



# Central States Insulation Association's **INSULATOR**

December 2014

## **DETAILS COMING SOON!** **CSIA Spring Labor Conference**



## **April 21-22, 2015**

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*from the  
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# **THE INSULATOR**

**Editor  
RACHEL PINKUS**



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**The Insulator is a review of  
construction activity in the central states  
region.**

**The Insulator contains Industry News,  
Notices and Central States Insulation  
Association Activities.**

**All information contained herein is  
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# CSIA PRESIDENT'S MESSAGE

## Brian Willett, Gribbins Insulation Co.

### *Happy Holidays!!!*

Wow, I can't believe we are already at the end of 2014. I hope everyone has had a safe and successful year.

While setting those New Year's resolutions, be sure to include getting more involved with your industry. You are already part of this association so take advantage of the opportunities to make your voice heard – the best way to do this is to attend the spring and fall meetings. Also look into joining other associations that owners, vendors, customers are a part of for networking and helping to better educate others about mechanical insulation.

If you deal with Human Resources for your company you should look into the upcoming seminar, "Body Piercing, Tattoos & Transgender Apparel. Employer vs. Employee". On Wednesday February 4<sup>th</sup> this

lunchtime learning opportunity will teach what you can and can't do about physical appearance in the employment process. Amy Mitchell with Dunlevey, Mahan & Furry is a Board Certified Specialist in Labor and Employment Law who will be speaking on this issue in Dayton, OH or via webinar. Contact our CSIA association for more details.

Recently Herb Hammer announced his retirement from our CSIA Board and the Industry. I would like to send out a special thanks to Herb for all of his hard work over the years in this industry and with our association. Herb, you will truly be missed.

It has been a pleasure dealing with all the CSIA members this year, and I look forward to many more years.

#### **Brian Willett**

Gribbins Insulation, Executive Vice President  
Certified Insulation Energy Appraiser

## **CONGRATULATIONS 2014 CSIA SCHOLARSHIP WINNERS!**

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**Gabrielle O'Connell** (Michigan Mechanical Insulation)



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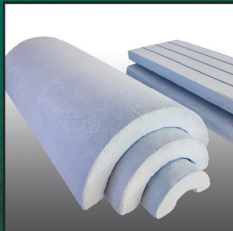
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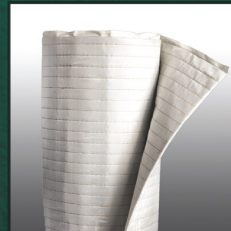
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## **ASBESTOS PUSHED IN ASIA AS PRODUCT FOR THE POOR**

In this Nov. 23, 2013 photo, discarded waste material lie in the Ramco Industries Ltd. factory which manufactures asbestos products in Bhojpur district of Bihar state, India. Scientists and medical experts overwhelmingly agree that inhaling any form of asbestos can lead to deadly diseases, but the Indian asbestos lobby say the risks are overblown. (AP Photo/Saurabh Das)



In this Nov. 23, 2013 photo, a worker covers his face with a handkerchief as he sees people photographing him and his coworker handling asbestos sheets at the Ramco Industries Ltd. factory in Bhojpur district of Bihar state, India.



VAISHALI, India (AP) — The executives mingled over tea and sugar cookies, and the chatter was upbeat. Their industry, they said at a conference in the Indian capital, saves lives and brings roofs, walls and pipes to some of the world's poorest people.

Their product? Asbestos. Outlawed in much of the developed world, it is still going strong in the developing one. In India alone, the world's biggest asbestos importer, it's a \$2 billion industry providing 300,000 jobs.

The International Labor Organization, World Health Organization, medical researchers and more than 50 countries say the mineral should be banned; asbestos fibers lodge in the lungs and cause disease. The ILO estimates 100,000 people die from workplace exposure every year.

But the industry executives at the asbestos conference, held in a luxury New Delhi hotel, said the risks are overblown.

Instead, they described their business as a form of social welfare for hundreds of thousands of impoverished Indians still living in flimsy, mud-and-thatch huts.

"We're here not only to run our businesses, but to also serve the nation," said Abhaya Shankar, a director of India's Asbestos Cement Products Manufacturers Association.

Yet there are some poor Indians trying to keep asbestos out of their communities.

In the farming village of Vaishali, in the eastern state of Bihar, residents became outraged by the construction of an asbestos factory in their backyard.

