

Most Frequently Cited
Serious
General Industry
CY 2019



#1 1910.1200(e)(1)

- Written hazard communication program
- Must contain a list of hazardous chemicals
- 978 citations



#2 1910.212 (a)(1)

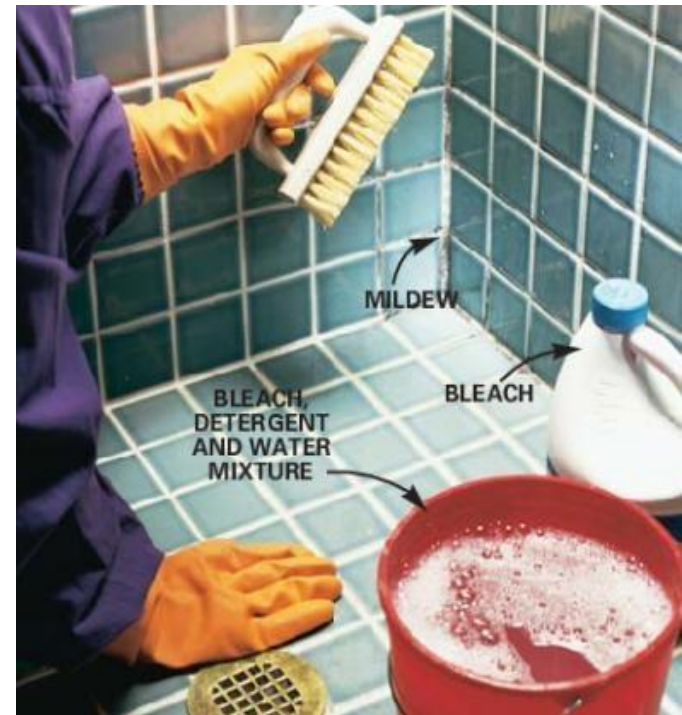
- Machines are guarded
- Printing Press with Guards
- Press Brake with Light curtains
- Conveyor with emergency stops and pull cords
- 980 citations



Light Curtains are one method of guarding.

#3 1910.1200(h)

- Employees are trained in the hazards of chemicals
- 713 citations



#4 1910.147(c)(4)(i)

- Develop Energy Control Procedures for all machines.
- 638 citations

BRADY LOCKOUT TAGOUT PROCEDURE SAMPLE

Developed by	Reviewed by	Revised by
BRADY	BRADY	


Description: Boiler #1	Equipment #	160-0012
Location: Boiler Room	Bldg: GHO	Revn: 0
Date: N/A	Origin Date: 9/3/08	

4 LOCKS & TAGS NEEDED


DANGER
Steam pressure and burn hazard. Ensure steam and heat have dissipated before proceeding.

NEXT AUDIT DUE SEP 2009	NEXT AUDIT DUE SEP 2010	NEXT AUDIT DUE SEP 2011	NEXT AUDIT DUE SEP 2012
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North Wall



South Side View



North West Side View




ALWAYS PERFORM A MACHINE STOP BEFORE LOCKING OUT DISCONNECTS

ID	Source	Location	Method	Check	Device
E-1	Electrical 480V	Disconnect located at the MCC located on North Wall	Move E-1 disconnect to off. Lock out.	Attempt restart at CP-1.	Lockout Hasp and Lock
W-1	Hot Water Supply	Disconnect Above the Boiler. Valve on West Side.	Turn W-1 valve off. Lock out.	Verify pressure has bled off.	Cable Lockout
W-2	Hot Water Return	Disconnect Above the Boiler. Valve on West Side.	Turn W-2 valve off. Lock out.	Verify pressure has bled off.	Cable Lockout
G-1	Gas Natural Gas	Disconnect on West side of Boiler unit.	Turn G-1 valve off. Lock out.	Verify pressure has bled off.	Universal Ball Valve Lockout

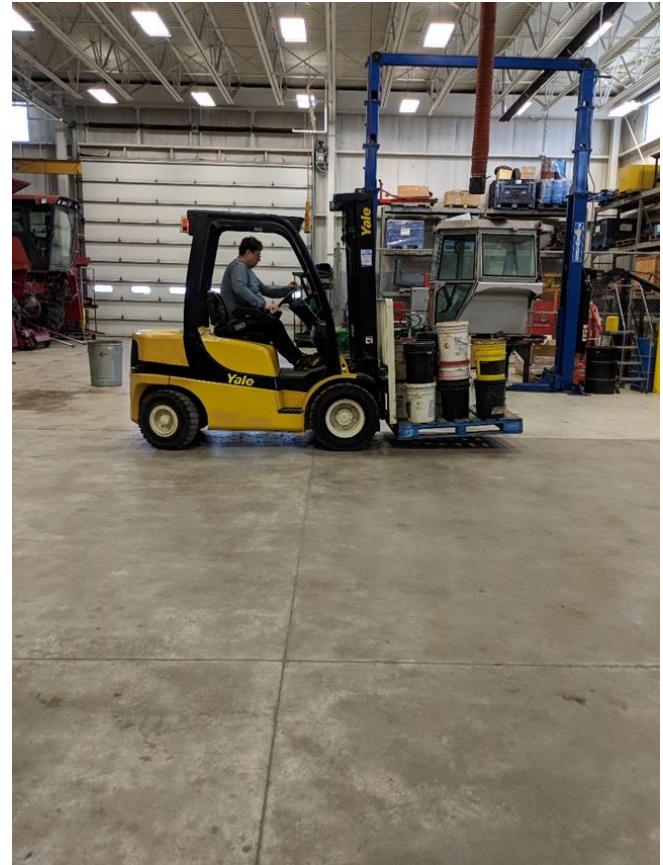
CP = CONTROL PANEL | E = ELECTRICAL | W = WATER | P = PNEUMATIC | G = CHEMICAL | V = VALVE | S = GAS | S = STEAM

