



### OSHA / CONSTRUCTION NEWS SUMMARY

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From All of us at MJS Safety!

### TRANSPORTATION NEWS SUMMARY

#### ▶ in review. . . 'Coercion' Definition, Stiffer Penalties Key Changes in FMCSA's Coercion Rule Work

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▶ **Current 2016 DOT and USCG Random Testing Rates** [read more...](#)

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December 6 was National Miners Day, designated by Congress to honor the mine workers of today and yesterday, whose contributions have helped make America strong. [read more...](#)



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On December 8, 2015, **Mine Safety and Health Administration** (MSHA) Assistant Secretary Joseph Main and **International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers** (Iron Workers Union) President Eric Dean renewed an alliance between the two organizations. [read more...](#)

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The **Mine Safety and Health Administration** today announced that federal inspectors issued 189 citations and six orders during special impact inspections at 17 coal mines and six metal and nonmetal mines in November. [read more...](#)

## MONTHLY SAFETY TIP NEWS SUMMARY

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- ~Teens & Trucks Safety
- ~1st Aid/CPR Course- American Heart Association or Medic 1<sup>st</sup>
- ~PEC Core Compliance
- ~OSHA 10 Hour Construction
- ~OSHA 30 Hour Construction
- ~NUCA Competent Person for Excavation & Trenching
- ~TEEX Operator Level Training
- ~DOT Hazmat Training
- ~MSHA Sand & Gravel Training
- ~Fall Protection for the Competent Person
- ~"HEAT" related training

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Safeland: Jan 8, 19, 28

First Aid/CPR/AED / BLOODBORNE PATHOGENS: Jan 11, 8 a.m.

(We offer both MEDIC FIRST AID & AMERICAN HEART ASSOCIATION)

TEEX H2S Operator Training - Awareness: Jan 11, 1 p.m.

► Need any of these classes in Spanish? Contact [carriejordan@mjsafety.com](mailto:carriejordan@mjsafety.com) to schedule today ◀

Go to the "UPCOMING EVENTS" page at [www.mjssafety.com](http://www.mjssafety.com) for up-to-date class listings

To sign up for one of these classes, or inquire about scheduling a different class

Call Carrie at 720-203-4948 or Mike at 303-881-2409

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**ALL COURSES ARE AVAILABLE ONLINE AT** [www.mjssafety.com](http://www.mjssafety.com)

These affordable online courses provide a convenient way for **EMPLOYERS & EMPLOYEES** to complete **MANDATED, REQUIRED or HIGHLY RECOMMENDED** training in today's industry

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SOURCES FOR THIS ISSUE INCLUDE OSHA NIOSH FMCSA MSHA CDC BLS Overdrive CCJ safeworkday.com Transport Topics



## Third-Annual National Safety Stand-Down to be held May 2-6

OSHA, the National Institute for Occupational Safety and Health, and the Center for Construction Research and Training will hold the third annual National Safety Stand-Down May 2-6, 2016, to raise awareness of the serious risk of falls in the workplace. Falls are the leading cause of death in the construction industry, and lack of proper fall protection remains the most frequently cited violation by OSHA.

More than 4 million workers have participated in the last two years, dedicating themselves to on-the-job safety. This year the stand-down will highlight the safe use of ladders and encourage employers to pause during their workday for topic talks, demonstrations and training on how to prevent falls. For more information on the success of last year's stand-down, see the [final data report](#).

Visit the [2016 National Safety Stand-Down webpage](#) for more updates.



## OSHA / CONSTRUCTION

### E-Cigarettes Deliver Harmful Chemicals, Report Finds

Makers of e-cigarettes claim their products are far safer than burnt tobacco products, but a recently published study shows that may not always be true. The flavorings that make vaping so appealing are made using chemicals that can severely damage the lungs, a team at the Harvard School of Public Health found.

Most common was diacetyl, the chemical blamed for causing "Popcorn lung" in workers at microwave popcorn packaging plants.

