Public Employment Risk Reduction Program





What is PERRP?

- Public Employment Risk Reduction Program
 - Inception-1994
- OSHA standards to public employers
 - 0 1910
 - 1926
 - 1928
- Applies to all public employees, except Certified Peace Officers.





PERRP Purpose

- Ensure public employees in Ohio have a safe and healthy work environment by:
 - Identifying and reducing workplace hazards
 - Developing and enforcing mandatory job safety and health standards.
 - Maintaining a reporting and recordkeeping system.
 - Assisting through training, program review and other services.



ORC 4167.02 Amendment

- Safety Partnership Agreement program
- All public employers are eligible to participate.
 - Recognize public employers that have exemplary safety and health programs.
 - Program participants encouraged to serve as mentors for other public employers.
 - Program participants excluded from PERRP general schedule inspections.





Safety Partnership Agreement

- Participation Requirements
 - 1. Active workers' compensation policy;
 - Injury and illness history that is less than the aggregate incidence rate for all Ohio public employment sectors;
 - 3. Establish and maintain a safety committee;
 - No open, unresolved, or outstanding enforcement actions; and
 - 5. Agree to comprehensive employment risk reduction inspections.





ORC 4167.10 Amendments

- Scheduled inspections:
 - Focus on high-risk employers and high hazard work activities
 - Trenching and Excavation
 - Permit Required Confined Space
 - Work Zones
 - Tree Work
- Enforcement inspections to be conducted without delay.





What Is Enforced?

- Regulatory elements of the PERR Act
- Federal OSHA regulations
- Chapters 4167 of the Ohio Administrative
 Code and Ohio Revised Code



Wording of Standards

- Shall (Mandatory)
- Must (Mandatory)
- Should (Voluntary)
- May (Voluntary)



Notice of Imminent Danger

			,		of PERRP or designee may remove it.
BWC PERRI	P compliance :	safety and hea	ith officer cond	fucted an Insp	section at a facility of this public employer located at
d described	as follows				
ased on this i r serious ph rocedures.	nspection, an in rysical harm in	nminent dange nmediately —	er to employeed or at least befor	s exists in this re the imminer	place of employment. This danger could cause death it danger can be removed through PERRP enforcement
ondition(s) de					67-9-02, you must post this notice immediately near the conditions. The public entity and its affected employees
void, correct o	ctor of PERRP or remove such langer exists.	or designated r imminent dange	representative is er AND prohibit :	authorized to any employees	require the public entity to take any action necessary to a from working in a location(s) or under condition(s) where
	thy feels it was a view with the PE		ted by the action	required to ac	idress the imminent danger, that public entity can request
ote: This not eparately.	ice does not co	onstitute a citatio	on of violations.	The PERRP of	firector will issue appropriate citations to the public entity
ecoription o	of imminent d	anger			
is must rem	ain posted un	til the PERRP	director or aut	horized repre	sentative removes it.
ned and dat	ed at				
- a and dat					
		, this		day of	, 20
					Compliance Safety and Health Officer
					BWC Public Employment Risk Reduction Program
					Public Employment Risk Reduction Program 30 W. Spring St., 25th Floor
					Public Employment Risk Reduction Program
					Public Employment Risk Reduction Program 30 W. Spring St., 25th Floor Columbus, OH 43215-2256
					Public Employment Risk Reduction Program 30 W. Spring St., 25th Floor Columbus, 0H 43215-2256 Phone: 800-671-8858

Notice of Imminent Danger



General Duty Clause

- Can only be used where there are no specific standards that apply.
- Must involve a recognized serious hazard and exposure of employees.
- Cannot be used to impose a stricter requirement than required by a standard.
- Cannot be used to enforce "should" standards.





Employer and Employee Responsibilities

- Each public employer in Ohio must:
 - Provide a place of employment free from recognized hazards.
- Each public employee in Ohio must:
 - Comply with all safety and health regulations; and
 - Any reasonable safety and health policies developed by their employer.



Most Common Violations

- PERRP publishes a list of the most frequently cited standards on our website for the previous calendar year.
- This list can be a helpful tool for identifying potentially hazardous conditions.

