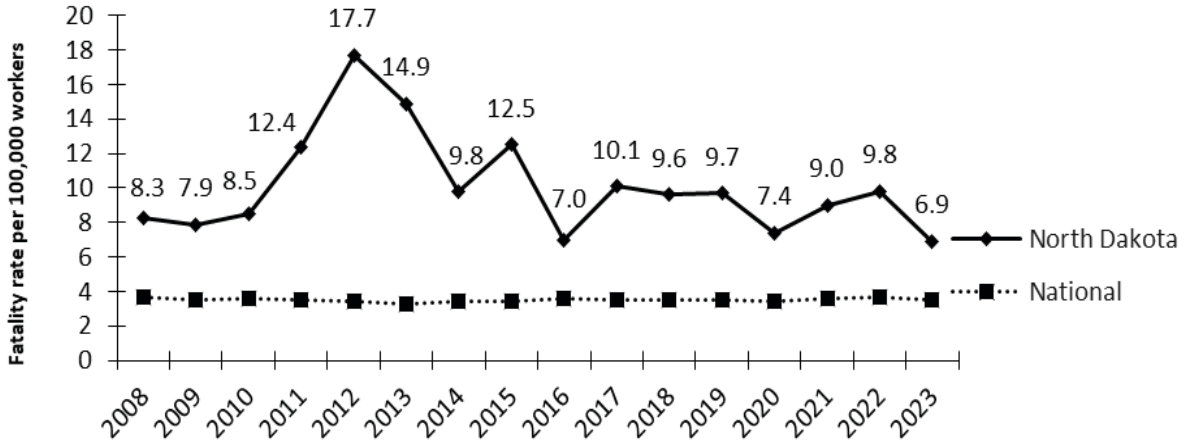
Prepared by AFL-CIO Safety and Health, April 2025

NORTH DAKOTA



Worker Safety and Health

Number of employees:[1]	421,639
Number of establishments:[1]	35,589
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	64,197
Number of workplace fatalities, 2023:[3]	26
Rate per 100,000 workers:[3]	6.9
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	45
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers:[6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	7
Years it would take for OSHA to inspect each workplace once:	117
Number of workplace safety and health inspections conducted, FY 2024:[8]	290
Construction:	186
Nonconstruction:	104
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,673
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$12,676
National median for federal OSHA:	$16,131

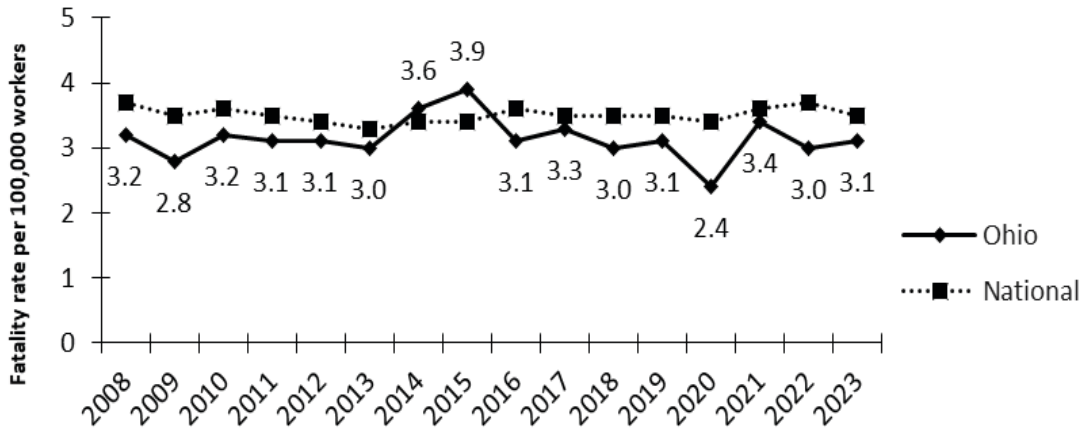


Prepared by AFL-CIO Safety and Health, April 2025

OHIO

Worker Safety and Health

Number of employees:[1]	5,480,035
Number of establishments:[1]	336,491
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	640,301
Number of workplace fatalities, 2023:[3]	164
Rate per 100,000 workers:[3]	3.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	16
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	84,800
Rate per 100 workers:[5]	2.2
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	48,200
Rate per 100 workers:[6]	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	50
Years it would take for OSHA to inspect each workplace once:	136
Number of workplace safety and health inspections conducted, FY 2024:[8]	2,386
Construction:	1,131
Nonconstruction:	1,255
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,370
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$14,500
National median for federal OSHA:	$16,131

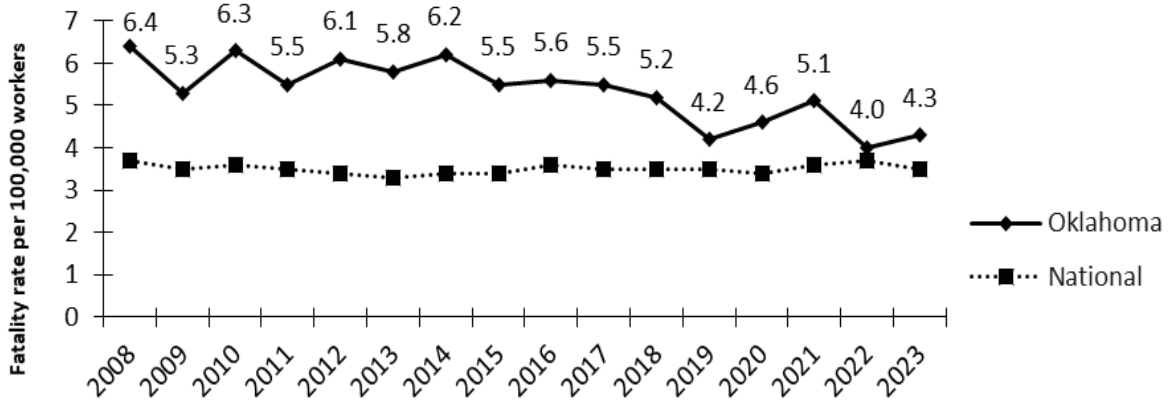


Prepared by AFL-CIO Safety and Health, April 2025

OKLAHOMA

Worker Safety and Health

Number of employees:[1]	1,671,928
Number of establishments:[1]	129,635
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	276,880
Number of workplace fatalities, 2023:[3]	76
Rate per 100,000 workers:[3]	4.3
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	32
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	28,100
Rate per 100 workers:[5]	2.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	16,200
Rate per 100 workers:[6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	13
Years it would take for OSHA to inspect each workplace once:	203
Number of workplace safety and health inspections conducted, FY 2024:[8]	615
Construction:	399
Nonconstruction:	216
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,354
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$16,131
National median for federal OSHA:	$16,131