"We selected 51 types of flavored e-cigarettes sold by leading e-cigarette brands and flavors we deemed were appealing to youth," researcher Joseph Allen and colleagues wrote in their report, published in the journal of *Environmental Health Perspectives*. "At least one flavoring chemical was detected in 47 of 51 unique flavors tested. Diacetyl was detected above the laboratory limit of detection 39 of the 51 flavors tested," they added.

These flavors included *Cupcake, Fruit Squirts, Waikiki Watermelon, Cotton Candy, Tutti Frutti, Double Apple Hookah, Blue Water Punch, Oatmeal Cookie* and *Alien Blood*, the researchers said.

They also found chemicals called 2,3-pentanedione, also known as acetylpropionyl, and acetoin in many of the flavorings. The National Institute for Occupational Safety and Health has found 2,3 pentanedione can cause lung and brain damage in rats.

Diacetyl, a component of artificial butter flavoring, can cause a condition known as lymphocytic bronchiolitis, which in turn can lead to obliterative bronchiolitis — or "popcorn lung". It's a rare but debilitating disease that causes vague symptoms such as cough and shortness of breath, and steadily worsens, according to the U.S. Centers for Disease Control and Prevention.

Acetoin is also used in e-cigarettes and it's also linked with "popcorn lung".

The four biggest makers of microwave popcorn have removed the chemicals from butter flavorings after the discovery that it could be causing lung problems in workers, and at least one consumer successfully sued, saying he developed the condition after eating microwave popcorn daily.

So it's troubling to see it in e-cigarettes, says Dr. Gina Lundberg, a heart specialist at Emory University and a spokesperson for the American Heart Association. "Bronchiolitis obliterans is a horrible disease and nobody wants it," said Lundberg, who was not involved in the study.

Other studies have found e-cigarettes can deliver formaldehyde and government data shows an increasing number of teenagers are checking out vaping.

"I really think it's important to find out whether it's safe," said Lundberg, who added that she regularly debates with a close relative who vapes and who defends it as a safe alternative to smoking. "I am surprised how many people in the 45 to 55 category are vaping," Lundberg added. "I have friends who are nurses and doctors that are doing it, and there is really this perception that it's fine."

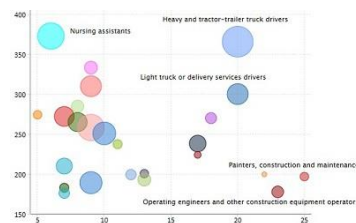
Lundberg agrees that e-cigarettes can help people stop smoking, but she says many of her patients continue to use e-cigarettes after kicking the habit, and often use flavors that contain nicotine, the addictive and dangerous chemical found in combustible tobacco.

She says vapers should check the labels carefully. But the Harvard team says the labels do not always disclose everything that's in the product. "Two companies explicitly stated that their products do not contain diacetyl in written communication, yet in our testing we did find diacetyl in their product," they said.

The Food and Drug Administration plans to [regulate e-cigarettes](#).

### Online Charts Breakdown the Number and Types of Serious Nonfatal Occupational Injuries and Illnesses in 2014

The Bureau of Labor Statistics has released interactive online charts illustrating the 1,157,410 nonfatal occupational injuries and illnesses that required days away from work in 2014. The charts show the incidence rates and median days away from work broken down by occupation, and the causes of injuries and illnesses most commonly suffered by workers in specific occupations. Moving your cursor over the circles and clicking on bars in the charts reveals additional information. The charts can be accessed on the [BLS website](#).

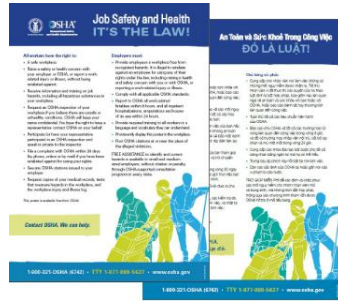


## OSHA "It's the Law!" Poster Now Available in 10 Languages

OSHA's free Job Safety and Health: **It's the Law!** poster is now available online in **French**, **Arabic** and **Vietnamese**. This is in addition to the versions that were already available in **English**, **Chinese**, **Korean**, **Nepali**, **Spanish**, **Polish** and **Portuguese**.

