



OSHA Injury and Illness Recordkeeping

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Remember!

- OSHA injury and illness recordkeeping and workers' compensation insurance are independent of one another!
- Treatment away from the workplace does not automatically constitute a “recordable” injury.
- Inaccurate recordkeeping could result in an OSHA inspection and significant fines.

Who Must Comply?

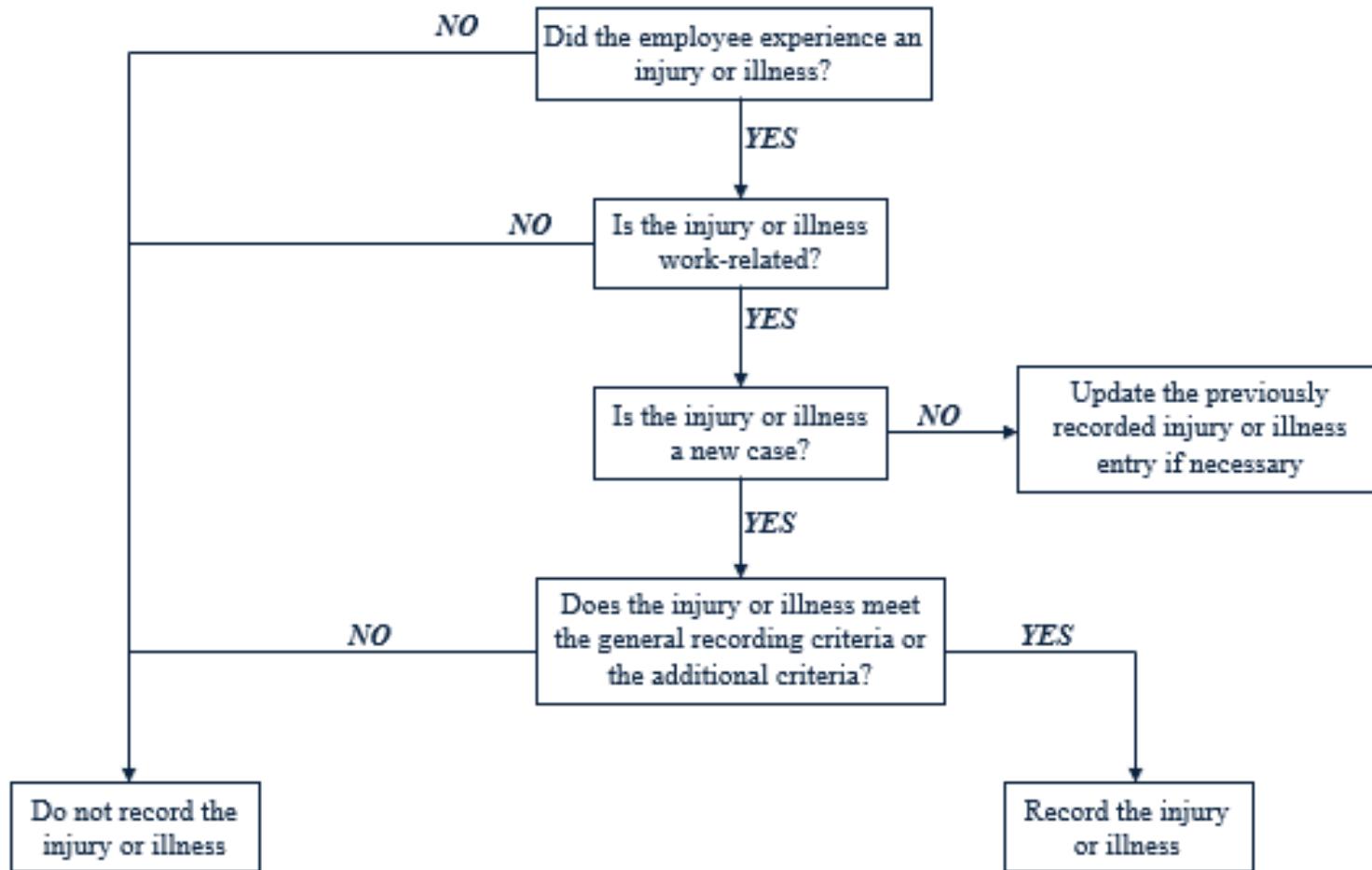
- Employers with 11 or more workers employed by the company at any time during the calendar year, unless included on OSHA's "partially-exempt" list.
- Headcount includes:
 - Full-time
 - Part-time
 - Temporary
 - Seasonal Employees