They had learned about the dangers of asbestos from a school boy's science textbooks, and worried asbestos fibers would blow into their tiny thatch homes. Their children, they said, could contract lung diseases most Indian doctors would never test for, let alone treat.

They petitioned for the factory to be halted. But in December 2012, its permit was renewed, inciting thousands to rally on a main road for 11 hours. Amid the chaos, a few dozen villagers demolished the partially built factory.

"It was a moment of desperation," a teacher said on condition of anonymity for fear of retribution from the company. "There was no other way for us to express our outrage." The company later filed lawsuits, still pending, accusing several villagers of vandalism and theft.

Durable and heat-resistant, asbestos was long a favorite insulation material in the West.

Medical experts say inhaling any form of asbestos can lead to deadly diseases 20-40 years later including lung cancer, mesothelioma and asbestosis, or the scarring of the lungs.

**CONTINUED ON PAGE 8**

# Alumaguard® Lite

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## CONTINUED FROM PAGE 7

Dozens of countries including Japan, Argentina and all European Union nations have banned it entirely. Others like the U.S. have severely curtailed its use.

The asbestos lobby says the mineral has been unfairly maligned by Western nations that used it irresponsibly. It also says one of the six forms of asbestos is safe: chrysotile, or white asbestos, which accounts for more than 95 percent of all asbestos used since 1900.

Medical experts reject this.

"All types of asbestos fiber are causally implicated in the development of various diseases and premature death," the Societies of Epidemiology said in a 2012 position statement.

Russia now provides most asbestos on the world market. Meanwhile, rich nations are suffering health and economic consequences from past use.

American businesses have paid out at least \$1.3 billion in the largest collection of personal injury lawsuits in U.S. legal history. Billions have been spent stripping asbestos from buildings in the West.

Umesh Kumar, a roadside vendor in Bihar's capital, has long known there are health hazards to the 3-by-1 meter (10-by-3 foot) asbestos cement sheets he sells for 600 rupees (\$10) each. But he doesn't guide customers to the 800 rupee tin or fiberglass alternatives.

"This is a country of poor people, and for less money they can have a roof over their heads," he said.

The two-day asbestos conference in December was billed as scientific, though organizers admitted they had no new research.

One could say they've gone back in time to defend asbestos.

The Indian lobby's website refers to 1998 WHO guidelines for controlled use of chrysotile, but skips updated WHO advice from 2007 suggesting all asbestos be banned. Its executive director, John Nicodemus, dismissed the WHO update as "scaremongering."

Many of the speakers are regulars at asbestos conferences in the developing world.

Toxicologist David Bernstein said that while chrysotile could cause disease if inhaled in large quantities or for

prolonged periods, so could any tiny particle. Bernstein consulted for the Quebec-based Chrysotile Institute, which lost its Canadian government funding in 2012.

He presented an animated video showing a type of white blood cell called a macrophage breaking down a chrysotile fiber and carrying it out of the lungs.

"We have defense mechanisms. Our lungs are remarkable," Bernstein said.

Other studies indicate, however, that chrysotile collects in the membrane lining the lungs, where the rare malignancy mesothelioma develops and chews through the chest wall, leading to excruciating death.

Research such as Bernstein's frustrates retired U.S. Assistant Surgeon General Dr. Richard Lemen, who first advocated a chrysotile ban in 1976.

"His presentation is pretty slick, and when he puts it on animation mode, people think: Wow, he must know what he's talking about," Lemen said by telephone from Atlanta.

In Vaishali, the permit for the asbestos plant was canceled by Bihar's chief minister last year. But Indian officials remain divided and confused about the risks.

India placed a moratorium on new asbestos mining in 1986, but never banned use of the mineral despite two Supreme Court orders.

The position of Prime Minister Narendra Modi's new government is unclear.

Meanwhile, Vaishali's resistance has sparked other protests, including in the nearby district of Bhojpur.

"Many people are not aware of the effects, especially the illiterate," said Madan Prasad Gupta, a village leader in Bhojpur, sipping tea at the roadside tea shop he built decades ago when he had no idea what asbestos was.

Over his head: a broken, crumbling asbestos cement roof.