The poster informs workers of their rights under the Occupational Safety and Health Act.

All covered employers are required to predominantly display the poster in their workplaces where workers can see it. For more information about the poster and how to get copies in the various languages, visit [OSHA's workplace poster webpage](#).



## Spanish-Language Fact Sheet Now Available On Whistleblower Protections Under The OSH Act

OSHA's factsheet, **Filing Whistleblower Complaints** under Section 11(c) of the OSH Act of 1970, is now available in Spanish.

The fact sheet explains that employers are prohibited from retaliating against employees for exercising a variety of rights guaranteed under the OSH Act, such as filing a safety and health complaint with OSHA, raising a health and safety concern with their employers, participating in an OSHA inspection, or reporting a work-related injury or illness.

OSHA enforces the whistleblower provisions of 22 statutes that protect workers from retaliation when raising safety and health issues on the job or reporting violations of laws in various industries.

For more information, visit the Whistleblower webpage in [English](#) or [Spanish](#).



## Lamar Outdoor Advertising alliance renewed



OSHA has renewed an alliance with Lamar Advertising Company to help prevent workplace injuries, illnesses and fatalities. Over the next five years, Lamar Advertising will help raise awareness of OSHA initiatives and outreach campaigns — including **[Stand-Down to Prevent Falls](#)** and **[Heat Illness Prevention](#)** — using its outdoor billboards across the country.

Over the past two years, Lamar has displayed OSHA safety and health messages on nearly 100 billboards, resulting in about 5 million views. OSHA and Lamar Advertising will also develop ways to reach small construction contractors, discuss safety and health issues in the construction industry, and help design a construction safety training course.

in review. . .

## 'Coercion' Definition, Stiffer Penalties Key Changes in FMCSA's Coercion Rule Work

The **Federal Motor Carrier Safety Administration** finished its work late in November on a 2012-mandated rulemaking that makes it illegal for shippers, carriers and brokers to threaten drivers with "economic harm" (loss of business or pay, basically) and puts in place fines of up to \$16,000 for those that get caught doing so. **The rule goes into effect Jan. 29.**

Following publication of the rule's proposed version last May, comments from trucking groups like the **Owner-Operator Independent Drivers Association** and the **American Trucking Associations**, along with comments from broker lobbying/advocacy groups and self-billed safety groups, drove changes to the rule's final version, published Nov. 30 in the **Federal Register**.

► Two key changes **FMCSA** made to the rule's ultimate draft:

### Stiffer fines for carriers, shippers, brokers

**FMCSA** said the new maximum fine of \$16,000 stems from public commenters saying the \$11,000 fine was too small and from a 1996 federal collections act that stipulated the amount, based on inflationary adjustments.

Some commenters, however, called for even more severe fines, such as suspending operating authority of violators.

**FMCSA**, in response, said it "will take aggressive action" against coercion rule offenders, which "may include initiation of a proceeding to revoke the operating authority" of carriers discovered to have coerced drivers, citing its 2013-instituted increase in authority to shut down carriers.

All fines collected in coercion enforcement instances will go to the country's Highway Trust Fund, **FMCSA** says in its notice, rather than paid to drivers. The Department of Labor's Occupational Safety and Health Administration would be responsible for pursuing driver collections in such cases, **FMCSA** says.

### 'Coercion' definition, carrier/shipper knowledge, driver documentation

Following concerns of the "known or should have known" language in the rule's proposed version — which essentially put the onus on shippers, brokers and carriers to know whether a driver would be violating federal safety rules by operating his/her vehicle — the agency struck that text in the Final Rule.

"The revised definition of coercion adopted in this final rule eliminates" that standard, **FMCSA** says, instead "emphasizing more strongly the driver's duty to object as a predicate for any subsequent allegation of coercion."

The agency also expanded the definition of coercion to include more than threats of lost miles, pay or loads, adding the more open-ended phrase "take or permit any adverse employment action."