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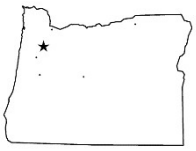
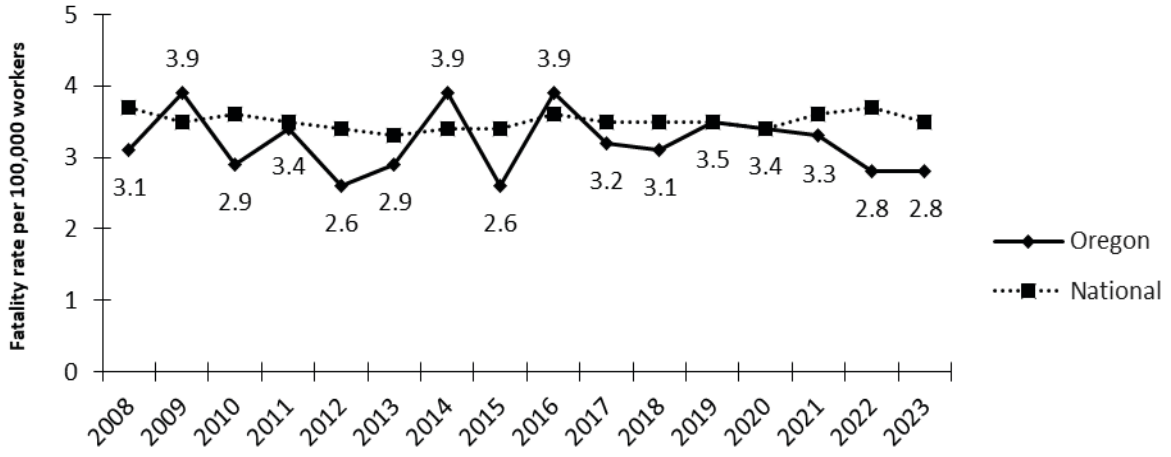
OREGON

Worker Safety and Health



Number of employees:[1]	1,988,670
Number of establishments:[1]	192,214
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	54
Rate per 100,000 workers:[3]	2.8
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	12
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	45,500
Rate per 100 workers:[5]	3.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	28,700
Rate per 100 workers:[6]	2.1
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	86
Years it would take for OSHA to inspect each workplace once:	58
Number of workplace safety and health inspections conducted, FY 2024:[8]	3,339
Construction:	971
Nonconstruction:	2,368
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,561
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$18,675
National median for state OSHA:	$7,031



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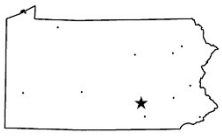
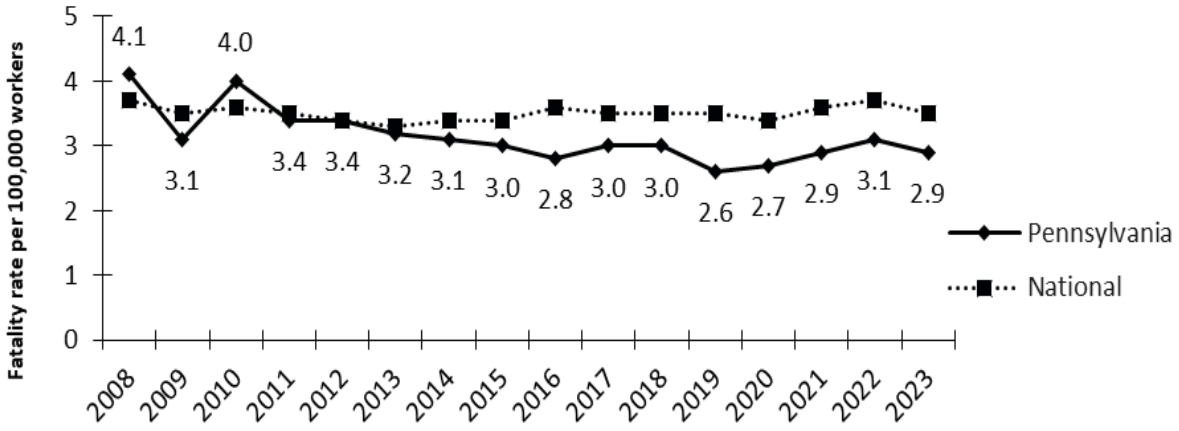
PENNSYLVANIA



Worker Safety and Health

Number of employees:[1]	5,963,389
Number of establishments:[1]	385,940
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	560,309
Number of workplace fatalities, 2023:[3]	169
Rate per 100,000 workers:[3]	2.9
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	15
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	115,200
Rate per 100 workers:[5]	2.6
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	64,300
Rate per 100 workers:[7]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	63
Years it would take for OSHA to inspect each workplace once:	146
Number of workplace safety and health inspections conducted, FY 2024:[8]	2,571
Construction:	1,243
Nonconstruction:	1,328
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,212
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$16,131
National median for federal OSHA:	$16,131