Rank	Standard	Section Title	# of Findings*
1	29 CFR 1910.303	Electrical Equipment, General Requirements	126
2	29 CFR 1910.305	Electrical, Wiring Methods, Components, and Equipment for general use	80
3	29 CFR 1910.1200	Hazard Communication	66
4	29 CFR 1910.212	Machinery and Machine Guarding, General Requirements for all Machines	55
5	OAC 4167-6-01	Recording and Reporting Occupational Injuries & Illnesses	51
6	29 CFR 1910.132	Personal Protective Equipment, General Requirements	47
7	ORC 4167.04(A)(1)	Furnish to each of his public employees employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious physical harm to his public employees	47
8	29 CFR 1910.22	Walking-Working Surfaces, General Requirements	40
9	29 CFR 1910.215	Abrasive Wheel Machinery	35
10	29 CFR 1910.146	Permit-Required Confined Spaces	34
11	29 CFR 1910.242	Hand and Portable Powered Tools and Equipment, General	33
12	29 CFR 1910.334	Electrical, Use of Equipment	31
13	29 CFR 1910.157	Portable Fire Extinguishers	30
14	29 CFR 1910.37	Maintenance, Safeguards, and Operational Features for Exit Routes	30
15	29 CFR 1910.151	Medical Services and First Aid	29
16	29 CFR 1910.28	Duty to have Fall Protection and Falling Object Protection	28
17	29 CFR 1910.304	Electrical, Wiring Design and Protection	24
18	29 CFR 1910.213	Woodworking Machinery Requirements	23
19	29 CFR 1910.243	Guarding of Portable Tools	21
20	OAC 4167-3-05	Ohio Specific Safety Standards (Traffic Control and Bloodborne Pathogens)	21
21	29 CFR 1910.23	Ladders	20
22	29 CFR 1910.141	Sanitation	17
23	29 CFR 1910.134	Respiratory Protection	16
24	29 CFR 1910.184	Slings	15
25	29 CFR 1910.95	Occupational Noise Exposure	14



In Public Employer Workplaces, Required PERRP Poster Replaces OSHA Posters!







OSHA

PERRP Recordkeeping Forms



State of Ohio — Public Employment Risk Reduction Program — Form 301P (Rev. Sept. 28, 2020)

☐ No

Injury and Illness Incident Report

ATTENTION: This form contains information relating to employee health. Please use it in a manner that protects the confidentiality of employees while also allowing for use of the information for occupational safety and health purposes.



Division of Safety & Hygiene, PERRP 30 W. Spring St., 25th Floor, Columbus, OH 43215-2256

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness occurs. Together		Information about the employee			Information about the case		
with the Log of Work-Related injuries and illnesses (300P) and the accompanying	1)	Full name		12)	Case number from the Log(Transfer the case number from the Log after you record the case.)		
Summary (300AP), these forms help you and PERRP develop a picture of the extent and	2)	Street		13)	Date of injury or illness		
severity of work-related incidents. You must complete this form or an equivalent within six calendar days after receiving information that a		CityState	Zip code	14)	Time employee began work(AM/PM)		
recordable work-related death, injury or illness has occurred. [Ohio Administrative Code (OAC)	3)	Date of birth		15)	Time of event(AM/PM)		
4167-8-02]	4)	Date hired		16)	What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific, (Examples: climbing a ladder while carrying roofing materials; spraying chlorine		
BWC's First Report of an Injury, Occupational Disease or Death (FROI) is an acceptable substitute. To be considered an equivalent, the	5)	Job title			from hand sprayer; daily computer key-entry.)		
substitute. To be considered an equivalent, the substitute must contain all of the information on this form. (OAC 4167-6-03) You must keep this	6)	☐ Male ☐ Female					
form on file for five years following the year to which it pertains. (OAC 4167-6-07)		Information about the physician or oth	er health-care professional	471	What hannehed 2 Tell us how the injury occurred. (Examples: when ladder slipped on wet floor, worker fell 20 feet worker was		
If you need additional copies of this form, you may photocopy (or print) and use as many as	7)	Name of physician, other health-care pro	fessional or first-aid provider	1/)	7) What happened? Tell us how the injury occurred. (Examples: when ladder slipped on wet floor, worker fell 20 feet; worker w sprayed with chlorine when gasket broke during replacement; worker developed soreness in wrist over time.)		
ATTENTION: All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and "any political public and the original public and the		If treatment was given away from the wor	rk site, where was it given?				
subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporatio	n,	Facility		18)	What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than just using the words "hurt," "pain" or "sore." (Examples: strained lower back; chemical burn, right hand; carpal tunnel syndrome		
city, village, township, park district, school district, stal institutions of higher learning, public or special district state agency, authority, commission or board" as		Street			left wrist.)		
defined in Ohio Revised Code 4167.01.		CityState	Zip code				
	9)	Was employee treated in an emergency	room?				
Completed by		Yes No		19)	What object or substance directly harmed the employee? (Examples: concrete floor; chlorine; radial arm saw.) if this question does not apply to the incident, leave it blank.		
	10)	Was employee hospitalized overnight as	an in-patient?				
Title		Yes No					
Phone Date	11)	Did the employee receive treatment class site or hospital?	sified as first aid at the work				
l		□ Yes □ No		20)	If the employee died, when did death occur? Date of death		