**FMCSA** also added a clause saying drivers must state "at least generally" which rules he or she would be violating by giving into a coercion attempt.

Broker groups like the **Transportation Intermediaries Association**, along with carrier lobbying group the **American Trucking Associations**, had asked **FMCSA** to require drivers to specifically identify the **FMCSA** regulation the driver would be violating. The groups also asked **FMCSA** to require drivers to document their objections in "a contemporaneous writing," **FMCSA** says — another suggestion the DOT said went too far. The agency did say, however, "it would be in the driver's best interests to document coercion attempts as soon as practicable."

### The final definition used in the rule is:

"A threat by a motor carrier, shipper, receiver, or transportation intermediary, or their respective agents, officers or representatives, to withhold business, employment or work opportunities from, or to take or permit any adverse employment action against, a driver in order to induce the driver to operate a commercial motor vehicle under conditions which the driver stated would require him or her to violate one or more of [federal safety] regulations...or the actual withholding of business, employment, or work opportunities or the actual taking or permitting of any adverse employment action to punish a driver for having refused to engage in such operation of a commercial motor vehicle."

## Minor Change to DOT Physical Form to Take Effect This Month, More Changes to System Coming

One part of a **Final Rule** published in April that made changes to the **Federal Motor Carrier Safety Administration's** medical examination regulations took effect Dec. 22.

Drivers going in for their DOT physicals after Dec. 22, 2015, will notice a new **Medical Examination Report Form**, which features more questions about medical history.

Also included in the new rule is a requirement of medical examiners to electronically submit on the **National Registry** the results of medical exams once a month.

**Until** June 22, 2018, **FMCSA** says drivers only have to carry the exam certificate for 15 days after the physical for proof of medical certification. After that 15-day period, law enforcement will have the records in a database they can access at roadside.

**After** June 22, 2018, drivers won't have to carry medical examiner's certificates at all because examiners will have to submit exam results by midnight of the day the exam is conducted, and the results will be available to law enforcement immediately.

## Virginia Tech to Lead FMCSA-Funded Flexible HOS Study

Virginia Tech, along with subcontractors from **Washington State** and **SmartDrive**, has been awarded a \$2.5 million contract from the **Federal Motor Carrier Safety Administration** to study a flexible hours-of-service safety provision that will allow longhaul truck drivers to split their required sleeper berth time into shorter periods.

Commercial truck drivers are currently required to log at least 10 consecutive off-duty hours before returning to on-duty status. "For some time now, sleeper berth drivers have called for flexibility with the hours-of-service requirements and this study will provide the scientific foundation for **FMCSA** to understand what the safety benefits and impacts may be in allowing such flexibility," said Rich Hanowski, director of the **Center for Truck and Bus Safety** at the Virginia Tech **Transportation Institute**. "This pilot project will produce scientific data necessary to further inform **FMCSA** about this important safety issue that potentially affects the well-being of everyone traveling on our nation's roads."

The study hopes to include at least 200 longhaul truck drivers from large, medium and small carriers as well as owner-operators, who regularly use their sleeper berths.

**SmartDrive's** onboard video monitoring systems will collect data about driver behavior, including sleep patterns, sleepiness, roadside violations and crashes. "Keeping drivers and the motoring public safe is the top priority for our industry," **SmartDrive** CEO Steve Mitgang said. "The onboard video monitoring system is uniquely capable of providing the insights required to understand the impact of flexible sleep schedules on driving."

## Get Ready for More Costly Fines in 2016

While President Obama has not yet signed it into law, a new budget bill has already been passed through Congress and the Senate with language that approves OSHA fines being increased substantially in 2016. This federal budget bill has been agreed upon between Republicans in Congress and the Obama administration. The fines could increase almost 80% in one year and increase annually by the rate of inflation thereafter.



One section of the bill entitled, "Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015," states that OSHA would be allowed a "catch up adjustment," apparently dating back to the last time OSHA fines were increased in 1990.

From October 1990 to September 2015, the Consumer Price Index, upon which the increase would be based, rose 78.24%.

