

Injury and Illness Recordkeeping Training

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Agenda

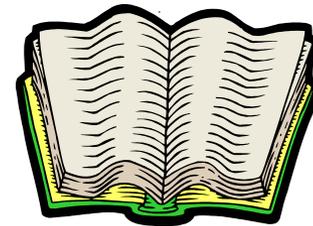
- I. OSHA Recordkeeping Rule 1904 and 1960
- II. OSHA Recordability
- III. OSHA Forms
- IV. Other OSHA Injury and Illness Recordkeeping Requirements
- V. Most Common Recordkeeping Errors
- VI. Reporting Requirements
- VII. Recordkeeping Resources

I. OSHA Recordkeeping Rule Part 1904 and 1960

*Recording and Reporting Occupational Injuries
and Illness*

Organization of the Rule*

- Subpart A - Purpose
- Subpart B - Scope
- Subpart C - Forms and recording criteria
- Subpart D - Other requirements
- Subpart E - Reporting to the government
- Subpart F - Transition
- Subpart G - Definitions



** Not all subparts will be covered during this training. Find complete rule at www.osha.gov.*

Purpose

- Establish uniform requirements for collecting and compiling by agencies of occupational safety and health data, for proper evaluation and necessary corrective action.
- Assist the Sec. of Labor in meeting the requirement to collect, compile, and analyze occupational safety and health statistics.
- OSHA injury and illness recordkeeping and Worker's Compensation are independent of each other

Purpose

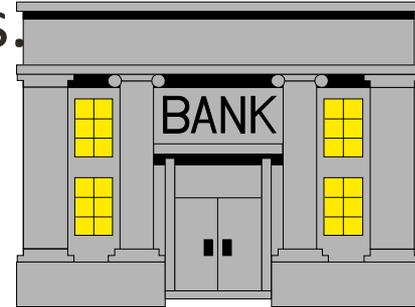
- Recording or reporting a work-related injury, illness, or fatality does not mean:
 - the agency or employee was at fault,
 - there is an employee/employer relationship,
 - an OSHA rule was violated, or
 - that the employee is eligible for workers' compensation or other benefits.

Scope: Size Exemption

- Does not apply to federal agencies.

Scope: Industry Exemption

- Does not apply to federal agencies.
- Executive Order 12196, Occupational Safety and Health Programs for Federal Employees, issued February 26, 1980, applies to all agencies of the Executive Branch.
- Does not include uniquely military equipment, systems, and operations.



II. OSHA Recordability

Recordkeeping Criteria

- Covered employers must record each fatality, injury or illness that:
 - Is work-related, **and**
 - Is a new case, **and**
 - Meets one or more of the criteria contained in sections 1904.7 through 1904.12

Covered Employees

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm
- Volunteers (federal agencies only)

Work-Related

- A case is considered work-related if an event or exposure in the work environment either:
 - Caused or contributed to the resulting condition, or
 - Significantly aggravated a pre-existing injury or illness

Significant Aggravation

- A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in:
 - Death
 - Loss of consciousness
 - Days away, days restricted or job transfer
 - Medical treatment

Work Environment

Work-relatedness is presumed for injuries and illnesses resulting from exposures occurring in the work environment.

- Defined as the establishment and other locations where one or more employees are working or present as a condition of employment.
- Includes not only physical locations, but also the equipment or materials used by employees during the course of their work.

Nine Exceptions

1. Present as a member of the general public
2. Symptoms arising in the work environment that are solely due to a non work-related event or exposure
3. Voluntary participation in a wellness program, medical, fitness or recreational activity
4. Eating, drinking or preparing food or drink for personal consumption
5. Personal tasks outside assigned working hours

Nine Exceptions

6. Personal grooming, self medication for non work-related condition, or intentionally self-inflicted
7. Motor vehicle accident in parking lot/access road during commute
8. Common cold or flu
9. Mental illness unless medical opinion states work related

Work at Home

- Injuries considered work-related if they:
 - occur while the employee is performing work for pay or compensation in the home, and
 - are directly related to the performance of work rather than the general home environment



Travel Status

- An injury or illness during travel status is work-related if:
 - It occurred while the employee was engaged in work activities in the interest of the employer.

Considerations:

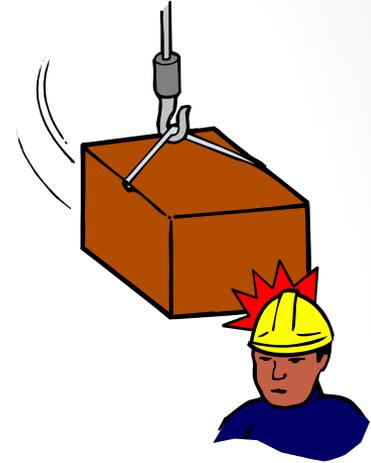
- ✓ Home away from home
- ✓ Detour for personal reasons



New Case

A case is new if:

- The employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body; or
- The employee previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely.



