



WOMEN IN CONSTRUCTION

According to OSHA, The number of women employed in the U.S. construction industry grew substantially, by 81.3% from 1985 to 2007; however, due to a loss of over 2.5 million construction jobs from 2007 to 2010, there has been a sharp decline of women working.

In addition to the safety concerns faced by all construction workers, there are safety issues specific to the female construction worker as well. Some of these create possible barriers to women entering and remaining in the construction field.

PPE

Many women in the construction field have encountered improperly fitting PPE and personal protective clothing which could compromise their personal safety. PPE used by women should be based upon the female anthropometric data. This date is based on body measurement. Women should test employer provide PPE and if it is uncomfortable they should report the condition to their employer to obtain a suitable replacement. The International Safety Equipment Association (ISEA) reports that many employers now provide a full range of sizes for PPE. ISEA lists manufacturers who offer safety equipment in various sizes that is appropriate for women in construction.



Sanitary Facilities

According to OSHA standard 29 CFR 1926.51, employers are required to provide accessible sanitary facilities for ALL personnel and to ensure that these facilities are maintained in an appropriately, clean and sanitary condition. We all know facilities on jobsites are often not well maintained or over used. This causes many women to avoid drinking water on the job. Scientific literature indicates that holding urine in the bladder for more than one hour, after experiencing the urge to urinate, leads to a higher incidence of urinary tract infections . If you find yourself in this condition contact your supervisor or employer. Some possible solutions include: requesting additional toilet facilities, sex designated facilities, and facilities with internal and external locking systems.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced , or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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