Partially-Exempt

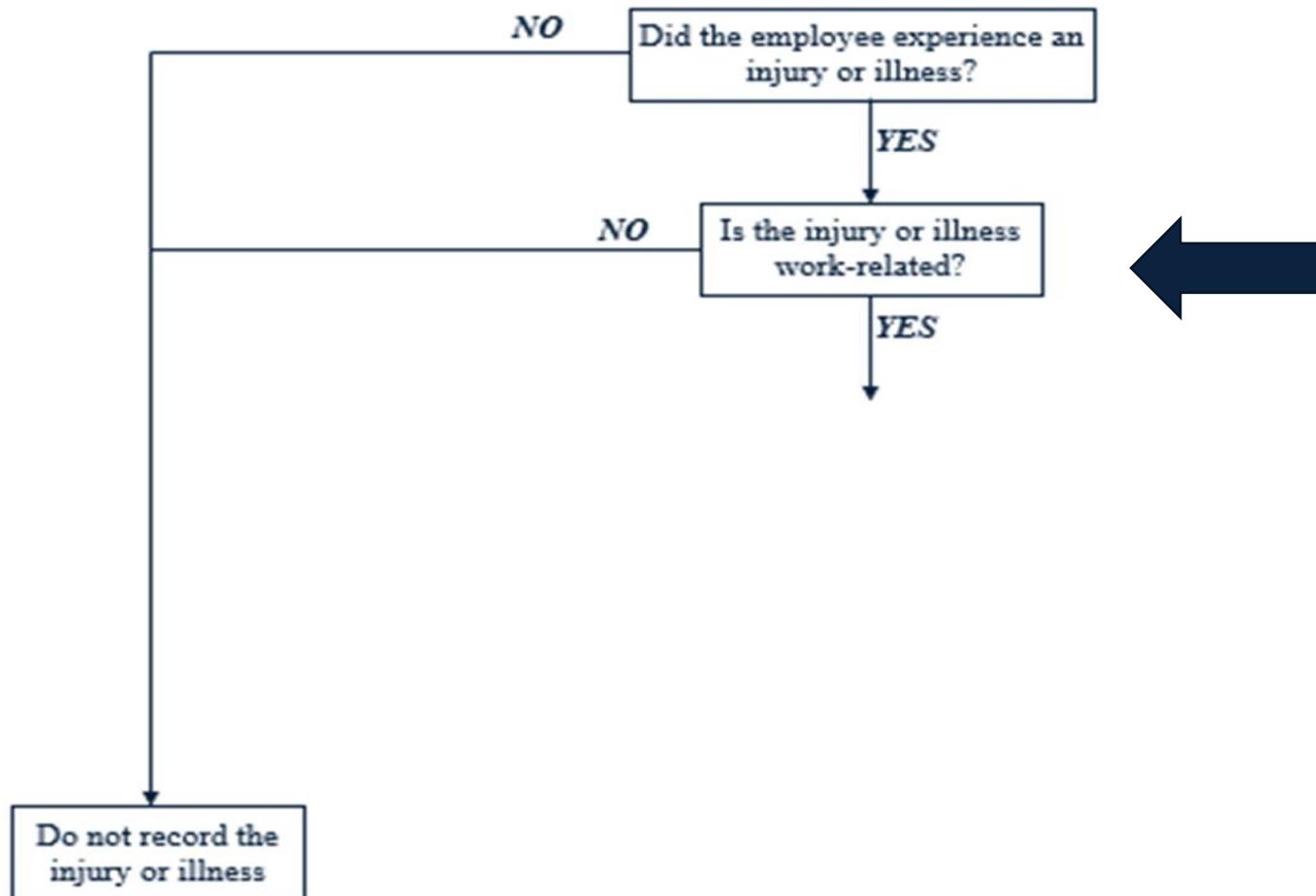
- Employers with 10 or fewer employees, regardless of industry
- Employers in low-hazard industries
 - Retail, finance, insurance



Recording Decision Flowchart



1904 Injury/Illness Recording Criteria



1904.5 – Work-Relatedness

- A case is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition
- A case is considered work-related if an event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness
- Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment

Work Environment

- OSHA defines “work environment” as “the establishment and other locations where one or more employees are working or are present as a condition of their employment”.