As an example, applying that increase to the current maximum, OSHA penalties would produce these results:

- The maximum repeat or willful violation fine would increase from \$70,000 now to \$124,768.
- The maximum serious violation fine would increase from \$7,000 to \$12,477.

**Is "Not Training" a Willful Violation?  
Can you prove you have trained your employees?**

The bill calls for the adjustment to "take effect not later than August 1, 2016." Along with the one-time catch-up increase, OSHA penalties could increase each year using the CPI. This is similar to other agencies who do the same thing including the FDA, EPA and EEOC.

**"Unscrupulous employers often consider it more cost effective to pay the minimal OSHA penalty and continue to operate an unsafe workplace than to correct the underlying health and safety problem,"** OSHA chief David Michaels said about previous bills that would increase agency penalties.

## FMCSA to Lower Controlled Substances Random Testing Rate for Calendar Year 2016

The Federal Motor Carrier Safety Administration announced that it will lower the random testing rate for controlled substances from the current 50 percent to 25 percent for the new calendar year, effective January 1, 2016.

FMCSA conducts a random survey to ensure compliance with the set testing rates, known as the Management Information System (MIS) or MIS survey.

According to federal regulations, when the data received in the MIS for two consecutive calendar years indicate that the positive rate for controlled substances is less than one percent, the FMCSA Administrator has the discretion to lower the minimum annual testing rate. While the MIS survey resulted in a positive rate of less than one percent for the 2011 and 2012 testing years, the Acting Administrator chose to maintain the 50 percent rate for another year. The 2013 testing year also showed a positive rate of less than one percent, so after three years, the Acting Administrator approved a lower testing rate. If at any time the positive rate for controlled substances exceeds one percent, the testing rate will revert back to 50 percent.

See a copy of the [announcement](#).

### Current 2016 DOT and USCG Random Testing Rates

DOT Agency	2016 Random Drug Testing Rate	2016 Random Alcohol Testing Rate
Federal Motor Carrier Safety Administration [FMCSA]	25%	10%
Federal Aviation Administration [FAA]	25%	10%
Federal Railroad Administration [FRA]	25%	10%
Federal Transit Administration [FTA]	25%	10%
Pipeline & Hazardous Materials Safety Administration [PHMSA]	25%	N/A
United States Coast Guard [USCG] (now with the Dept. of Homeland Security)	25%	N/A

**NOTE:** Employers (and C/TPAs) subject to more than one DOT Agency drug and alcohol testing rule may continue to combine covered employees into a single random selection pool.

USCG covered employees may be combined with DOT covered employees in drug testing pools even though the USCG is now part of the Department of Homeland Security.

Updated: Wednesday, December 23, 2015

## National Miners Day



December 6 was National Miners Day, designated by Congress to honor the mine workers of today and yesterday, whose contributions have helped make America strong.

Mining has a long and proud tradition in the United States which continues to this day. About 366,000 miners today extract nearly 100 different kinds of minerals from the earth, including coal, gold, copper, silver, granite, limestone, salt, gravel, and many more. They work in every one of the fifty states, and provide the raw materials for heat, electricity, roads and bridges, and countless consumer products, from electronics to cosmetics. Even toothpaste is composed of minerals obtained by miners.

On National Miners Day, **MSHA** salutes the men and women who have chosen the occupation of mining, and we rededicate ourselves to doing all that we can to protect

their safety and health. We encourage others to join us in honoring miners on this day each year.



## MSHA Renews Cooperative Alliance with Iron Workers Union

On December 8, 2015, **Mine Safety and Health Administration** (MSHA) Assistant Secretary Joseph Main and **International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers** (Iron Workers Union) President Eric Dean **renewed** an **alliance** between the **two organizations**. The alliance **signing** took place at a **meeting** of the **Iron Workers Union's IMPACT Safety and Health Roundtable** membership in Washington, D.C. Also **present** for **MSHA** were Deputy Assistant Secretary Pat Silvey and **Metal and Nonmetal** Administrator Neal Merrifield.