New Case

- Chronic work-related illnesses with recurring signs and symptoms without additional events or exposures must only be recorded once.
 - Cancer, asbestosis, silicosis, etc.
- Some instances of signs or symptoms brought on by additional events and exposures do need to be treated as new cases.
 - Occupational asthma, skin disorders

New Case

- If there is a medical opinion regarding resolution of a case, the employer must follow that opinion.

General Recording Criteria

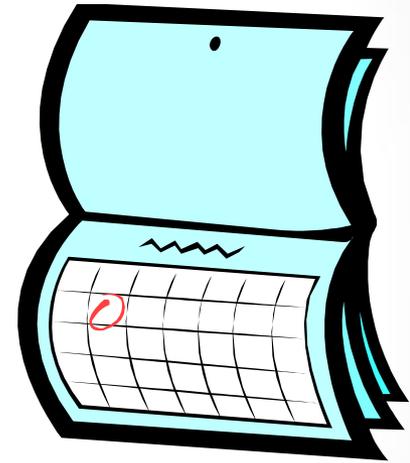
- An injury or illness is OSHA recordable if it results in one or more of the following:
 - Death
 - Days away from work
 - Restricted work activity
 - Transfer to another job
 - Medical treatment beyond first aid
 - Loss of consciousness

Deaths

- Injuries or illnesses that result in death
- Place a check mark in column G
- Day counts do not apply
- Modify a previously recorded case if the employee subsequently passes

Days Away & Counting Days

- Count the number of **calendar days** the employee was unable to work (include weekends and holidays, etc.)
- Do not include day of injury or illness
- Count days as whole days
- Do not count days missed for doctor appointments
- Cap day count at 180 days



Days Away & Counting Days

- May stop counting if employee leaves employment for a reason unrelated to the injury
- Estimate the days if the employee leaves employment related to the injury
- If a medical opinion exists, employer must follow that opinion regardless of what the employee actually does

Restricted Work

- Employee is kept from performing one or more routine functions of his or her job (tasks regularly performed once per week); or
- Employee is kept from working their full workday
- Restrictions may be imposed by either the employer or a HCP.

Restricted Work is NOT

- Restricted work only on the day of the injury or illness
- Production of fewer goods or services
- Restrictions that do not apply to the employee's routine job functions
- Vague restrictions from HCP such as light duty or take it easy, unless you are unable to receive clarification.

Job Transfer

- Employer or HCP assigns the employee to a job other than their regular job for part of the day
- If the job transfer is made permanent, stop counting days.
- If the transfer is made permanent right away, at least one day needs to be counted.

Medical Treatment

- Definition: The management and care of a patient to combat disease or disorder.
- It does not include:
 - Visits to HCP solely for observation
 - Diagnostic procedures
 - First Aid as defined in the standard

First Aid

- Nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy

First Aid

- Non-rigid means of support
- Temporary immobilization device used to transport accident victims
- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab

First Aid

- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages
- Drinking fluids for relief of heat stress

Loss of Consciousness

- All cases involving loss of consciousness must be recorded

Significant Injury or Illness

- These significant injuries and illnesses, diagnosed by a Professional Licensed Healthcare provider, are recordable:
 - Cancer
 - Chronic irreversible disease
 - Fractured or cracked bone
 - Punctured eardrum

Specific Conditions

Bloodborne Pathogens

- Record needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material
- Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne illness or general recording criteria

Specific Conditions

Medical Removals are recordable

- Employee is medically removed under the medical surveillance requirements of an OSHA standard (lead, cadmium, methylene chloride, formaldehyde, benzene)
 - Record as case involving days away or days of restricted work activity
- Voluntary removals below the required removal level are not recordable

Specific Conditions

Hearing Loss is recordable

- Standard threshold shift is defined as an average change in hearing of 10 decibels or more at 2000, 3000, and 4000 hertz in one or both ears.
- Record 10 dB shifts that result in an overall hearing level of 25 decibels or more from audiometric zero
 - Adjust for aging
 - Can wait until after the retest to record
 - Physician or other licensed health care provider can rebut work relatedness

Specific Conditions

Tuberculosis

- Record cases where an employee develops TB after exposure to someone with a known case of active TB
- A case is not recordable when:
 - Employee lives with a person diagnosed with active TB
 - Public Health Dept has identified non work-related contact with an individual with active TB.
 - Medical investigation shows the employee's infection was caused by exposure away from work.