State of Ohio — Public Employment Risk Reduction Program — Form 300P (Rev. Sept. 28, 2020)

Log of Work-Related Injuries and Illnesses

ATTENTION: All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and "any political subdivisions and their instrumentalities, including any ocurry, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

If you are an Ohio public employer, you must use this form to record. (1) Information about every work-related death and every work-related injury or illness that involves loss of conscloueness, restricted work activity or job transfer, days away from work, or modical treatment beyond first aid; (2) Significant work-related injuries and illnesses that physician or other practicing licensed health-care professional (PLIACP) dagnoses; (3) Work-related injuries and illnesses that meet any of the specific criteria listed in the instructions for these forms. Feel free to use two lines for a single case if you need more room. You are also welcome to make additional copies of this form as needed. If you are completing this form electronically, you may also add rows to create additional lines for more incidents. Also note, you must complete an injury and illness incident Report (PERRP form 301P or an equivalent) for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call PERRP for assistance at 800-671-5858. You must keep this form on file for five years following the year to which it pertains. (Ohio Administrative Code 4167-6-07)

ATTENTION: This form contains information relating
to employee health. Please use it in a manner that
protects the confidentiality of employees while also
allowing for use of the information for occupational
safety and health purposes.

Establishment name

Year

State Ohio

(2) (3)

	Identify the person			Dec	scribe the case					Classify	the case						
(A) Case number	(B) Employee's name	(C) Job title	(D) Date of	(E) (F) Where the event occurred Describe injury or illness, parts of body affected and				BOX for each come for that ca	ase based on	Enter the nur days the inju worker was:	red or ill	Check the injury column or choose one particular type of illness. If completing this form electronically, enter an "X" to indicate an injury or illness type.					irtype enter an
	(Last name, First name)	(e.g., welder)	injury or onset of illness	(e.g., loading dock north end)	object/substance that directly injured or made person ill (e.g., second-degree burns on right forearm from acetylene torch)		"X" to indicate cas	se outcome if filling o	xit electronically.			(M)					
			(mo./day)		Death	Days away from work	Remains	ed at work	Away from work	On the job transfer or restriction		rder	λic _		990	ilhesses	
								or restriction	Other record- able cases	(days)	(days)	Injury	Skin diec	Respirat	Poisonin	Hestring	All other
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
														\vdash	$\overline{}$	\vdash	\dashv
																\Box	\dashv
															\neg	\Box	\neg
																	\neg
															\Box		\neg
																	\Box
																	\Box
														Ш			
					B										ليا		
Ohio	Bureau of Worl	kers'			Page totals Be sure to transfer these totals to the	Summ	ary page (F	orm 300AP) before you	post it.	0	0 È	0 h	6.5	0 ₽	8	8

Do not post this Log. Post only the Summary.

Compensation

Division of Safety & Hygiene, PERRP 30 W. Spring St., 25th Floor

Columbus, OH 43215-2256



State of Ohio — Public Employment Risk Reduction Program — Form 300AP (Rev. Sept. 28, 2020)

Year		

Summary of Work-Related Injuries and Illnesses

All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the Log of Work-Related Injuries and Illnesses (300P) to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals bellow, making sure you've added the entries from every page of the Log. If you had no cases, write "0". If you are using the electronic form, verify that you have imported the correct values.