Unabridged story: [bigstory.ap.org/article/asbestos-pushed-asia-product-poor](http://bigstory.ap.org/article/asbestos-pushed-asia-product-poor)





## State Right-to-Work Law Is Constitutional, Indiana Justices Say, Reversing Lower Court

Nov. 7 — The Indiana Supreme Court Nov. 6 upheld provisions of the state's right-to-work law that prohibit employers from requiring union membership or payment of union dues as a condition of employment (*Zoeller v. Sweeney*, 2014 BL 314161, Ind., No. 45S00-1309-PL-596, 11/6/14).


The Indiana high court reversed a lower court decision addressing state constitutional challenges to the Indiana Right to Work Act brought by officers and members of the International Union of Operating Engineers Local 150. The state supreme court found the act doesn't violate a section of Indiana's constitution that prohibits the state from demanding any person to render particular services without just compensation.




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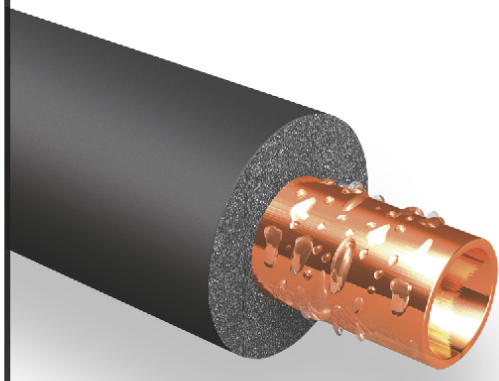
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## **OSHA's Temp Worker Inspection Policy Details Employer, Staffing Firm Obligations**

July 29 — A new Occupational Safety and Health Administration policy memorandum covering temporary workers aims to clarify the responsibilities of host employers and agencies providing laborers, when inspectors should open an investigation, and the definition of a joint employer.

The memo from the Directorate of Enforcement Programs is the latest document issued by the Labor Department's OSHA as it steps up oversight of workplace hazards faced by temporary workers.

"We issued this to ensure consistency in enforcement as we address temporary worker issues," Directorate of Enforcement representative Marisa Johnson told members of the National Advisory Committee on Occupational Safety and Health July 28.

Stephen Dwyer, general counsel for the American Staffing Association, which has a formal alliance with OSHA to share information and practices regarding temporary workers, told Bloomberg BNA July 29 that the paper "generally reflects existing OSHA policy and regulations."

### **Joint Employers**

In the four-page policy paper, dated July 15, OSHA said for its temporary worker initiative, employees are defined as "workers hired and paid by a staffing agency and supplied to a host employer to perform work on a temporary basis."

The agency explained that it will consider the staffing agency and host employer to be "joint employers" of the worker in this situation. In some situations, the "key attributes" of the traditional employer-employee relationship are shared by two or more employers, each responsible for compliance with legal requirements, OSHA said.

As part of their inquiries, agency inspectors should review any written contracts between the staffing agency and the host employer and determine whether the agreement addresses responsibilities for employee safety and health, according to the memorandum. Inspectors were reminded that a contract may not excuse the agency or host employer of their obligations under the Occupational Safety and Health Act.

The host employer typically has primary responsibility for determining the hazards in its workplace and complying with requirements that are specific to the work site, OSHA said. However, the staffing agency also has a duty to ensure that it isn't sending workers to sites where they aren't protected or face hazards they haven't been trained to deal with.

Agencies have a "duty to diligently inquire and determine what, if any, safety and health hazards are present at their client's workplaces," OSHA said in the paper.

### **Staffing Agency Inspections**

As for when an inspector should open an investigation of a staffing agency, OSHA said the decision doesn't depend on whether a staffing agency management representative is at the work site.

If a temporary worker could be exposed to a serious hazard or if the staffing agency doesn't appear to have taken any actions to learn of work-site conditions, the inspector should initiate an inspection. Area directors also have the option of initiating inspections after reviewing evidence from initial inquiries, the safety agency added.

The enforcement directorate's Johnson said OSHA will be issuing new guidance bulletins covering training, hazard communication, and hearing protection. OSHA released guidance for record keeping in March.