1904.5 – Exceptions



- Present as a member of the general public
- Symptoms arising in work environment that are solely due to non-work-related event or exposure
- Voluntary participation in wellness program, medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption

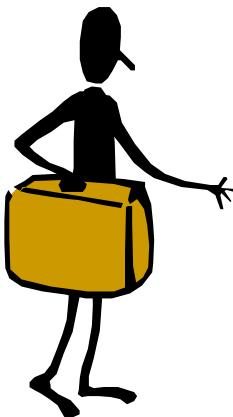
1904.5 – Exceptions (cont.)

- Personal tasks outside assigned working hours
- Personal grooming, self medication for non-work-related condition, or intentionally self-inflicted
- Common cold or flu
- Motor vehicle accident in parking lot/access road during commute
- Mental illness, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) having appropriate qualifications and experience that affirms work relatedness

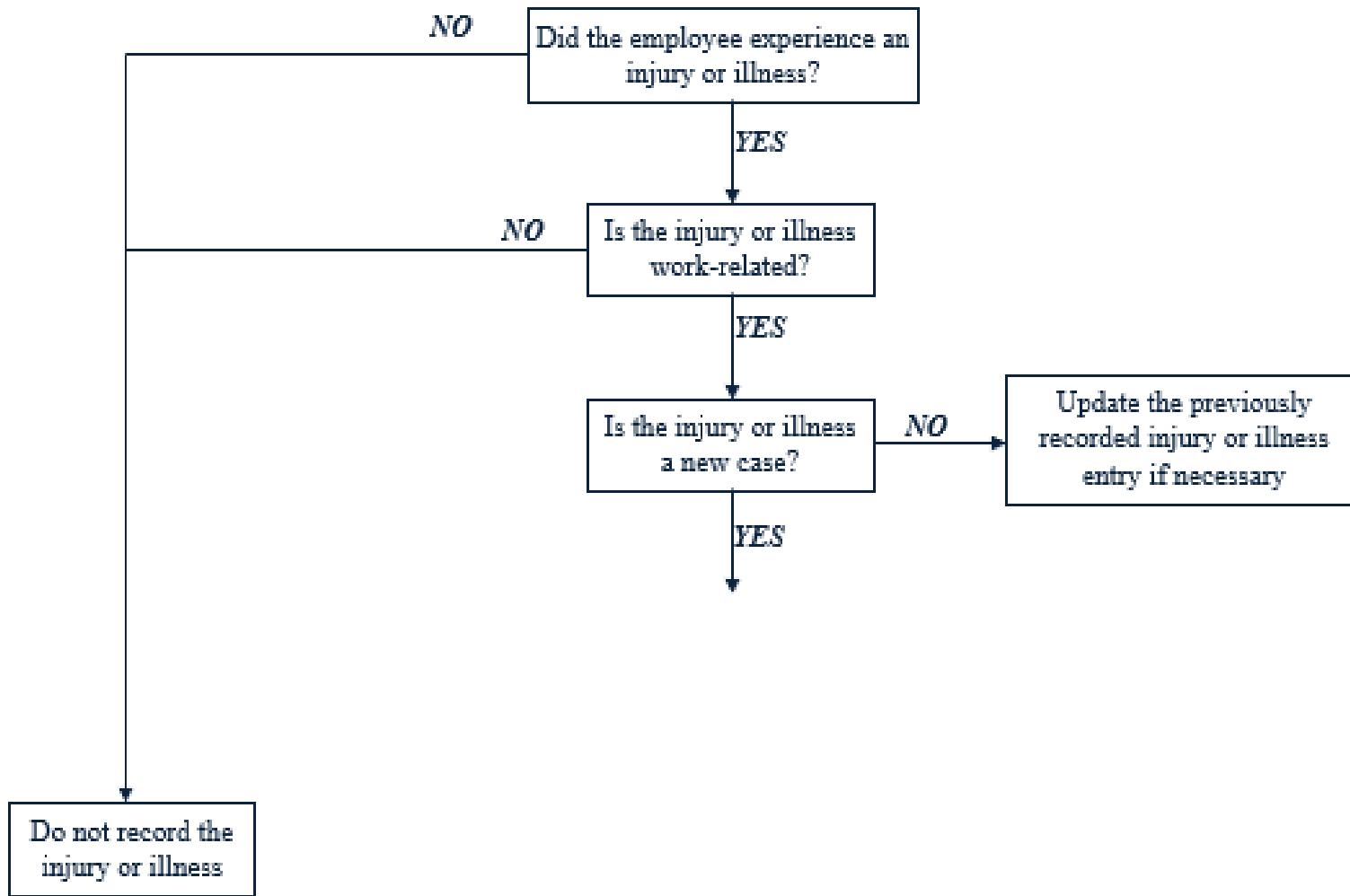


1904.5 – Travel Status

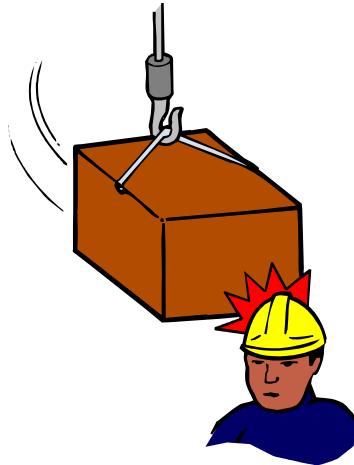
- An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of the employer
- Home away from home
- Detour for personal reasons is not work-related