Employees, former employees and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRP Form 301P or its equivalent. See OAC 4167-6-08 in the PERRP recordkeeping rule for details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(J)

Number of days

Total number of days away from work Total number of days of job transfer or restriction

0	0
(K)	(L)

Injury and illness types

Ohio Bureau of Workers'

Division of Safety & Hygiene, PERRP 30 W. Spring St., 25th Floor Columbus, OH 43215-2256

ATTENTION:

All Ohio public employers must complete this form (or an equivalent). This includes the State of Ohio and its instrumentalities; and "any political subdivisions and their instrumentalities, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institutions of higher learning, public or special district, state agency, authority, commission or board" as defined in Ohio Revised Code 4167.01.

You must submit this form to PERRP by Feb. 1 of each year to summarize the previous year's activities. You may submit it by mail or fax, or electronically via BWC's Web site, ohiobwc.com.

You must also post this form from Feb. 1 to April 30 of each year in a location that is readily accessible by your employees and their representatives. You do not have to post it for non-employees or the public.

Name of person completing or filing 300AP (print or type) Email address Phone number

Establishment information

Street	State Ohio Zip code
City	State Otto Zip out
	Feth and
County	Entity code Select code from list
Establishment description	e.g., elementary school, maintenance garage, wastewater treatment plant DD workshop, library, hospital, extanded care tacility, etc.)

Employment information

For use ONLY by state agencies, special districts, counties, cities, villages and townships

By your definition, enter the total number of full-time and part-time employees, which includes seasonal workers. Enter police, fire, EMT and paramedics separately below.

Full time:	
Part Control of the C	

Police/Fire/EMT: For use ONLY by educational institutions (universities, colleges,

technical schools, school districts)

Enter the total number of full-time and part-time employees that fit in the classification below. Do NOT include substitutes or volunteers in your employee

count.

Teachers/instructors.

All others/support staff (e.g., administration, bus drivers, custodial, coaches, etc.)

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that the entries are true, accurate and complete to the best of my knowledge.

Administrator name (Print)	Title
Administrator name (Signature)	Date

Phone E-mail address





Retention and Updating

- Maintain/Retain forms for five years.
 - The current year, plus the five prior years.

 Only update the 300P Log during the retention period to the date of the injury.

 You do not update the 300AP or 301P during the five-year retention period.

Employee Access

 Injury and illnesses as well as Exposure and medical records must be made available to;

- To any employee, former employee, or employee representative.
- PERRP representatives for the purposes of carrying out the provisions of the program.

PERRP Inspection Priorities

Priority	Category of Inspection
1st	Refusal to Work: Reasonable certainty an immediate danger exists
0	Fatality: Reported to PERRP within eight (8) hours; inspected ASAP
2nd	Hospitalization, amputation, loss of an eye: Reported to PERRP within twenty four (24) hours; inspected ASAP
3rd	Complaints: Worker or worker representative can file a complaint about a safety or health hazard
4th	General Schedule Inspections: Inspection schedule based upon high risk workplaces and work tasks
5th	Compliance Assistance Inspections: Voluntary inspections encourage a pro-active approach to addressing workplace hazards





Significant Injury Reporting

- Employers must report:
 - Employee fatalities to PERRP within 8 hours of the accident or as soon as the employer becomes aware of the death.
 - Significant employee injuries; in-patient hospitalization, for medical treatment, amputations or the loss of an eye within 24 hours or as soon as the employer becomes aware of the incident.
- 1-800-671-6858 option 1



Refusal to Work

 Any public employee acting in good faith may refuse unsafe assigned tasks.