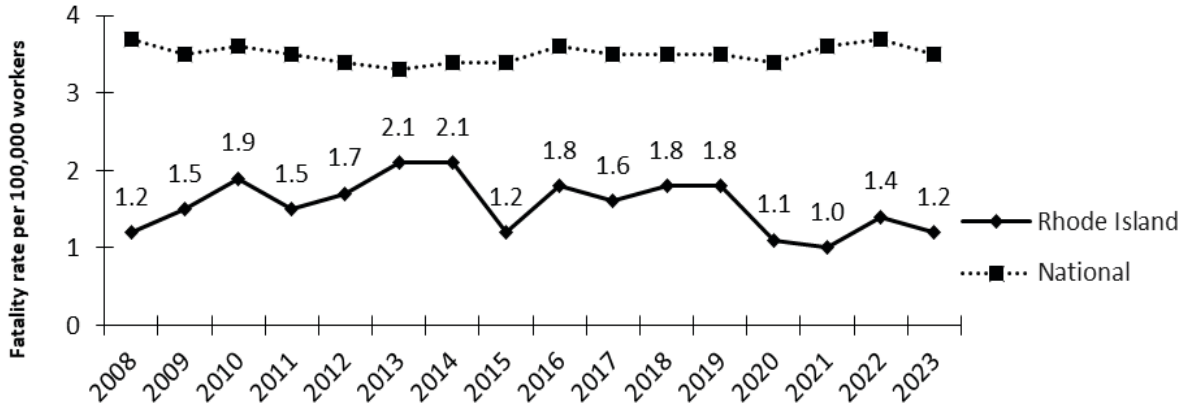


Prepared by AFL-CIO Safety and Health, April 2025

RHODE ISLAND

Worker Safety and Health

Number of employees:[1]	488,211
Number of establishments:[1]	48,204
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	49,510
Number of workplace fatalities, 2023:[3]	6
Rate per 100,000 workers:[3]	1.2
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	1
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	N/A
Rate per 100 workers:[5]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	N/A
Rate per 100 workers:[6]	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	10
Years it would take for OSHA to inspect each workplace once:	109
Number of workplace safety and health inspections conducted, FY 2024:[8]	438
Construction:	198
Nonconstruction:	240
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,012
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$5,000
National median for federal OSHA:	$16,131

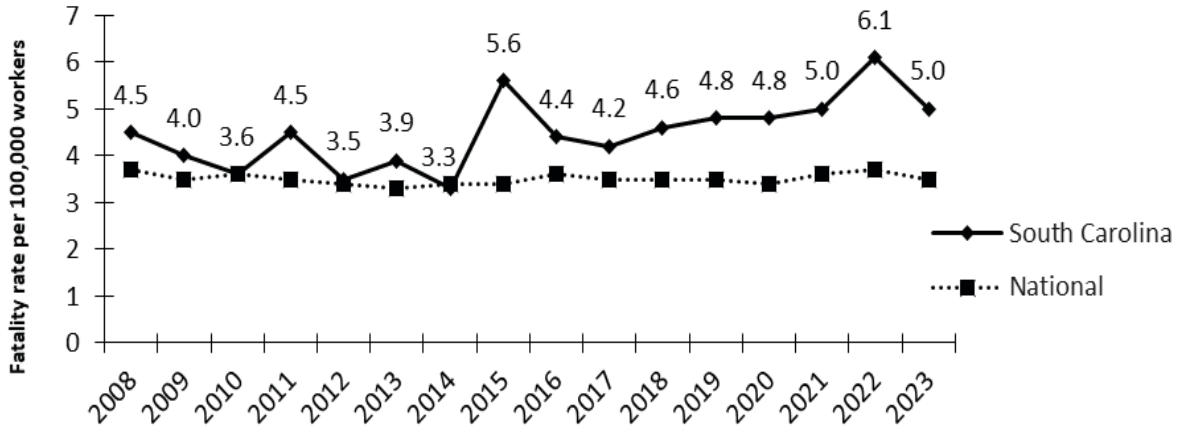


Prepared by AFL-CIO Safety and Health, April 2025

SOUTH CAROLINA

Worker Safety and Health

Number of employees:[1]	2,243,194
Number of establishments:[1]	177,647
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	112
Rate per 100,000 workers:[3]	5.0
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	37
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	30,100
Rate per 100 workers:[5]	1.9
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	19,000
Rate per 100 workers:[6]	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	21
Years it would take for OSHA to inspect each workplace once:	376
Number of workplace safety and health inspections conducted, FY 2024:[8]	472
Construction:	148
Nonconstruction:	324
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,753
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$3,500
National median for state OSHA:	$7,031



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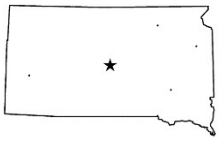
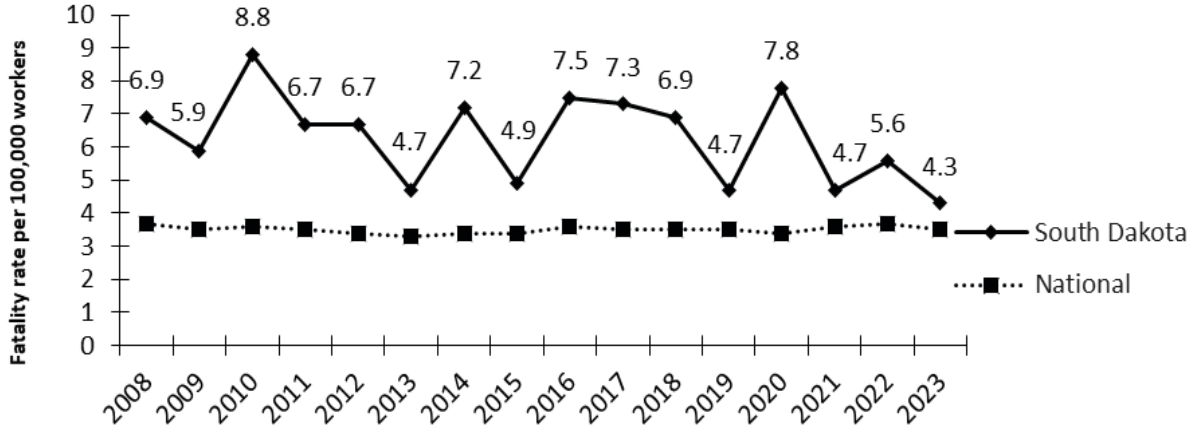
SOUTH DAKOTA