The **alliance** will **continue** to foster **safer** and more **healthful working conditions** at the Nation's **metal** and **nonmetal** mining **operations** by providing **iron workers** and **miners** across the country with **information**, guidance and **access** to **training resources**.

As **part** of the **alliance**, **MSHA** and the **Iron Workers Union** will work **together** to:

- *Provide information, education and training, and technical assistance to help prevent injuries and illnesses and protect worker safety and health;*
- *Collaborate on emergency response and rescue techniques at construction and demolition sites;*
- *Perform worker injury and illness case studies to identify hazardous safety and health conditions and practices;*
- *Develop training programs for those working on or near mine construction projects; and*
- *Develop and share best practices and effective approaches to improve safety and health on and near mine construction projects.*

**MSHA** and the **Iron Workers** will **continue** to **combine** their efforts to **achieve outreach** and **communications goals**, including the **development** and **dissemination** of information on **worker safety** and **health issues** at mining **industry conferences** or meetings using **print** or **electronic media**, including **links** from both the **MSHA** and **Iron Workers Union** websites.

Finally, the **two groups** agree to **raise awareness** and demonstrate **commitment** to **worker safety** and **health** whenever **MSHA** or **Iron Workers Union** leaders address large **groups**.

[View the Alliance Agreement here](#)

### MSHA Announces Results of November Impact Inspections

The **Mine Safety and Health Administration** today announced that federal inspectors issued **189 citations** and **six orders** during special impact inspections at **17 coal mines** and **six metal and nonmetal mines** in **November**. Most of the coal mine inspections **focused** on compliance with respirable dust standards.

Begun in force in April 2010, the **monthly inspections** involve mines that merit **increased agency attention** and enforcement because of their poor **compliance history** or particular compliance concerns. **MSHA** conducted **impact inspections** at mines in Alabama, California, Illinois, Kentucky, New Mexico, North Carolina, Pennsylvania, Utah, Virginia, West Virginia and Wyoming.

*The details of one inspection are listed below:*

From Nov. 16-18, **MSHA** conducted an **impact inspection** at St. Mary's Cement-Dixon Mine in Lee County, Illinois. Enforcement personnel issued **53 citations** and **five orders**. Among their findings were **nine guarding violations** that exposed miners to **moving machine parts** and entanglement hazards; **nine electrical violations** that exposed miners to **electrical shock hazards**, and one violation for **failure** to conduct an adequate **workplace examination**. Inspectors also issued **four unwarrantable violations** and one **withdrawal order** that **removed 12 miners** from the facility until they received **adequate task training** on maintenance of a **coal hopper** and how to block it from **hazardous** motion.

Since April 2010, **MSHA** has conducted **1,064 impact inspections** and issued **15,532 citations**, **1,294 orders** and **57 safeguards**.

See **MSHA's** [Monthly Impact Inspection List](#) for November 2015.



## Noise and Hearing Loss Prevention

NIOSH recommends that all worker exposures to noise should be controlled below a level equivalent to 85 dBA for eight hours to minimize occupational noise induced hearing loss. NIOSH also recommends a 3 dBA exchange rate so that every increase by 3 dBA doubles the amount of the noise and halves the recommended amount of exposure time.



### Facts and Statistics

- Four million workers go to work each day in damaging noise. Ten million people in the U.S. have a noise-related hearing loss. Twenty-two million workers are exposed to potentially damaging noise each year.
- In 2007, approximately 23,000 cases were reported of occupational hearing loss that was great enough to cause hearing impairment. Reported cases of hearing loss accounted for 14% of occupational illness in 2007.
- In 2007, approximately 82% of the cases involving occupational hearing loss were reported among workers in the manufacturing sector.

### Hearing Loss Prevention Programs

- Over the past few decades, much has been learned about the implementation of hearing loss prevention programs. The eight components of a successful hearing loss prevention program include: 1) noise exposure monitoring, 2) engineering and administrative controls, 3) audiometric evaluation, 4) use of hearing protection devices, 5) education and motivation 6) record keeping, 7) program evaluation, and 8) program audit.