Complaints

	Risk Reduction Pro State of Ohio Division of Safety and Hy 30 W. Spring St., 25th Fit Columbus, OH 42215-22 Toll Free 800-671-6856 Email: perrpcomplaint®bwc.st	rgiene por 256		
	Complaint Fo	rm		
Use this form to file a	complaint with the Public Emp	loyment Risk	Reduction	Program.
The undersigned (Please check)	☐ Employee ☐ Employe	ee representa	tive 🗌 Ot	her
believes that an occupational safe	ety or health hazard(s) exist at th	ne following p	olace of emp	oloyment:
Employer (City, township, school distric	ct, otc.)			
Name of supervisor or manager a	at facility			
Address				
City	County	State		ZIP code
Phone				
Address (if different from above) City		State		ZIP code
Phone				
Does the risk pose an immediate	threat of serious harm?	□Yes □] No	
Are any employees refusing to we	ork?	□Yes □ No		
rate any employees releasing to the	If yes, have employees notified the supervisor of the risks?			
	ne supervisor of the risks?	□Yes □	No	
	ne supervisor of the risks?	□Yes □	lNo	
If yes, have employees notified th				zard? □Yes □ No
If yes, have employees notified th		Program regar		zard? □Yes □ No
If yes, have employees notified th What was the result? Have employees contacted the Pub	olic Employment Risk Reduction F	Program regar		zard? □Yes □ No
If yes, have employees notified th What was the result? Have employees contacted the Pub When?	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified th What was the result? Have employees contacted the Pub When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified th What was the result? Have employees contacted the Pub When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified the What was the result? Have employees contacted the Pub. When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified the What was the result? Have employees contacted the Pub. When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified the What was the result? Have employees contacted the Pub. When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified the What was the result? Have employees contacted the Pub. When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	
If yes, have employees notified the What was the result? Have employees contacted the Pub. When? Nature of hazardous activity	olic Employment Risk Reduction F	Program regar	ding this ha	

BWC-6605 (Rev. Sept. 16, 2020) SH-6

SH

Page 1 of 2





Discrimination/Retaliation

- The PERR Act provides for employee protection from retaliation.
- Employees cannot be discharged or otherwise discriminated against
- Employees can file discrimination complaints related to health and safety with the State Personnel Board of Review.



Enforcement Inspection Procedures

- Conduct an opening conference.
- Perform inspection of the jobsite(s).
- Review written programs
- Interview employees and management.
- Hold a closing conference to summarize the findings.



Enforcement Inspections

- If alleged violations are identified during an enforcement visit, PERRP sends a report to the employer.
- Inspection reports include:
 - Violation Notice
 - Citations



Governor John R. Kasich Administrator/CEO Stephen Buehrer

ohiobwc.com 1-800-OHIOBWC Phone: 614-995-8622 Fax: 614-365-4974

VIOLATION NOTICE



RE: Employee refusal to work/imminent danger notification investigation;

Waste Water Treatment Plant – Visit Report

An investigation was conducted during the period between to be tween the between the betwe

PERRP requires that, upon receipt, a copy of this Violation Notice and the enclosed citations be prominently posted in a conspicuous place or places where notices to employees are customarily posted. Citations must remain posted until all cited violations are corrected, or for three (3) working days, whichever period is longer. The issuance of a citation does not constitute a finding that a violation of the act has occurred unless there is a failure to contest as provided for in the act, or if contested, unless the citation is affirmed.

Pursuant to Ohio Revised Code §4167.15, the public employer has the right to contest any or all parts of the citations. The public employer has fourteen (14) days after receipt of the citations in which to notify the Director of PERRP of the employer's desire to contest the citations. The contest of the citations by the employer must include the factual basis for contesting each provision of the act, standard, regulation, rule, or order issued by the PERRP Director. The public employee or public employee representative has the right to contest the abatement dates within fourteen (14) days after receipt of the citations.

These conditions must be abated on or before the date shown on each citation enumerated. The employer shall submit an abatement report with respect to each citation item to the PERRP Director within fourteen (14) calendar days after the abatement for the citation item. Documentation of abatement verification must be posted in areas accessible to the affected public employees [OAC 4167-13-01]. The PERRP Director may require progress reports in citations where multi-step and/or long-term abatement is deemed appropriate. Receipt of an employer's documents by the agency under this regulation does not constitute an agreement that the employer is in compliance.

Any party who is adversely affected by a final order of the BWC Administrator, and who has exhausted all administrative appeals from such order, may appeal the order, within thirty (30) days of the receipt of a copy of the final order, to the Court of Common Pleas of Franklin County, or to the Court of Common Pleas of the county in which the alleged violations occurred.