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# September 10-12, 2015

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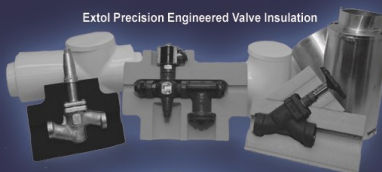
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# EXTOL

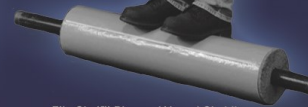
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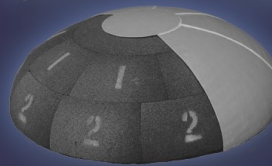
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# LEGALLY SPEAKING

by Paul Routh and Bob Dunlevey

## AFFORDABLE CARE ACT DEADLINES NEAR

There are three important deadlines right around the corner and October is the month to start focusing on them.

### 1. Health Care Reform Reporting

There are three main components or pieces to health care reform - (1) the individual mandate; (2) the employer shared responsibility provisions also called the play or pay rules; and (3) the health care exchanges or marketplaces.

The individual mandate requires most people to have health coverage or pay a penalty. The employer shared responsibility or play or pay rules require large employers to offer full time employees quality/affordable health coverage or pay a penalty. The health care exchanges or marketplaces are where people can go to get health coverage. Individuals may, depending on their household income, be eligible for government subsidies to help pay for their health coverage through the exchanges or marketplaces.

Sections 6055 and 6056 of the Internal Revenue Code obligate most employers to provide certain information to the government and the employees. The government will use the information to determine (1) which individuals are eligible for subsidies under the exchanges or marketplaces and (2) whether the employer owes a penalty under the employer shared responsibility provision or play or pay rules. The employees will use the information when they complete their personal tax returns (i.e. Form 1040s).

The IRS has released, in draft format, the forms (with the accompanying instructions) that employers have to complete to comply with these reporting requirements. There are four forms and the employer's size and whether the employer's group health plan is insured or self-funded dictate which forms and what sections of the forms the employer has to complete.

Employers **may**, but are not required to, report data for 2014 which will be due early in 2015. It is doubtful many employers will report 2014 information. However, employers **must** start gathering the information beginning January 1, 2015, and will have

to submit the forms to the IRS and provide the information to the employees early in 2016. The following is a brief summary of the rules.

### A. Small Employer – Fully Insured Health Plan

If the employer has less than 50 full time (i.e. employees working 30 hours or more per week) and full time equivalent employees and the employer sponsors a fully insured health plan, the employer need not prepare and file any reports with the IRS or distribute anything to the employees.

### B. Small Employer – Self Funded Health Plan

If the employer has less than 50 full time (i.e. employees working 30 hours or more per week) and full time equivalent employees but sponsors a self funded health plan, then the employer has to complete IRS Forms 1094-B and 1095-B and submit both forms to the IRS and provide a copy of Form 1095-B to the employees.

### C. Large Employer – Fully Insured Health Plan

If the employer has at least 50 full time (i.e. employees working 30 hours or more per week) and full time equivalent employees and sponsors a fully insured health plan, the employer has to complete only the top 2 parts of IRS Forms 1094-C plus Form 1095-C and submit both forms to the IRS and provide the employees a copy of Form 1095-C.

### D. Large Employer – Self Funded Health Plan

If the employer has at least 50 full time (i.e. employees working 30 hours or more per week) and full time equivalent employees and sponsors a self funded health plan, the employer has to complete all 3 parts of IRS Forms 1094-C plus Form 1095-C and submit both forms to the IRS and provide the employees a copy of Form 1095-C to the employees.

Here are links to all four forms and the instructions. It is important to determine which forms you have to complete and to start gathering the data starting January 1, 2015.

<http://www.irs.gov/pub/irs-dft/f1094b--dft.pdf>

<http://www.irs.gov/pub/irs-dft/f1094c--dft.pdf>

<http://www.irs.gov/pub/irs-dft/i109495b--dft.pdf>

<http://www.irs.gov/pub/irs-dft/f1095b--dft.pdf>

<http://www.irs.gov/pub/irs-dft/f1095c--dft.pdf>

<http://www.irs.gov/pub/irs-dft/i109495c--dft.pdf>

There are special transitional rules that provide simplified reporting methods for the 2015 calendar year. However, now is the time to start preparing for the reporting requirements.

## 2. HPID (Health Plan Identifier)

Almost everyone agrees the US health care system is not very efficient. To help streamline the system, group health plans will have to obtain and use a health plan identifier or HPID. The HPID is a uniform identification number health plans will use to receive and transmit data. If the employer sponsors a fully insured health plan, the insurance carrier will get the HPID. However, if the employer sponsors a self-funded health plan, the employer will have to get the HPID.