Medical Opinion

- When there is a single medical opinion rendered by a licensed health care professional, the employer must rely upon that opinion in the recordkeeping process
- When there are conflicting medical opinions, the employer must decide which opinion is more authoritative

III. OSHA FORMS

Which form is which?

- OSHA Form 300, *Log of Work-Related Injuries and Illnesses*
- OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*
- OSHA Form 301, *Injury and Illness Incident Report*



OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone (____) _____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____

- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) **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 from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **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 "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **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.
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:								
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				On job transfer or restriction (K)		Away from work (L)		(M)						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)					Injury (1)	Manufacturing disorder (2)	Skin disorder (3)	Respiratory condition (4)	Poisoning (5)	Hearing loss (6)	All other illnesses (7)
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Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log 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 below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries _____	(4) Respiratory conditions _____
(2) Musculoskeletal disorders _____	(5) Poisonings _____
(3) Skin disorders _____	(6) Hearing loss cases _____
	(7) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3620 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*) _____

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive _____ Title _____

() / / _____
 Phone Date

Forms

- Completed within 7 calendar days of receiving information that a recordable case occurred
- Forms can be kept off-site and on a computer as long as they can be completed and produced when they are needed (i.e., meet the access provisions of 1904.35 and 1904.40)
- Equivalent forms with the same information, are readable and understandable, and that use the same instructions may be used



Privacy Protection

- Do not enter the employee's name for:
 - Inj/ill to intimate body part or reproductive system;
 - Inj/ill resulting from sexual assault;
 - Mental illnesses;
 - HIV infection, hepatitis, or tuberculosis;
 - Needlestick inj and cuts from sharp objects contaminated with another person's blood or OPIM; and
 - Other illnesses if the employee independently and voluntarily requests

Privacy Protection

- Enter “privacy case” in the name column of the OSHA Form 300
- Use discretion in describing the inj/ill if withholding a name is not enough
- Keep a separate confidential list of the case numbers and employee names for updating and responding to government requests.

IV. Other OSHA Injury and Illness Recordkeeping Requirements

Definition of Establishment

- A single physical location where business is conducted or where services or operations are performed. Where distinctly separate activities are performed at a single physical location, each activity shall be treated as a separate establishment. Typically refers to a field activity, regional office, area office, installation, or facility. *1960.2(h)*



Multiple Business Establishments

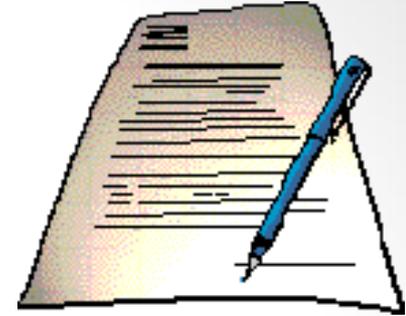
- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year
- May keep one OSHA Form 300 for all short-term establishments
- Each employee must be linked with one establishment



Different Locations

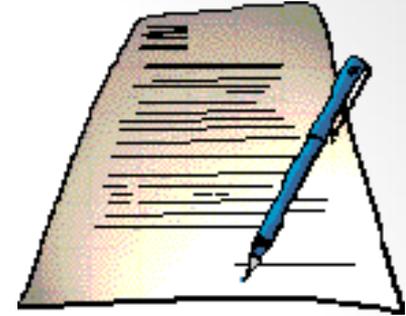
- If an employee **normally reports to an establishment** and is injured there, the case goes on that establishment's log
- If an employee is injured or made ill while **visiting or working at another of the employer's establishments**, then the case must be recorded on the 300 log of the establishment at which the injury or illness occurred (e.g., agency engineer)
- Cases for employees **injured at another employer's establishment** go on the log of the employee's home establishment (e.g., traveling person)

Annual Summary & Retention



- Certified by senior establishment management official, head of agency the official works for, or other management official within that chain of command.
- Post 300A from **February 1 to April 30** of the year following the year covered by the summary
- Agency provides all of the forms to Sec. of Labor by May 1st.

Annual Summary & Retention



- Maintain the 300 and retain the 300A and 301s for 5 years following the year that they cover.
- Must provide records within 4 business hours upon OSHA's request.

Employee Involvement

- You must inform each employee of their right to report injuries and illnesses free from retaliation, and how to do so.
- The reporting procedure must be reasonable and must not deter or discourage employees from reporting.