Worker Safety and Health

Number of employees:[1]	452,705
Number of establishments:[1]	39,657
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	64,200
Number of workplace fatalities, 2023:[3]	20
Rate per 100,000 workers:[3]	4.3
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	32
Total cases of workplace injuries and illnesses, private industry, 2023:[6]	N/A
Rate per 100 workers:[6]	N/A
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[7]	N/A
Rate per 100 workers:	N/A
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[8]	8
Years it would take for OSHA to inspect each workplace once:	131
Number of workplace safety and health inspections conducted, FY 2024:[9]	290
Construction:	186
Nonconstruction:	104
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,391
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$22,480
National median for federal OSHA:	$16,131



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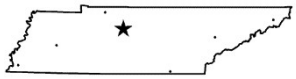
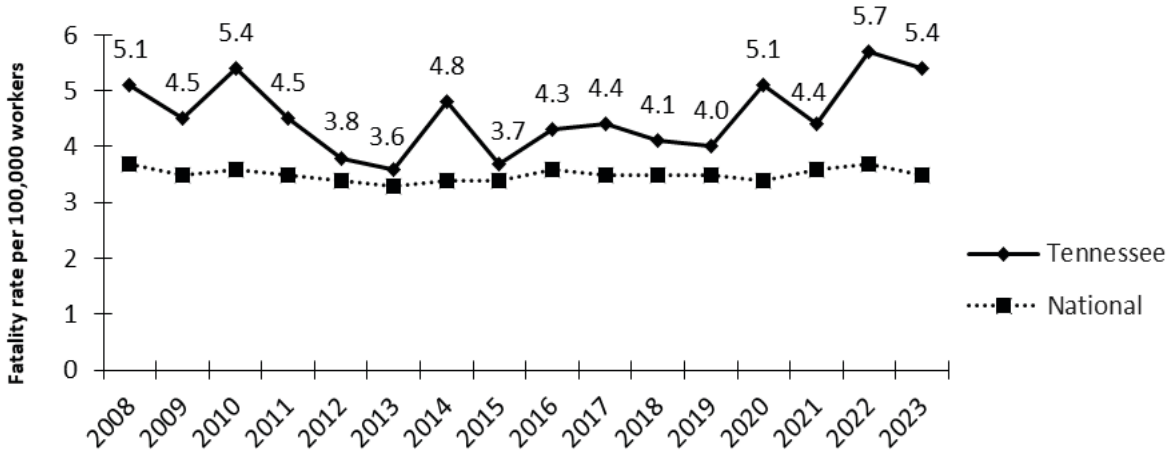
TENNESSEE



Worker Safety and Health

Number of employees:[1]	3,232,182
Number of establishments:[1]	219,965
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	164
Rate per 100,000 workers:[3]	5.4
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	40
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	53,300
Rate per 100 workers:[5]	2.2
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	31,100
Rate per 100 workers:[6]	1.3
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	34
Years it would take for OSHA to inspect each workplace once:	150
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,464
Construction:	347
Nonconstruction:	1,117
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,682
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$5,400
National median for state OSHA:	$7,031



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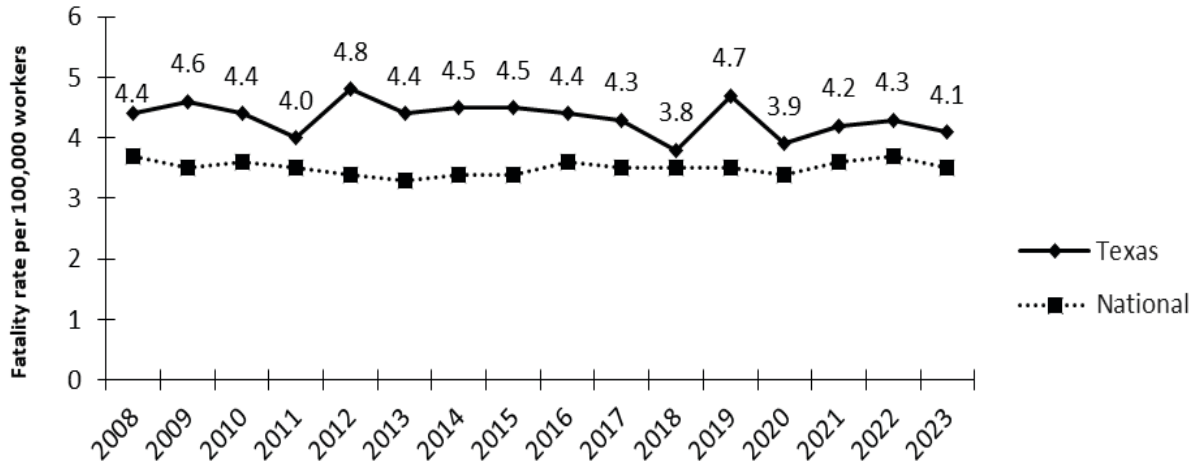
TEXAS

Worker Safety and Health

Number of employees:[1]	13,701,879
Number of establishments:[1]	831,701
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	1,753,946
Number of workplace fatalities, 2023:[3]	564
Rate per 100,000 workers:[3]	4.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	28
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	30,400
Rate per 100 workers:[5]	1.5
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	107,900
Rate per 100 workers [6]	1.1
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	88
Years it would take for OSHA to inspect each workplace once:	187
Number of workplace safety and health inspections conducted, FY 2024:[8]	4,370
Construction:	2,532
Nonconstruction:	1,838
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$4,544
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$13,222
National median for federal OSHA:	$16,131