If the self-funded health plan is considered a large plan, the due date to register and get the HPID is November 5, 2014. The due date for a small self-funded health plan is November 5, 2015. A self-funded health plan is considered large for these purposes if the self-funded health plan paid at least \$5 million in claims during the previous calendar year.

The following is the government's website devoted to getting the HPID. This site contains educational material including videos on how to get the HPID.

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html>

If you are sponsoring a self-funded health plan, now is the time to contact your third party administrator to start the process of getting your HPID.

## 3. Transitional Reinsurance Fee

As previously mentioned, one of the main components of health care reform is the marketplaces or exchanges where individuals can go to get health coverage. It is anticipated that the carriers participating in these exchanges or marketplaces will experience adverse selection. In other words, initially there will be a lot of sick and unhealthy people signing up for coverage under the exchanges or marketplaces and their premiums probably will not cover all the claims.

As a result, all group health plans have to pay a transitional reinsurance fee to help stabilize the

premiums for the products being offered through the health care exchanges or marketplaces. In short, the transitional reinsurance fee is designed to help compensate the carriers participating in the marketplaces or exchanges. The reinsurance fee is only in place for 2014, 2015 and 2016. The annual rate for 2014 is \$63 per person covered under the plan and for 2015 the annual rate per person is \$44. The rates have not been released for 2016.

In the case of a fully insured health plan, the carrier will pay the reinsurance fee but, not surprisingly, the fee has been built into the premiums. In the case of a self-funded health plan, the employer has to report and pay the reinsurance fee. The employer has to report the number of people participating in the self-funded health plan to the government by November 15, 2014.

The government will then invoice the employer for the transitional reinsurance fee. The fee has to be paid electronically and can be paid in either one or two installments. If the employer wants to pay the entire amount in one installment, the payment of \$63 per person is due January 15, 2015. If the employer wants to pay the fee in two payments, the first payment of \$52.50 per person is due January 15, 2015, and the second installment of \$10.50 per person will be due November 15, 2015. Here is the link to the government's webpage listing the transitional reinsurance fee rules.

<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html>

The government is still in the process of developing the reporting forms but, if you sponsor a self-funded health plan, now is the time to starting gathering the information. As a final note, the IRS has ruled the transitional reinsurance fee is tax deductible and the Department of Labor has ruled that employers can require the employees to pay some or all the transitional reinsurance fee without violating ERISA.

For more information, contact attorney Paul Routh who is our Benefits Law Group Manager at Dunlevey, Mahan & Furry (937) 223-6003.



# America's fastest growing jobs

After the recession wiped out millions of jobs, the American labor market has at least partially recovered. So far this year, the United States has added roughly 1.6 million jobs. And in the 10 years through 2022, the BLS estimates that employment will grow by over 15 million jobs, or by 11%.

Some jobs are expected to better capitalize on economic, demographic, and workplace trends than others. For example, industrial-organizational psychologists are expected to grow 53.4%, the fastest in the nation, and occupations in the health sector are also anticipated to disproportionately grow. Based on estimated employment figures and projections for 2012 and 2022 published by the Bureau of Labor Statistics (BLS) for more than 1,000 occupations, 24/7 Wall St. identified the fastest growing jobs in America.

The jobs with the largest expected growth are often those that benefit from America's changing demographics. In an interview with 24/7 Wall St., Martin Kohli, chief regional economist for the BLS, noted that the effects of an aging population, which has access to Medicare, "combined with innovations that provide new treatments" has led to increases in health care spending. In turn, more spending creates "a high demand for jobs to provide these services," he added.

In fact, the average of all health support occupations is expected to grow 28% by 2022. Six jobs within the top 10 are in the health care sector.

Some of the fastest growing jobs are expected to receive a boost from economic trends. For example, the BLS expects that a continued economic rebound will lead to greater demand for construction and renovations. While construction laborers and helpers are expected to grow 25%, jobs such as masons' helpers are expected to grow at a considerably higher rate of 45%.

Government and private sector initiatives are also expected to contribute to growth in specific occupations. New federal health care legislation is expected to increase access to health care and, in turn, to the scale of the health care industry. Meanwhile, mechanical insulators are expected to benefit from an increased focus on environmental sustainability.