DANGER OPENING A GUARD DOES NOT CONSTITUTE A LOCKOUT! Any machine modifications must be shown in procedure. Contact facilities to update procedure. **DANGER**


Safety Is Your Responsibility!
800-496-4040

#5 1910.178(L)(1)

- Provide forklift operator training
- Trainer must be able to drive a forklift.
- 500 citations



#6 1910.134(e)(1)

- Respirator Medical Evaluation
- 487 citations



OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE 1910.134 Appendix C (mandatory)

To the Employer:
Answers to questions in Section 1, and to question 9 in section 2 of Part A, do not require a medical examination.

To the Employee:
Can you read? Yes No
Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory)

Date: ___/___/___ Employee Number: _____
Name: _____ Age: _____
Job Title: _____ Height: _____ ft. ___ in.
Weight: _____ lbs.
Phone number where you can be reached by the Health Care Professional who reviews this questionnaire (including Area Code): _____ Best time to reach you at this number: _____ days
Has your employer told you how to contact the health care professional who will review this questionnaire?
 Yes No
Check the type of respirator you will use (you can check more than one category):
 N, R, or P disposable respirator (filter-mask, non-cartridge type only) **N95**
 Other type (for example, half – or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)
Have you ever worn a respirator? Yes No If yes, what type(s): _____

Part A. Section 2. (Mandatory)

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes No
2. Have you ever had any of the following conditions?
- a. Seizures (fits) Yes No
 - b. Diabetes (sugar disease) Yes No
 - c. Allergic reactions that interfere with your breathing Yes No
 - d. Claustrophobia (fear of closed-in places) Yes No
 - e. Trouble smelling odors Yes No
3. Have you ever had any of the following pulmonary or lung problems?
- a. Asbestosis Yes No
 - b. Asthma Yes No
 - c. Chronic Bronchitis Yes No
 - d. Emphysema Yes No
 - e. Pneumonia Yes No
 - f. Tuberculosis Yes No
 - g. Silicosis Yes No
 - h. Pneumothorax / Collapsed lung Yes No
 - i. Lung cancer Yes No
 - j. Broken ribs Yes No
 - k. Any chest injuries or surgeries Yes No
 - l. Any other lung problems that you've been told about Yes No

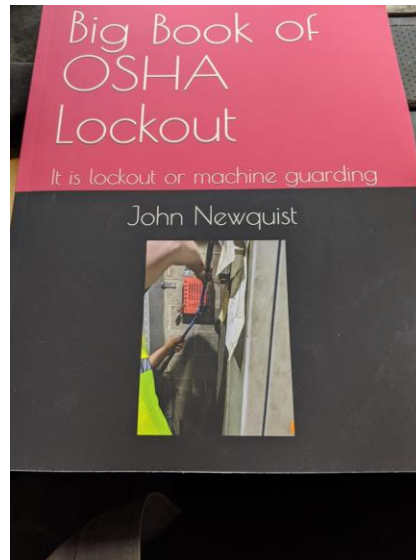
#7 1910.134(f)(2)

- Respirator fit test
- Annual
- User seal check is not a respirator fit test
- 459 citations



#8 1910.147(c)(7)(i)

- Provide Lockout training to authorized employees
- 434 citations



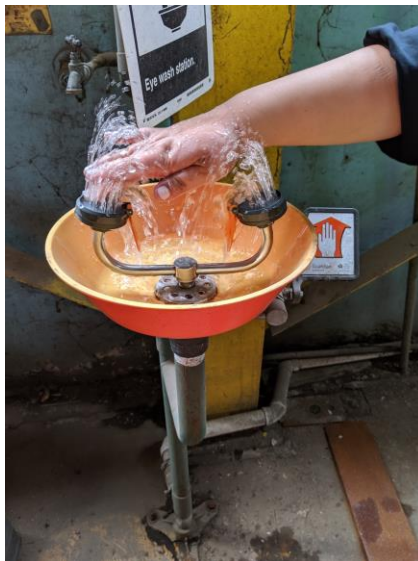
#9 1910.303(g)(1)

- Provide three feet clear space around electrical panels
- 423 citations



#10 1910.151(c)

- Provide eyewash when corrosives are used
- ANSI requires it be within 55 feet
- Squirt bottles are not eyewashes
- 387 citations



Bubbling Under the Top Ten

- 1910.212(A)(3)(II) – point of operation guarding
- 1910.28(b)(1) – Fall protection above 4 feet
- 1910.147(c)(6)(i) Annual Periodic Inspections for lockout
- 1910.134(c)(1) – written respirator program
- 1910.1200(g)(8) – SDS for chemicals

- Guardrails on the roof



Background

40 years working with top companies to achieve world class safety in their sector.

- Classes: Incident Investigation, Confined Space, Excavation Safety, Cranes Signaling, Rigging Safety, Fall Protection, Scaffold Competent Person, Silica Competent Person, CSP ASP CHST Prep, Lockout, Machine Guarding, OSHA Recordkeeping, and Safety Management
- Services: Safety Training, Site Safety Audits, Expert Witness,
- Since 1987, he has trained over 50,000 people including OSHA compliance officers and Fortune 500 Clients in numerous areas of Safety and Health.