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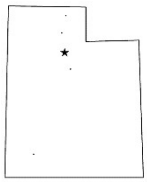
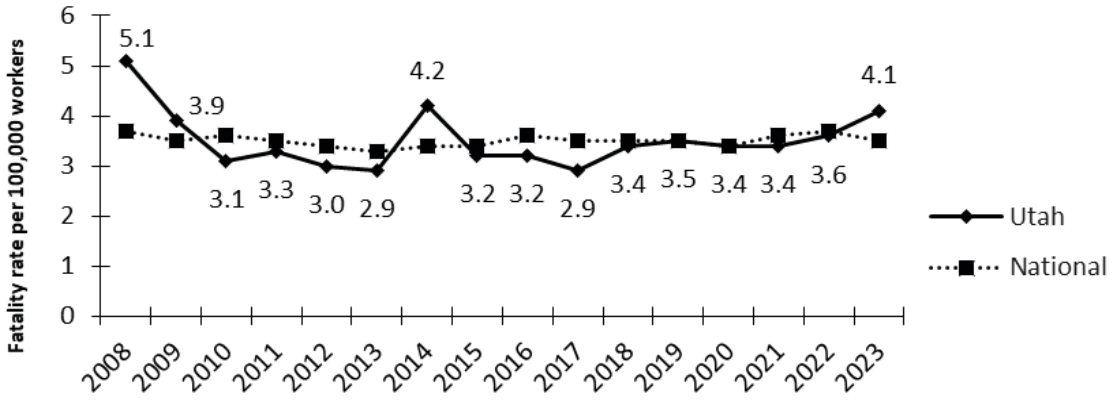
UTAH



Worker Safety and Health

Number of employees:[1]	1,690,802
Number of establishments:[1]	135,615
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	69
Rate per 100,000 workers:[3]	4.1
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	28
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	28,800
Rate per 100 workers:[5]	2.5
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	13,200
Rate per 100 workers:[6]	1.1
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	16
Years it would take for OSHA to inspect each workplace once:	170
Number of workplace safety and health inspections conducted, FY 2024:[8]	799
Construction:	268
Nonconstruction:	531
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,910
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$4,200
National median for state OSHA:	$7,031



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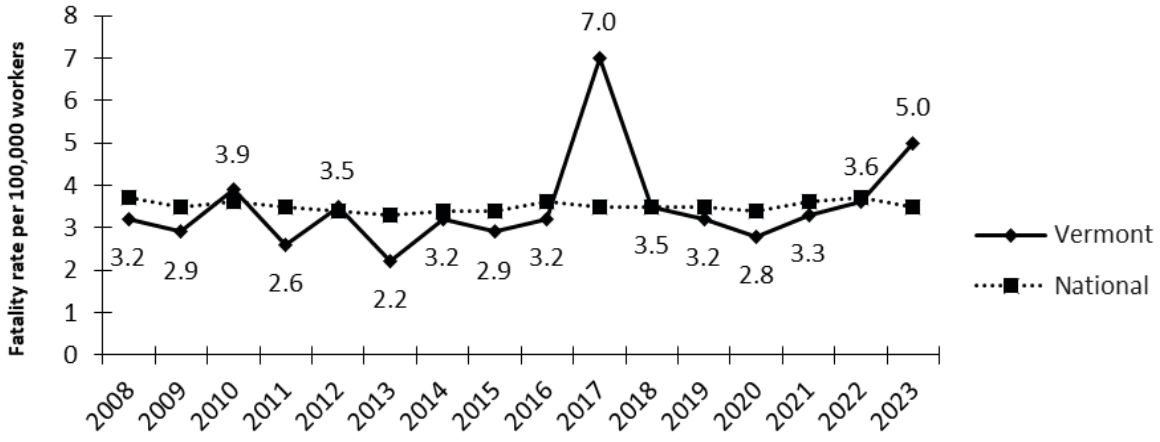
VERMONT

Worker Safety and Health

Number of employees:[1]	306,971
Number of establishments:[1]	31,380
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	16
Rate per 100,000 workers:[3]	5.0
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	37
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	7,900
Rate per 100 workers:[5]	4.0
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	4,100
Rate per 100 workers:[6]	2.1
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	7
Years it would take for OSHA to inspect each workplace once:	151
Number of workplace safety and health inspections conducted, FY 2024:[8]	208
Construction:	65
Nonconstruction:	143
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,454
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$7,031
National median for state OSHA:	$7,031



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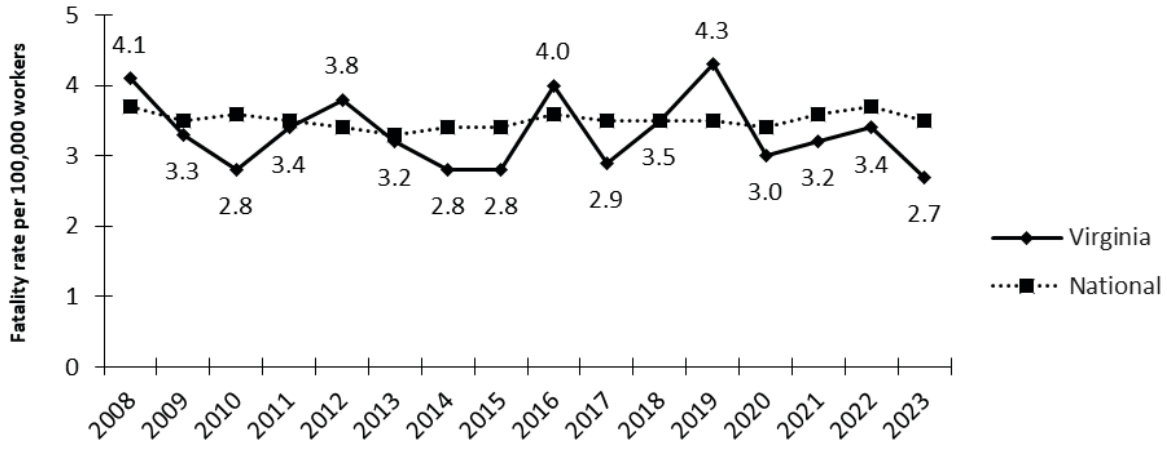
VIRGINIA