Most of the occupations with the highest estimated growth rates are not especially large. Only two occupations, home health aides and personal care aides, are estimated to be among the larger jobs by number of people employed in 2022.

There does not appear to be wage or educational trends among the jobs with the largest growth rates. These occupations all have various levels of median wage as well as differing educational requirements.

To determine the jobs with the highest forecast rate of employment growth, 24/7 Wall St. reviewed BLS Employment Projections program data for 2012 and 2022. In order to qualify, occupations needed to reference a specific job rather than a broader classification. Figures from the BLS for 2012 represent estimates, while figures for 2022 represent forecasts and may be revised. Further information on each occupation came from the BLS' Occupational Outlook Handbook.

These are the fastest growing jobs in America:

## 1. Industrial-Organizational Psychologists

- > Pct. change in employment 2012 – 2022: 53.4%
- > Number employed, 2012: 1,600
- > Number employed, 2022: 2,500
- > Median annual income: \$83,580
- > Educational qualification: Master's degree

Industrial organizational psychologists are anticipated to be the fastest growing job in the U.S. in the 10 years through 2022. The BLS estimates that in the 10-year period through 2022, employment of industrial-organizational psychologists will rise more than 53%, dramatically higher than the growth rates for all jobs and for other psychologist professions. The use of psychology is expected to increase across the nation as individuals and institutions look for help in solving or managing problems. Industrial-organizational psychologists address issues relating to workplace productivity, organizational developments, and employee screening. Becoming an industrial-organizational psychologist typically requires a master's degree, as well as an internship or residency. Despite the forecast growth rate, the actual number of jobs expected to be added is very small — just 900 by 2022.

## 2. Personal Care Aides

- > Pct. change in employment 2012 – 2022: 48.8%
- > Number employed, 2012: 1,190,600
- > Number employed, 2022: 1,771,400
- > Median annual income: \$19,190



> Educational qualification: Less than high school

Similar to home health aides, personal care aides provide individualized home health services to elderly clients living at home. However, personal care aides are restricted to providing only basic medical services and will often work in conjunction with nurses or social workers. The BLS expects that over 580,000 jobs for personal care aides will be created in the decade through 2022, the most out of any of America's fastest growing jobs. Yet, the median annual wage for personal care aides was just \$19,910 as of 2012, well below the nationwide median of \$34,750 for all occupations.

### 3. Home Health Aides

> Pct. change in employment 2012 – 2022: 48.5%

> Number employed, 2012: 875,100

> Number employed, 2022: 1,299,300

> Median annual income: \$20,820

> Educational qualification: Less than high school

An aging population will likely result in a greater need for home health aides, who provide individualized daily client care. The number of such aides is expected to grow by over 48% in the 10 years from 2012 and become one of the most commonly-held jobs by 2022. Home health aides typically work for a medical institution and keep a record of services performed and the client's conditions, in addition to providing home care and companionship. For elderly clients, home health care is increasingly popular because it offers a "less expensive alternative to nursing homes or hospitals," the BLS notes.

### 4. Mechanical Insulation Workers

> Pct. change in employment 2012 – 2022: 46.7%

> Number employed, 2012: 28,900

> Number employed, 2022: 42,400

> Median annual income: \$39,170

> Educational qualification: High school diploma

While the BLS forecasts above average growth in construction employment, the estimated growth rate of mechanical insulation workers is projected to be more than twice that, at 47%. Unlike other types of insulators, mechanical insulation workers require greater specialty given the challenges of applying insulation to pipes and ducts in all types of buildings. Increased emphasis on energy efficiency will result in growing demand for mechanical insulation workers instead of non-mechanical insulation workers.

