



# INTERNATIONAL ASSOCIATION OF DRILLING CONTRACTORS

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12 September 2011

OSHA Docket Office  
Docket Number **OSHA-2010-0019**  
U.S. Department of Labor  
Room N-2625  
200 Constitution Avenue, NW.  
Washington, DC 20210

Re: Occupational Injury and Illness Recording and Reporting Requirements – NAICS Update  
and Reporting Revisions [RIN 1218- AC50]

To whom it may concern:

The International Association of Drilling Contractors is a trade association representing the interests of drilling contractors, onshore and offshore, operating worldwide. Our membership includes United States land drilling contractors representing approximately eighty percent of the drilling rigs that operate in the United States.

The purpose of this letter is to respond to the Occupational Safety and Health Administration's 22 June 2011 proposed rulemaking (75 FR 36414), which proposes to revise its Occupational Injury and Illness Recording and Reporting (Recordkeeping) regulations. This proposed rule would replace the list of industries, which are currently based on the Standard Industrial Classification (SIC) system, with those based on the North American Industry Classification System (NAICS) and more recent injury and illness data. Additionally, OSHA would also require employers to report all work-related fatalities, work-related in-patient hospitalizations, and work-related amputations instead of the current requirements, which requires employers to report only work-related fatalities and in-patient hospitalizations for three or more employees.

IADC does not have any negative comments regarding the changing from the SIC system to the NAICS code, or the changes in classification of partially exempted industries being converted from one based on SIC codes to one based on NAICS codes. IADC also does not take issue with the use of the DART rates to determine which NAICS code industries qualify for the lower-hazard partial exemption that would be based on more recent Bureau of Labor Statistics data. Once all agencies standardize use of the NAICS system, it should make review of data and injury/illness trends easier to research.

IADC membership has concern with expanded reporting requirements that are proposed in this notice. The proposed changes are overly burdensome and for the most part impractical. IADC supports retaining the current reporting requirements, which requires reporting to OSHA within eight hours of any work related fatality, but recommends that OSHA increase the reporting time

of hospitalization of three or more employees to twenty four hours. Additional reporting as proposed in this rulemaking will result in increased confusion and time reporting single hospitalizations. Often an individual may be held overnight for observation only. Requiring an employer to report this type of incident within eight hours is overly burdensome to the employer and provides little value.

Reporting amputations, such as the tip of a finger, is overly burdensome and again offers little value in protecting workers from occupational hazards.

IADC also has concern regarding other OSHA reporting and record keeping proposals, such as adding an additional column on the 300 Log for musculoskeletal disorders (MSD) injuries. These work-related injuries are already reported and requiring employers to separately report injuries, which even medical professionals have difficulty determining how to classify, is burdensome and would likely be a source of continuing confusion.

IADC is unclear as to certain situations and conditions that have not been fully covered in this proposed rulemaking, nor in the regulations, that need to be addressed for clarity. The 1983 Memorandum of Understanding (MOU) addressed the jurisdictional authority between OSHA and the United States Coast Guard with regard to vessels inspected and certificated by the Coast Guard. That MOU stated that both agencies would “continue to discuss the extent of their respective jurisdictions to require owners of inspected vessels to keep records concerning occupational injuries and illnesses.” Since this MOU had not resolved any issues concerning recordkeeping obligations, IADC strongly recommends that, in conjunction with this proposed rulemaking, both agencies work jointly to provide clarity to the recordkeeping issue as it pertains to inspected vessels.

IADC surveyed our members regarding the eight additional questions. The following are their answers to these Questions:

<b>OSHA Questions:</b>	<b>IADC Member Responses:</b>
1. What types of incidents and/or injuries and illnesses should be reported to OSHA and why?	Maintain the current OSHA requirement of eight hours for all work-related fatalities and in-patient hospitalizations of three or more employees. Why? Increased reporting as proposed will add to the time employers have to deal with reporting incidents that could ultimately be classified as a minor injury, <i>e.g.</i> when a patient may be hospitalized for observation overnight but was treated and released.
2. Are there any injuries, illnesses, or conditions that should be reported to OSHA and are not included among in-patient hospitalizations?	Review of incidents by our members did not show any additional injuries, illnesses, or conditions that should be reported to OSHA.

<b>OSHA Questions:</b>	<b>IADC Member Responses:</b>
3. Should amputations that do not result in in-patient hospitalizations be reported to OSHA?	No, this only adds burdensome reporting for the employer. It is confusing and will result in employers spending valuable early incident investigation time attempting to determine the reportability of an incident.
4. Should OSHA require the reporting of all amputations?	No, OSHA should maintain the current OSHA reporting requirements.
5. Should OSHA require the reporting of enucleations (eye removal)?	No, OSHA should maintain the current OSHA reporting requirements.
6a. Are there additional data or estimates available regarding the number of work-related incidents involving in-patient hospitalizations?	This question is not clear.
6b. Is there information available on how many work-related hospitalizations occur more than 30 days after the report of an injury or illness?	Review of member records did not show any work-related hospitalizations that occurred more than 30 days after the report of an injury or illness.
7. Should OSHA allow reports to be made by means other than a telephone, such as by e-mail, fax, or a Web-based system?	Yes.
8a. Are the reporting times of eight hours for fatalities, eight hours for inpatient hospitalizations, and 24 hours for amputations generally appropriate time periods for requiring reporting?	Eight hours is appropriate for fatalities, but OSHA should allow 24 hours for hospitalization of three or more employees. Often the determination of hospitalization is not or cannot be made within eight hours (the required reporting time). For the proposed reporting change for inpatient hospitalizations, OSHA would need to provide more specific guidance regarding when the company would need to report an inpatient hospitalization. Does the time clock start when the incident occurred or when the patient was admitted for hospitalization? The patient may be on the hospital premises for more than eight hours, but still released without treatment or without admission.

<b>OSHA Questions:</b>	<b>IADC Member Responses:</b>
8b. What advantages or disadvantages would be associated with these or any alternative time periods?	Maintaining eight hours for work related fatalities and increasing the time for three or more hospitalizations should be considered. As stated in “8a” above, medical facilities may not be able to determine whether or not an employee should be hospitalized within eight hours. Using twenty four hours gives the medical facility time to treat the injured, if necessary, determine the need for hospitalization and advise the employer.

IADC appreciates the opportunity to comment on the proposed rulemaking and requests that our comments be given due consideration. If you have any questions about these comments or recommendations, please contact me by phone at (713) 292-1945, ext. 224.

Sincerely,



Joseph R Hurt  
Regional Vice President North America