Worker Safety and Health

Number of employees:[1]	4,048,912
Number of establishments:[1]	320,770
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	117
Rate per 100,000 workers:[3]	2.7
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	10
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	58,300
Rate per 100 workers:[5]	2.1
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	32,600
Rate per 100 workers:	1.2
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	48
Years it would take for OSHA to inspect each workplace once:	164
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,952
Construction:	950
Nonconstruction:	1,002
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,760
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$17,183
National median for state OSHA:	$7,031



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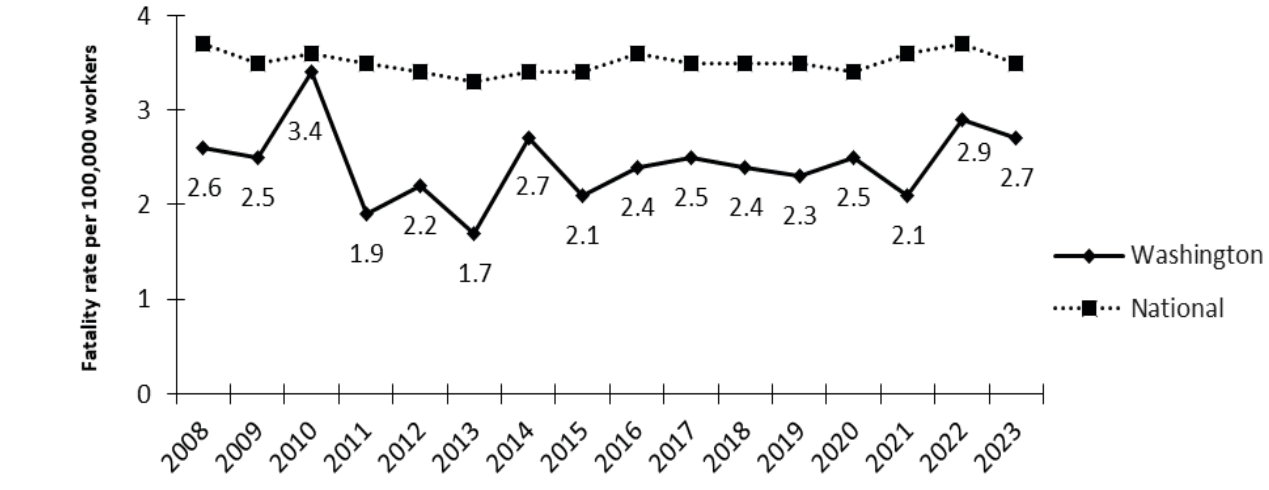
WASHINGTON

Worker Safety and Health

Number of employees:[1]	3,577,580
Number of establishments:[1]	229,290
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	97
Rate per 100,000 workers:[3]	2.7
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	10
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	81,600
Rate per 100 workers:[5]	3.4
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	50,600
Rate per 100 workers:[6]	2.1
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	127
Years it would take for OSHA to inspect each workplace once:	38
Number of workplace safety and health inspections conducted, FY 2024:[8]	6,006
Construction:	2,328
Nonconstruction:	3,678
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$1,781
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$10,800
National median for state OSHA:	$7,031



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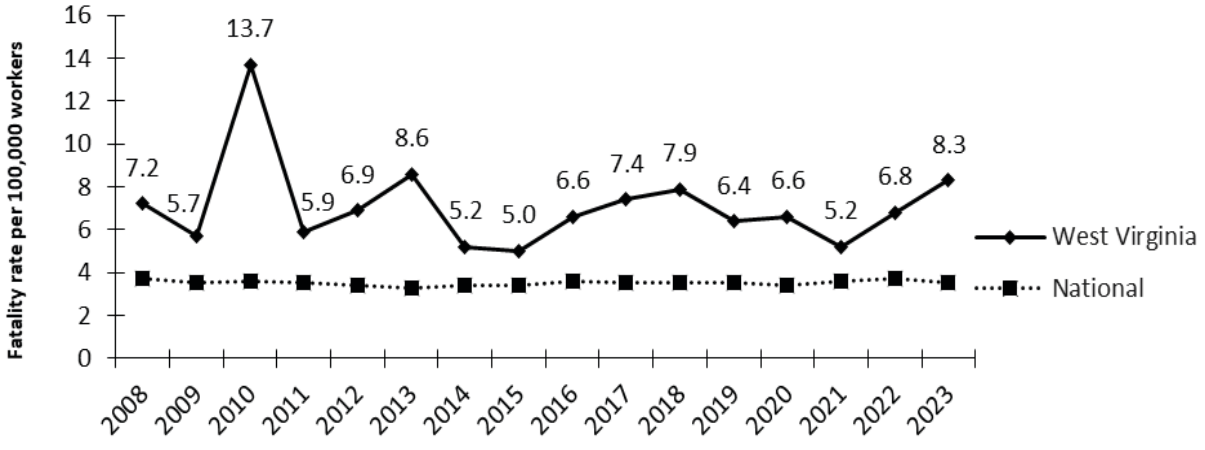
WEST VIRGINIA

