7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: Sarah Fuller, Esq.  
Title: Hearings & Rules Administrator

Address: 95 Pleasant Street  
Concord, NH 03301  
Phone #: 603-271-3597  
Fax#: 603-271-6149  
E-mail: Sarah.Fuller@dol.nh.gov  
TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: September 19, 2019

[x] Fax  
[x] E-mail  
☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: September 12, 2019 at 2:00 pm  
Place: Department of Labor, 95 Pleasant Street Concord NH 03301

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 19:132, dated August 5, 2019

1. Comparison of the costs of the proposed rule(s) to the existing rule(s): There is no difference in cost when comparing the proposed rules to the existing rules.

2. Cite the Federal mandate. Identify the impact on state funds: No federal mandate. No impact on state funds.

3. Cost and benefits of the proposed rule(s):

   A. To State general or State special funds: None
   B. To State citizens and political subdivisions: None
   C. To Independently owned businesses: None

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

   These rules do not mandate or assign any new, expanded, or modified programs or responsibilities to any political subdivisions in such a way as to necessitate additional local expenditures by the political subdivisions
PART Lab 1402 DEFINITIONS

Adopt Lab 1402.05 to read as follows:

Lab 1402.05 “Hospitalization” means care in a hospital that requires admission as an inpatient and requires an overnight stay.

PART Lab 1403 RULES FOR EMPLOYEE SAFETY AND HEALTH

Readopt with amendment Lab 1403.04, effective 4-9-15 (Document #10809), to read as follows:

Lab 1403.04 Accident Reporting Requirements for Fatality and Serious Injury:

(a) Within 8 hours after its occurrence, the employer shall report an employment accident which is fatal to one or more employees or which results in the hospitalization of 3 or more employees shall be reported to the commissioner of labor. Notification may be given by telephone by calling (603) 271-0127 or 271-6850 or via e-mail at SafetyDiv@dol.nh.gov. The reporter must include the following information:

(1) Date and time of fatality;
(2) Location of fatality;
(3) Cause of death; and
(4) Place where the body of the deceased person was sent.

(b) Within 24 hours after the occurrence of a workplace injury which necessitates hospitalization for a serious injury to one or more employees, the employer shall report the employment accident to the commissioner of labor. Notification may be given by telephone by calling (603) 271-0127 or 271-6850 or via email to SafetyDiv@dol.nh.gov. The reporter must include the following information:

(1) Date of injury;
(2) Time of injury;
(3) Cause of the injury;
(4) Place where the injured person was sent for medical evaluation or treatment; and
(5) Place where the injured person was hospitalized.
<table>
<thead>
<tr>
<th>Rule</th>
<th>Specific State Statute which the Rule Implements</th>
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<tbody>
<tr>
<td>Lab 1402.05</td>
<td>RSA 277:1-b, V</td>
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<tr>
<td>Lab 1403.04</td>
<td>RSA 277:15-a, RSA 277:15-b</td>
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