If a public employer, public employee, or public employee representative willfully fails to comply with any final order of BWC's Administrator, the BWC Administrator may apply to the Court of Common Pleas for an injunction, restraining order, or any other appropriate relief compelling the public employer, public employee, or public employee representative to comply with such order. The court may impose a civil penalty of not more than five hundred dollars (\$500.00) per day, per violation and not to exceed ten thousand dollars (\$10,000.00) per violation.

Questions concerning information contained in this Violation Notice or the enclosed citations should be forwarded to PERRP Director, Glenn E. McGinley, 13430 Yarmouth Dr, Pickerington, Ohio 43147, or by phone at (800) 671-





STATE OF OHIO

Public Employment Risk Reduction Program Division of Safety and Hygiene Ohio Bureau of Workers' Compensation

CITATION

Policy Number: Employer Name: Inspection Location:



Report Number: Inspection Dates: Issuance Date:

Citation Number 1 Abatement Date 1/30/2011

Condition

29 CFR 1910.146(k)(2)(ii): The employer did not ensure that affected employees assigned to perform rescue duties successfully completed the training required to establish proficiency as an authorized entrant, as provided by paragraphs (g) and (h) of this section.

Findings

- a. On _______, and at times prior thereto, _______ could not substantiate that employees assigned to perform permit required confined space rescue duties had established proficiency in their assigned duties.
- Employer training records for affected employees assigned to perform rescue operations did not
 contain information demonstrating an evaluation of employee competency to perform assigned
 permit required confined space rescue duties.

Abatement Note: One method of compliance would be to follow the guidelines provided in 29 CFR 1910.146 Non-Mandatory Appendix F -- Rescue Team or Rescue Service Evaluation Criteria. An additional method of compliance would be to conduct an evaluation based upon the criteria established in the following standards from the National Fire Protection Association (NFPA): NFPA 1006-2008, Standard for Technical Rescuer Professional Qualifications and NFPA 1670-2009, Standard on Operations and Training for Technical Search and Rescue Incidents.

Abatement Verification is required by OAC 4167-13-01

See Fatality Report No. 87585100 and attached Violation Notice for information on employer and employee rights and responsibilities.

Citations Page 1 of 1



Failure to Comply



Abatement Verification Report

Public Employment Risk Reduction Program

30 W. Spring Street, 25h Floor Columbus, Ohio 43215-2256 Toll Free: 800-871-8858 Fax: 614-621-5754 Email: perrocompliant@ohio.gov

Employer Name:			
Employer Address:_			
Visit Number:	Citation Number:	Corrective Action Date:	
Corrective Action on	this item has been completed: (C	Check one) Yes No	
	ctive Action Taken: NOTE: Attach prection. [e.g., photographs, invoice	n any appropriate documentary <u>evidence tha</u> es, training records, etc.]	t will clearly
Enter corrective action	on description in the space below	t.	
a particular citation ite	em has not been abated, and later	applicable): NOTE: If an employer has initially the employer abates the condition, the em fourteen calendar days after abatement.	
a particular citation its submit to the superints	em has not been abated, and later	the employer abates the condition, the em fourteen calendar days after abatement.	
a particular citation ite submit to the superinte Enter reason correct	em has not been abated, and later endent abatement verification within ive action has <u>not</u> been complete	the employer abates the condition, the em fourteen calendar days after abatement. d in the space below.	
a particular citation it submit to the superint Enter reason correct Signature of Employ Each employer shall submit after the abbarent date for hand delivery, the date of so	ern has not been abated, and later endent abatement verification within ive action has not been complete er's Authorized Representative to the administrator an abatement report with the citation through the citation through the bottlength of the things of the site of the second to the site of	the employer abates the condition, the em fourteen calendar days after abatement. d in the space below.	calendar days ansmission, o int required to
a particular citation it submit to the superint Enter reason correct Signature of Employ Each employer shall submit after the abatement date for hand delivery, the date of se be submitted to the admit	ern has not been abated, and later endent abatement verification within ive action has not been complete er's Authorized Representative to the administrator an abatement report with the citation through the citation through the bottlength of the things of the site of the second to the site of	the employer abates the condition, the em- fourteen calendar days after abatement. d in the space below. Date of Signature Date to each citation item, and do so within fourteen themseld by first-class mail, postage prepaid, facsimile to cocived by the administrator. A copy of each docume builtiest on a roser each place the violation(s) de	calendar days ansmission, o int required to

This form may be copied as necessary.