READ THE ENTIRE STORY AT:

<http://www.usatoday.com/story/money/business/2014/08/30/24-7-wall-st-fastest-growing-jobs/14816553/>

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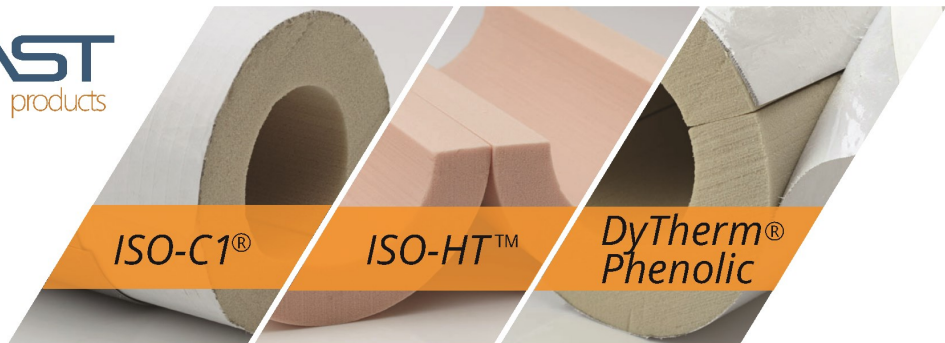


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# Body Piercing, Tattoos And Transgender Apparel Employer vs. Employee



**Speaker:**  
Amy Mitchell with  
Dunlevey, Mahan &  
Furry  
Board Certified  
Specialist Labor and  
Employment Law

**Wednesday, February 4, 2015**  
**11:30 am - 1:00 pm lunch included**  
Association Office Classroom  
2077 Embury Park Rd.  
Dayton, Ohio 45414

Times are changing and the new "normal" may be very different from the "normal" of the past. In this era of body piercings, tattoos, and unusual apparel, employers are struggling to formulate and enforce effective dress code policies. The Americans with Disabilities Act, Title VII of the Civil Rights Act, as well as other laws, directly impact what an employer may say and do. If an employer is not adequately prepared to address these dress code issues when they arise, it can create a legal or public relations nightmare. Generally speaking, grooming policies still can be used if carefully crafted and non-discriminatorily enforced. Can you reject an applicant for body piercings or tattoos? Is it part of a religious practice? What if your customers object to your employees calling on them due to their physical appearance? Get your answers to these questions and much more.

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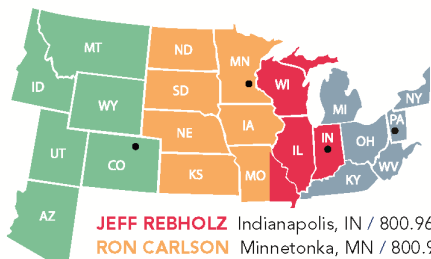


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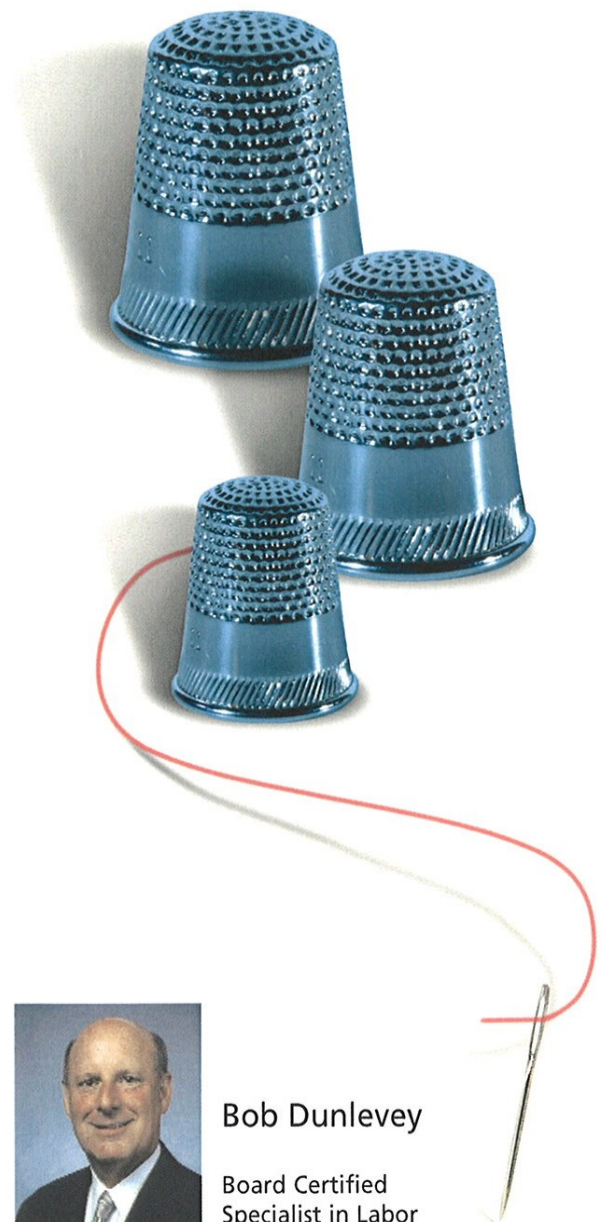
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## OSHA Announces Changes to Accident Reporting Rules – Effective January 1, 2015

On Friday, September 12<sup>th</sup> OSHA announced a final rule for reporting accidents with injuries. These changes are significant and will go into effect on January 1, 2015.

