

APPENDIX II-C (Continued)

RULEMAKING NOTICE FORM - Page 2

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** Phone #: **603-271-3597**
Concord, NH 03301 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**

Fax 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 3476, 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.

APPENDIX A

Rule	Specific State Statute which the Rule Implements
Lab 1402.05	RSA 277:1-b, V
Lab 1403.04	RSA 277:15-a, RSA 277:15-b