Employer Rights

- Following an inspection employers:
 - May contest citations and abatement dates within 14 calendar days of citation receipt.
 - May request multi-step and/or long-term abatement for technically complex citation items (requires periodic progress reports).
 - Must post petitions for abatement date modifications in a conspicuous place visible to affected employees for 14 calendar days.



Employee Rights

- Prior to and during an inspection employees or their representative may:
 - Accompany a PERRP investigator
 - Talk to the investigator privately
 - Point out hazards, describe injuries, illnesses or near misses that resulted from those hazards and describe any concern you have about a safety or health issue.
- Following an inspection employees may:
 - File a notice with PERRP that abatement dates assigned for a violation are unreasonable



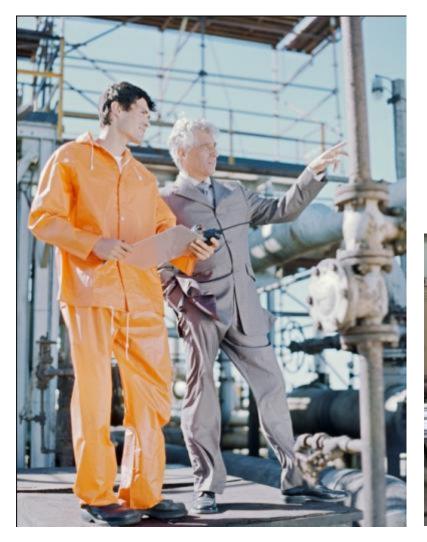


General Schedule Inspections

- High HazardOperations
 - PRCS
 - MUTCD- Road Work
 - Tree Work
 - Trenching and Excavation

- Frequently cited standards
 - Recordkeeping
 - Hazard Communication
 - Job Hazard Analysis
 - PPE standards





PERRP Compliance Assistance





Compliance Assistance

- Requests for assistance demonstrate an employer's Good Faith effort to achieve compliance.
- PERRP Services



Safety surveys



Health surveys



Training

Photograph taken by BWC





Risk Reduction Inspections (Safety)

- Safety surveys
 - Comprehensive
 - Site specific







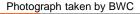




Risk Reduction Inspections (Health)

- Health surveys
 - Noise
 - Air monitoring
 - Chemical hygiene







Photograph from thinkstockphoto





Voluntary Inspection Reports

- Following all voluntary risk reduction inspections, PERRP prepares and sends detailed reports to the employer.
- PERRP encourages the employer to share voluntary inspection reports with employees.



Corrective Action

- Provided to the employer with the findings of the inspection.
- Required to be submitted to PERRP within 90 days
- PERRP uses the abatement verification for statistical analysis.



Safety Program Reviews

- All employers are required to have specific programs/processes that are applicable to work tasks.
- Common compliance issues:
 - No program.
 - An incomplete program.
 - Not site specific.



Training Services

 On-site training can be provided for a variety of topics.





Photograph taken by BWC





Compliance Services

- PERRP provides compliance services free of charge.
- Submit requests by mail, fax, or on BWC's website: http://www.bwc.ohio.gov
- You can also phone in a request to PERRP by calling the investigator/consultant in your area or by contacting the PERRP central office between 8 a.m. and 5 p.m. at:

1-800-671-6858.





Sources of Information

- BWC website: http://www.bwc.ohio.gov
- Ohio Center for Occupational Safety and Health (OCOSH) courses
- OSHA website: http://www.osha.gov
- National Institute for Occupational Safety and Health (NIOSH) – OSHA's sister agency
- OSHA Training Institute Education Centers
- Doctors, nurses, other health care providers
- PERRP Compliance Officers





PERRP Contact Information

Ohio Bureau of Workers' Compensation

Public Employment Risk Reduction Program

30 W. Spring St., 25th floor
Columbus, Ohio 43215-2256

PERRP's Main Number & Refusal to Work/

Fatality Hotline: 1-800-671-6858

Email: PERRPRequests@bwc.ohio.gov

BWC's Main Number: 1-800-OHIOBWC