Worker Safety and Health

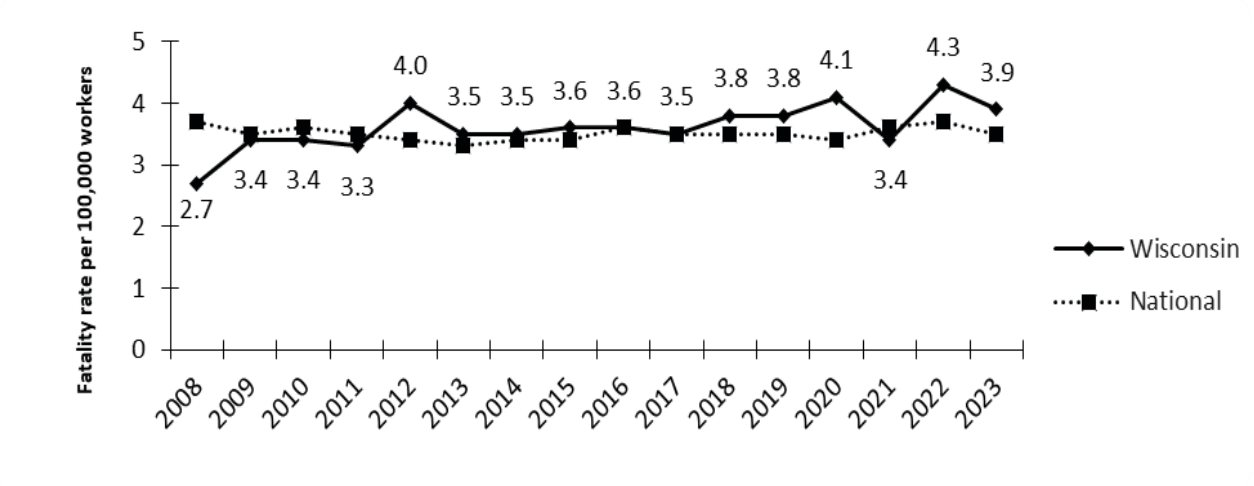
Number of employees:[1]	686,477
Number of establishments:[1]	59,270
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act: [1]	109,240
Number of workplace fatalities, 2023:[3]	58
Rate per 100,000 workers:[3]	8.3
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	49
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	12,300
Rate per 100 workers:[5]	2.6
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	6,700
Rate per 100 workers:[6]	1.4
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	6
Years it would take for OSHA to inspect each workplace once:	180
Number of workplace safety and health inspections conducted, FY 2024:[8]	312
Construction:	167
Nonconstruction:	145
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$6,056
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$14,100
National median for federal OSHA:	$16,131



WISCONSIN

Worker Safety and Health

Number of employees:[1]	2,922,297
Number of establishments:[1]	199,130
State or federal OSHA program:[2]	Federal
Number of state and local public employees not covered by the OSH Act:[1]	346,852
Number of workplace fatalities, 2023:[3]	112
Rate per 100,000 workers:[3]	3.9
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	25
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	56,200
Rate per 100 workers:[5]	2.8
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	30,600
Rate per 100 workers:[6]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	35
Years it would take for OSHA to inspect each workplace once:	107
Number of workplace safety and health inspections conducted, FY 2024:[8]	1,808
Construction:	957
Nonconstruction:	851
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$3,707
National average for federal OSHA:	$4,083
Median penalty per fatality investigation, FY 2024:[8,10]	$2,400
National median for federal OSHA:	$16,131



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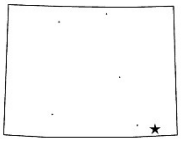
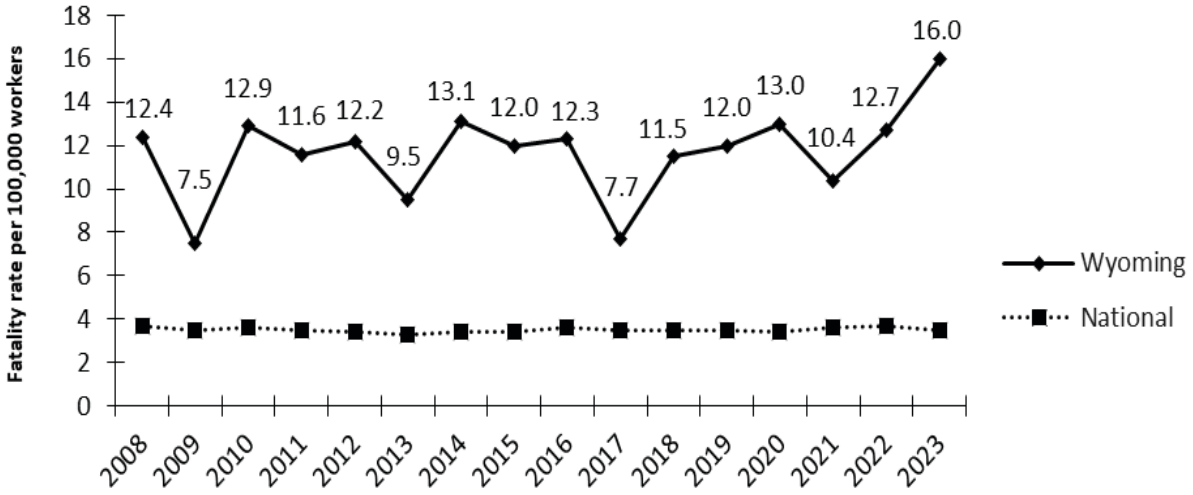
WYOMING



Worker Safety and Health

Number of employees:[1]	278,739
Number of establishments:[1]	30,169
State or federal OSHA program:[2]	State
Number of workplace fatalities, 2023:[3]	45
Rate per 100,000 workers:[3]	16.0
National rate:	3.5
Ranking of state fatality rate, 2023:[4]	50
Total cases of workplace injuries and illnesses, private industry, 2023:[5]	4,600
Rate per 100 workers: [5]	2.7
National rate:	2.4
Total injury and illness cases with days away from work, job transfer or restriction, private industry, 2023:[6]	2,600
Rate per 100 workers: [6]	1.5
National rate:	1.5
Number of workplace safety and health inspectors, FY 2024:[7]	6
Years it would take for OSHA to inspect each workplace once:	307
Number of workplace safety and health inspections conducted, FY 2024:[8]	98
Construction:	25
Nonconstruction:	73
Avg. penalty assessed for serious violations of the OSH Act, FY 2024:[8,9]	$5,660
National average for state OSHA:	$2,580
Median penalty per fatality investigation, FY 2024:[8,10]	$13,886
National median for state OSHA:	$7,031