### Training and Education

Failures or deficiencies in hearing conservation programs (hearing loss prevention programs) can often be traced to inadequacies in the training and education of noise-exposed employees and those who conduct elements of the program.

1. Has training been conducted at least once a year?
2. Was the training provided by a qualified instructor?
3. Was the success of each training program evaluated?
4. Is the content revised periodically?
5. Are managers and supervisors directly involved?
6. Are posters, regulations, handouts, and employee newsletters used as supplements?
7. Are personal counseling sessions conducted for employees having problems with hearing protection devices or showing hearing threshold shifts?

### Supervisor Involvement

Data indicate that employees who refuse to wear hearing protectors or who fail to show up for hearing tests frequently work for supervisors who are not totally committed to the hearing loss prevention programs.

1. Have supervisors been provided with the knowledge required to supervise the use and care of hearing protectors by subordinates?
2. Do supervisors wear hearing protectors in appropriate areas?
3. Have supervisors been counseled when employees resist wearing protectors or fail to show up for hearing tests?
4. Are disciplinary actions enforced when employees repeatedly refuse to wear hearing protectors?

### Noise Measurement

For noise measurements to be useful, they need to be related to noise exposure risks or the prioritization of noise control efforts, rather than merely filed away. In addition, the results need to be communicated to the appropriate personnel, especially when follow-up actions are required.

1. Were the essential/critical noise studies performed?
2. Was the purpose of each noise study clearly stated? Have noise-exposed employees been notified of their exposures and apprised of auditory risks?
3. Are the results routinely transmitted to supervisors and other key individuals?
4. Are results entered into health/medical records of noise exposed employees?
5. Are results entered into shop folders?
6. If noise maps exist, are they used by the proper staff?

7. Are noise measurement results considered when contemplating procurement of new equipment? Modifying the facility? Relocating employees?

8. Have there been changes in areas, equipment, or processes that have altered noise exposure? Have follow-up noise measurements been conducted?
9. Are appropriate steps taken to include (or exclude) employees in the hearing loss prevention programs whose exposures have changed significantly?

### Engineering and Administrative Controls

Controlling noise by engineering and administrative methods is often the most effective means of reducing or eliminating the hazard. In some cases engineering controls will remove requirements for other components of the program, such as audiometric testing and the use of hearing protectors.

1. Have noise control needs been prioritized?
2. Has the cost-effectiveness of various options been addressed?
3. Are employees and supervisors apprised of plans for noise control measures? Are they consulted on various approaches?
4. Will in-house resources or outside consultants perform the work?
5. Have employees and supervisors been counseled on the operation and maintenance of noise control devices?
6. Are noise control projects monitored to ensure timely completion?
7. Has the full potential for administrative controls been evaluated? Are noisy processes conducted during shifts with fewer employees? Do employees have sound-treated lunch or break areas?

### Monitoring Audiometry and Record Keeping

The skills of audiometric technicians, the status of the audiometer, and the quality of audiometric test records are crucial to hearing loss prevention program success. Useful information may be ascertained from the audiometric records as well as from those who actually administer the tests.

1. Has the audiometric technician been adequately trained, certified, and recertified as necessary?
2. Do on-the-job observations of the technicians indicate that they perform a thorough and valid audiometric test, instruct and consult the employee effectively, and keep appropriate records?
3. Are records complete?
4. Are follow-up actions documented?
5. Are hearing threshold levels reasonably consistent from test to test? If not, are the reasons for inconsistencies investigated promptly?
6. Are the annual test results compared to baseline to identify the presence of an OSHA standard threshold shift?
7. Is the annual incidence of standard threshold shift greater than a few percent? If so, are problem areas pinpointed and remedial steps taken?
8. Are audiometric trends (deteriorations) being identified, both in individuals and in groups of employees? (NIOSH recommends no more than 5% of workers showing 15 dB Significant Threshold Shift, same ear, same frequency.)
9. Do records show that appropriate audiometer calibration procedures have been followed?
10. Is there documentation showing that the background sound levels in the audiometer room were low enough to permit valid testing?
11. Are the results of audiometric tests being communicated to supervisors and managers as well as to employees?
12. Has corrective action been taken if the rate of no-shows for audiometric test appointments is more than about 5%?
13. Are employees incurring STS notified in writing within at least 21 days? (NIOSH recommends immediate notification if retest shows 15 dB Significant Threshold Shift, same ear, same frequency.)