Employee Involvement

- Employees, former employees, and their representatives may request a copy of the records
 - Response times are next business day and 7 calendar days
 - Authorized reps can receive a portion of the 301



Prohibition Against Discrimination

- Agencies are prohibited from discriminating against an employee for filing a report of an unsafe or unhealthy working condition, or other participation in agency occupational safety and health program activities.
- Complaints of discrimination are within the jurisdiction of the U.S. Office of Special Counsel.

V.

Most Common Recordkeeping Errors

Recordkeeping Mistakes Boil Down to 5 Categories:

1. Miscalculations
2. Classification of case
3. Over-Reporting injuries
4. Missing Information
5. Illegible handwriting



VI. Reporting Requirements

Fatality Reporting

- Report within 8 hours any fatality that occurs within 30 days of an incident
- Must report fatal heart attacks
- Do not need to report highway or public street motor vehicle accidents that are outside of a construction work zone
- Do not need to report commercial airplane, train, subway or bus accidents

Hospitalization

- Report within 24 hours any in-patient hospitalization for care that occurs within 24 hours of an incident
 - Report heart attacks
 - Does not apply to diagnostic testing or observation only
- “In-patient hospitalization” is based on the definition for the particular hospital or clinic

Amputations

- Report within 24 hours any amputation that occurs within 24 hours of an incident
- Defined as the traumatic loss of a limb or other external body part.
- Includes a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputations of body parts that have since been reattached.

Loss of an Eye

- Report within 24 hours any loss of an eye that occurs within 24 hours of an incident
- Physical removal of the eye
 - Includes enucleation and evisceration
- Does not include loss of sight without removal

Report

- Report in person, by telephone, or on-line
 - Nearest OSHA office
 - 800-321-OSHA (6742)
 - www.osha.gov
- Required information
 - Establishment name
 - Location of the incident
 - Time of the incident
 - Type of event
 - Number of employees who suffered the event
 - Names of employees who suffered the event
 - Contact person and his/her phone number
 - Brief description of the incident

VII. Recordkeeping Resources

Calculating Incident Rates

TRC rate:

of total cases X 200,000*

Total hours worked by all employees

DART rate:

of cases from Columns H & I X 200,000

Total hours worked by all employees

DAFWII rate:

of cases from Column H X 200,000

Total hours worked by all employees

**base for 100 equivalent full-time workers working 40 hrs/wk, 50 weeks/year*

Injury and Illness Recordkeeping and Reporting Requirements

Recordkeeping Requirements

Employers with more than 10 employees are required to keep a record of serious work-related injuries and illnesses. ([Certain low-risk industries are exempted.](#)) Minor injuries requiring medical treatment do not need to be recorded.

[How does OSHA define a recordable injury or illness?](#)

[How does OSHA define first aid?](#)

The OSHA 300 Log helps employers, workers and OSHA evaluate the safety of a workplace, identify workplace hazards, and implement worker protections to reduce and eliminate hazards that cause workplace injuries and illnesses.

Posting Requirements

Records must be maintained at the worksite for at least five years. Each February through April, employers must post a summary of the injuries and illnesses recorded the previous year. Additionally, copies of the records must be provided to current and former employees, or their representatives.



Occupational Safety and Health Administration

About OSHA

- For Workers
- For Employers
- Law & Regulations
- Data & Statistics
- Enforcement
- Training & Education

Data & Statistics

NOTE: OSHA is currently migrating its legacy system. Cases prior to 2011 (Federal OSHA) and 2013 (OSHA State Plans) may be affected by extension reflect the data as of 08/05/2016. The next updates for those cases will be reflected October, 2016. Should you need case status please contact your originating OSHA Office.

Inspection Data

Inspection Detail Definitions

- [Establishment Search](#) is a query tool which locates OSHA inspections which were conducted within a particular establishment
- [Search Inspections By NAICS](#) is a query tool which locates OSHA inspections which were conducted within a particular industry group
- [Inspection Information](#) enables access to information about an inspection when the activity number identifying the inspection is known

Industrial H

- [Chemical Exposure Health Data](#)

OSH

- [Establishment Specific Injury](#)

elaws Recordkeeping Advisor

- <http://webapps.dol.gov/elaws/osha/recordkeeping>
- Whether an injury or illness is work related
- Whether an event or exposure at home or travel is work related
- Whether an exception applies to the injury or illness
- Whether a work-related injury or illness needs to be recorded
- Which provisions of the regulations apply when recording a work-related case

Please contact us with
questions.

Eau Claire Area Office
U.S. Department of Labor - OSHA
1310 W. Clairemont Avenue
Eau Claire, Wisconsin 54701
715-832-9019 or 800-321-6742
www.osha.gov
OSHA Eau Claire@dol.gov