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STATE PROFILES
FOOTNOTES

[1]U.S. Department of Labor, Bureau of Labor Statistics, Employment and Wages: Annual Averages, 2023.
[2]Under §18 of the Occupational Safety and Health Act, a state may elect to run its own occupational safety and health program, provided it is as effective as the federal program. One condition of operating a state plan is that the program must cover state and local employees who otherwise are not covered by the OSH Act. Currently, 21 states and one territory administer their own OSHA programs for both public and private sector workers. Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York and the Virgin Islands have state programs for public employees only.
[3]U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries, 2023, released Dec. 19, 2024.
[4]Ranking based on best to worst (1=best; 50=worst).
[5]U.S. Department of Labor, Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2023 private sector only, released Nov. 8, 2024.
[6]U.S. Department of Labor, Bureau of Labor Statistics, State Data, Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, Job Transfer or Restriction, 2023 private sector only, released Nov. 8, 2024.
[7]U.S. Department of Labor, OSHA, Federal Compliance Safety and Health Officer (CSHOs) Totals by State, as of December 2024; data received Jan. 21, 2025. State plan Compliance Safety and Health Officers (CSHOs) “on board” from FY 2024 State Plan Grant Applications, as of July 1, 2024; data received Jan. 16, 2025.
[8]U.S. Department of Labor, OSHA FY 2023. Inspection data provided by the Directorate of Enforcement Programs, OIS Inspection Report, and the Directorate of Cooperative and State Programs, OIS State by Year for 18(b) State (only).
[9]States under Federal OSHA are compared against the federal serious average penalties and states with their own OSHA program are compared against the average for state OSHA plan serious penalties. The national average penalties for federal OSHA and state OSHA plan states is $3,381.
[10]Federal OSHA and state OSHA plans have separate medians for fatality penalties, therefore states under federal OSHA are compared against the federal median and states with their own OSHA program are compared against the state OSHA plan median. Median fatality penalties are reported because average fatality penalties are variable and may appear very high if there was an enforcement case in that state with a substantial penalty. For example, in 2016, one willful fatality case in Alabama resulted in total penalties of $2.5 million, which resulted in an average penalty for the state of $85,832 in FY 2016. In FY 2015, the average penalty for a fatality case in Alabama was $8,781.

SOURCES AND METHODOLOGY

Employment and Establishment Data: Employment and Wages, Annual Averages, 2023, Bureau of Labor Statistics, U.S. Department of Labor.

Coverage of State and Local Employees: OSHA coverage of state and local employees depends on whether the state has adopted and runs its own OSHA program. States that run their own OSHA programs are required, as a condition of gaining federal approval, to cover state and local employees. In FY 2024, the OSH Act does not cover public employees in the 23 states and Washington, D.C., that do not run their own OSHA programs. Statistics on the number of state and local employees are from Employment and Wages, Annual Averages, 2023, Bureau of Labor Statistics, U.S. Department of Labor.

Workplace Fatality Information: Census of Fatal Occupational Injuries (CFOI), 2023, 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, 2023, Bureau of Labor Statistics, U.S. Department of Labor. Rates reflect injuries and illnesses per 100 workers.

Inspector Information: The number of federal OSHA inspectors comes from OSHA's Directorate of Enforcement Programs records and reflects the number of inspectors, excluding supervisors and discrimination complaint inspectors. The state-by-state profiles include the number of inspectors for the state in which the area office is located. Inspector data for state plan states come from OSHA's Directorate of Cooperative and State Programs, and reflects the number of "on board" inspectors included in the states' FY 2025 state plan grant applications. The number of "on board" inspectors may not accurately reflect the true number of inspectors that are hired and in place conducting enforcement inspections due to possible budgetary and staffing changes in individual states. The national total for inspectors includes inspectors from Puerto Rico and the Virgin Islands.

Inspection Information: The number of inspections comes from the OSHA Information System (OIS), FY 2024.

Penalty Information: Data on average penalties comes from the above-referenced OIS reports. We present the average penalty data as individual state penalties, combined federal OSHA state penalties, individual state OSHA plan penalties, combined state OSHA plan penalties and a national average of penalties. Average penalty numbers are calculated by dividing the total cost for serious penalties by the total number of serious violations. The national average includes penalty data from the District of Columbia and U.S. territories and protectorates: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands. Fatality penalties are expressed as both average and median penalties per state because of the large variability in these fines. The national median is calculated separately for combined federal OSHA states and national state OSHA plan states.

The Length of Time It Would Take for OSHA to Inspect Each Establishment Once: This information is calculated separately for each federal OSHA state, each state plan OSHA state, the average for federal OSHA states, the average for state plan OSHA states and the national average for all states for one-time inspections.

For individual federal OSHA states, we divide the total number of private industry

(except mines) plus federal establishments by the number of inspections per federal OSHA state. For individual state plan OSHA states, and for Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York, we divide the total number of private industry (except mines) plus federal, state and local establishments by the number of federal inspections plus the number of 18(b) state inspections per state. (Federal OSHA conducts a limited number of inspections in state plan states, presumably in federal facilities and maritime operations, for which state OSHA programs are not responsible. We include these inspections and establishments in the state profiles.) The national average includes inspection data from American Samoa, the District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands.

For the average of federal or state plans to inspect every establishment once, we add the total number of establishments for individual federal or state plan states together and then divide by the total number of federal or state inspections, respectively. For this calculation, we consider Connecticut, Illinois, Maine, Massachusetts, New Jersey and New York as federal states.

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

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

Beginning with the 2003 reference year, both the Census of Fatal Occupational Injuries and the Survey of Occupational Injuries and Illnesses began using the 2002 North American Industry Classification System (NAICS) for industries and the Standard Occupation Classification system for occupations. The NAICS system is reviewed and updated every five years; the last update was in 2022. Prior to 2003, the surveys used the Standard Industrial Classification system and the Bureau of the Census occupational classification system. The substantial differences between these systems result in breaks in series for industry and occupational data. Therefore, this report makes no comparisons of industry and occupation data from BLS for years beginning with 2003 and beyond with industry and occupation data reported by BLS prior to 2003.

A 2020 change in the BLS Survey of Occupational Injuries and Illnesses policy led to publishing of detailed injury and illness data, such as workplace violence data, biennially (every two years), rather than annually, beginning in 2023. The data released in 2023 were combined data for 2021 and 2022, and 2023 and 2024 data will not be reported until next year; this makes it difficult to compare with previous years. A 2020 update to the BLS disclosure methodology policy has resulted in significantly fewer descriptive data than had been published previously by the CFOI, and therefore, fewer details about work-related deaths in the United States.

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