There is no change to the reporting rule for fatalities. An employer still has eight (8) hours to report an accident that results in a fatality. In the case of a fatality the employer must report to the Area Office closest to the location of the accident that resulted in the fatality. If the accident occurs after office hours the accident can be reported by calling the local Area Office or by calling 1-800-321-6742 (1-800-321-OSHA) or by emailing the report to [www.osha.gov](http://www.osha.gov). When reporting the fatality or an accident resulting in the hospitalization of ONE employee, an amputation or the loss of an eye the employer should provide the following information to OSHA:

1. The company or establishment name,
2. The location of the work related accident,
3. The time or the reportable event,
4. The number of employees who suffered the fatality,
5. The names of the employees,
6. A contact person for the company, and
7. A brief description of the work-related incident.

Even though the time of your call will be noted on the voice mail or email, you should also note the time of your notification.

The significant change to the reporting rules involves in-patient hospitalization, amputation or loss of eye accidents. In the past an in-patient hospitalization accident had to involve three or more employees to be hospitalized to come under the reporting rules. Also, when an accident occurred involving the inpatient hospitalization of three or more employees the employer had to report the accident within eight (8) hours of its occurrence.

Under the new rule, the employer must report all accidents involving the in-patient hospitalization for treatment of ONE employee.

Under the new rule the employer has **TWENTY-FOUR (24)** hours to report the accident. In-patient hospitalization is defined as an employee being admitted to the hospital for **TREATMENT**, not just for observation. If the employee is first admitted to the hospital for observation, but later undergoes treatment, the accident is reportable within 24 hours of the employer finding out that the employee has received treatment as part of his/her in-patient hospitalization. The reporting guidelines are the same as noted above for fatalities, except of course that the report must be made within twenty-four (24) hours.

Some additional points regarding the new rule include a reminder that if the fatality does not occur within thirty (30) days of the work related accident the eight (8) hour reporting rule does not apply. Also, **ALL** heart attacks resulting in a fatality or in-patient hospitalization are reportable within the preceding time limits. OSHA defines amputation as “the loss of a part, such as a limb or appendage, that has been severed, cut-off, amputated (either completely or partially); finger-tip amputations with or without bone loss; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached. Amputations do not include avulsions, enucleations, degloving, scalping, severed ears or broken or chipped teeth.” I think the key point to note here is that the finger-tip amputation with or without bone loss must be reported within twenty-four (24) hours.

If you have any additional questions, please call the Association office or check the standard at 29 CFR Part 1904.



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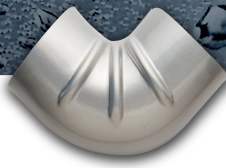
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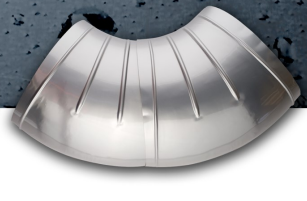
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 Contact Name: \_\_\_\_\_  
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## TYPE OF MEMBERSHIP REQUESTED (*check only one*)

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| <input type="checkbox"/> Engineer/Specifier     | \$ 55.00 |                                       |   |                                    |                                |

## APPLICANT INFORMATION

Please Answer the following questions so that we may get to know you better, and feel free to use additional sheets is necessary.

- Type of Work in which your company is engaged: \_\_\_\_\_
- Length of time company has been in business; date established: \_\_\_\_\_
- Primary geographic area of operation: \_\_\_\_\_
- Brief history of company: \_\_\_\_\_  
\_\_\_\_\_
- Identify Principals of Company and Titles: \_\_\_\_\_  
\_\_\_\_\_
- Number of Employees: \_\_\_\_\_
- Labor Organizations representing your employees: \_\_\_\_\_
- Is your company a member of NIA?  Yes  No

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