## Referrals

**Referrals to outside sources** for consultation or **treatment** are sometimes in **order**, but they can be an **expensive element** of the **hearing loss prevention program**, and **should not be undertaken unnecessarily**.

1. Are referral procedures clearly specified?
2. Have letters of agreement between the company and consulting physicians or audiologists been executed?
3. Have mechanisms been established to ensure that employees needing evaluation or treatment actually receive the service (i.e., transportation, scheduling, reminders)?
4. Are records properly transmitted to the physician or audiologist, and back to the company?
5. If medical treatment is recommended, does the employee understand the condition requiring treatment, the recommendation, and methods of obtaining such treatment?
6. Are employees being referred unnecessarily?

## Hearing Protection Devices

When noise **control measures** are **infeasible**, or until **such time** as they are **installed**, hearing **protection devices** are the only way to **prevent** hazardous levels of noise from **damaging** the **inner ear**. Making sure that these **devices** are **worn effectively** requires **continuous attention** on the part of **supervisors** and program **implementors** as well as **noise-exposed employees**.

1. Have hearing protectors been made available to all employees whose daily average noise exposures are 85 dBA or above? (NIOSH recommends requiring HPD use if noises equal or exceed 85 dBA regardless of exposure time.)
2. Are employees given the opportunity to select from a variety of appropriate protectors?
3. Are employees fitted carefully with special attention to comfort?
4. Are employees thoroughly trained, not only initially, but at least once a year?
5. Are the protectors checked regularly for wear or defects, and replaced immediately if necessary?
6. If employees use disposable hearing protectors, are replacements readily available?
7. Do employees understand the appropriate hygiene requirements?
8. Have any employees developed ear infections or irritations associated with the use of hearing protectors? Are there any employees who are unable to wear these devices because of medical conditions? Have these conditions been treated promptly and successfully?
9. Have alternative types of hearing protectors been considered when problems with current devices are experienced?
10. Do employees who incur noise-induced hearing loss receive intensive counseling?
11. Are those who fit and supervise the wearing of hearing protectors competent to deal with the many problems that can occur?
12. Do workers complain that protectors interfere with their ability to do their jobs? Do they interfere with spoken instructions or warning signals? Are these complaints followed promptly with counseling, noise control, or other measures?
13. Are employees encouraged to take their hearing protectors home if they engage in noisy non-occupational activities?
14. Are new types of, or potentially more effective, protectors considered as they become available?
15. Is the effectiveness of the hearing protector program evaluated regularly?
16. Have "at-the-ear" protection levels been evaluated to ensure that either over or under protection has been adequately balanced according to the anticipated ambient noise levels?
17. Is each hearing protector user required to demonstrate that he or she understands how to use and care for the protector? The results documented?

## Administrative

**Keeping organized** and current on **administrative matters** will help the **program run smoothly**.

1. Have there been any changes in federal or state regulations? Have hearing loss prevention program's policies been modified to reflect these changes?
2. Are copies of company policies and guidelines regarding the hearing loss prevention program available in the offices that support the various program elements? Are those who implement the program elements aware of these policies? Do they comply?
3. Are necessary materials and supplies being ordered with a minimum of delay?
4. Are procurement officers overriding the hearing loss prevention program implementor's requests for specific hearing protectors or other hearing loss prevention equipment? If so, have corrective steps been taken?
5. Is the performance of key personnel evaluated periodically? If such performance is found to be less than acceptable, are steps taken to correct the situation?
6. Safety: Has the failure to hear warning shouts or alarms been tied to any accidents or injuries? If so, have remedial steps been taken?