1904 Injury/Illness Recording Criteria



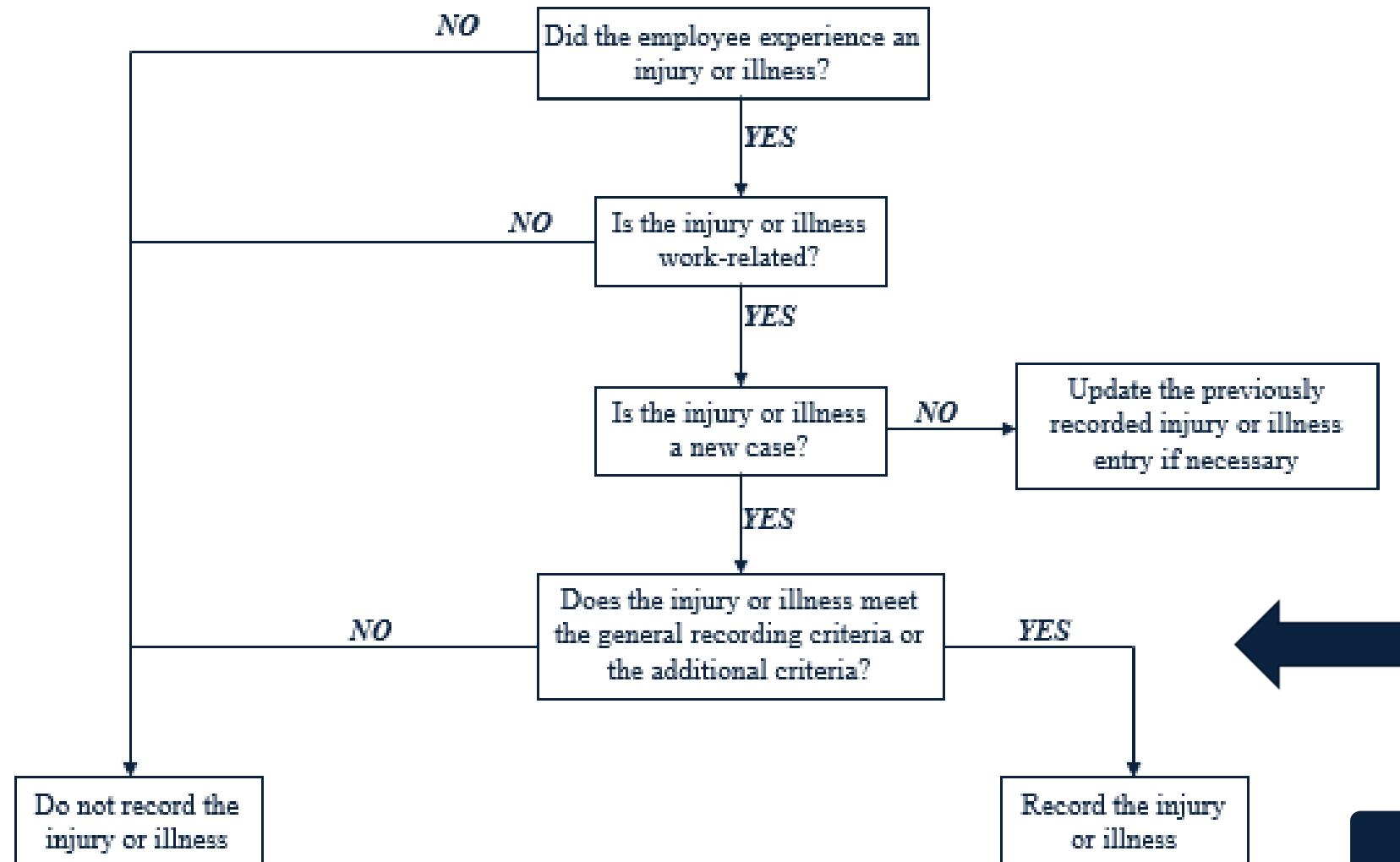
1904.6 – New Case



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** and an event or exposure in the work environment caused the signs and symptoms to reappear

1904 Injury/Illness Recording Criteria



1904.7 – General Recording Criteria

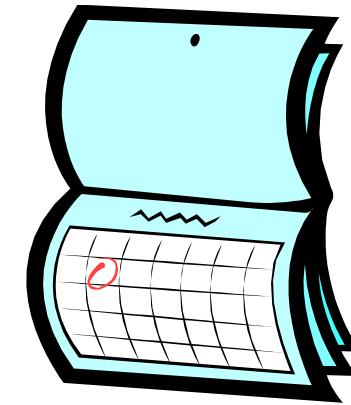
An injury or illness is recordable if it results in one or more of the following:

- Death
- Days away from work
- Restricted work activity
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness diagnosed by a PLHCP

- Cancer
- Chronic irreversible disease
- Punctured eardrum
- Fractured or cracked bone or tooth

1904.7(b)(3) Days Away Cases

- Record if the case involves one or more days away from work
- Check the box (column H) for days away cases and count the number of days (column K)
- Do not include the day of injury/illness



1904.7(b)(3) – Days Away Cases

Day counts (days away or days restricted)

- Count the number of **calendar days** the employee was unable to work (include weekend days, holidays, vacation days, etc.)
- Cap day count at 180 days away and/or days restricted (columns K and L)
- May stop day count if employee leaves company for a reason unrelated to the injury or illness
- If a medical opinion exists, employer must follow that opinion

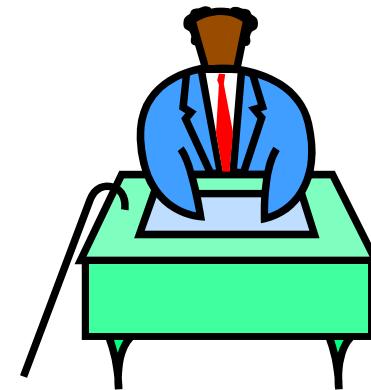
1904.7(b)(4) – Restricted Work

Restricted work activity occurs when:

- An employee is kept from performing one or more **routine functions** (work activities the employee regularly performs at least once per week) of his or her job; or
- An employee is kept from working a full workday; or
- A PLHCP recommends either of the above

1904.7(b)(4) – Restricted Work

- Record if the case involves one or more days of restricted work or job transfer
- Check the box for transfer/restriction (column I) cases and count the number of days (column L)
- Do not include the day of injury/illness



1904.7(b)(4) – Job Transfer

Job transfer

- An injured or ill employee is assigned to a job other than his or her regular job for part of the day
- A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day



1904.7(b)(5) – Medical Treatment

- Medical treatment* is the management and care of a patient to combat disease or disorder.
- It does *not* include:
 - Visits to a PLHCP solely for observation or counseling
 - Diagnostic procedures
 - First aid



*Dorland's Illustrated Medical Dictionary

1904.7(b)(5) – First Aid (*Not Recordable*)

- Using nonprescription medication at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Wound coverings, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization device used to transport accident victims



1904.7(b)(5) – First Aid (*Not Recordable*)

- Drilling of fingernail or toenail, draining fluid from blister
- Eye patches
- Removing foreign bodies from eye using irrigation or cotton swab
- 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

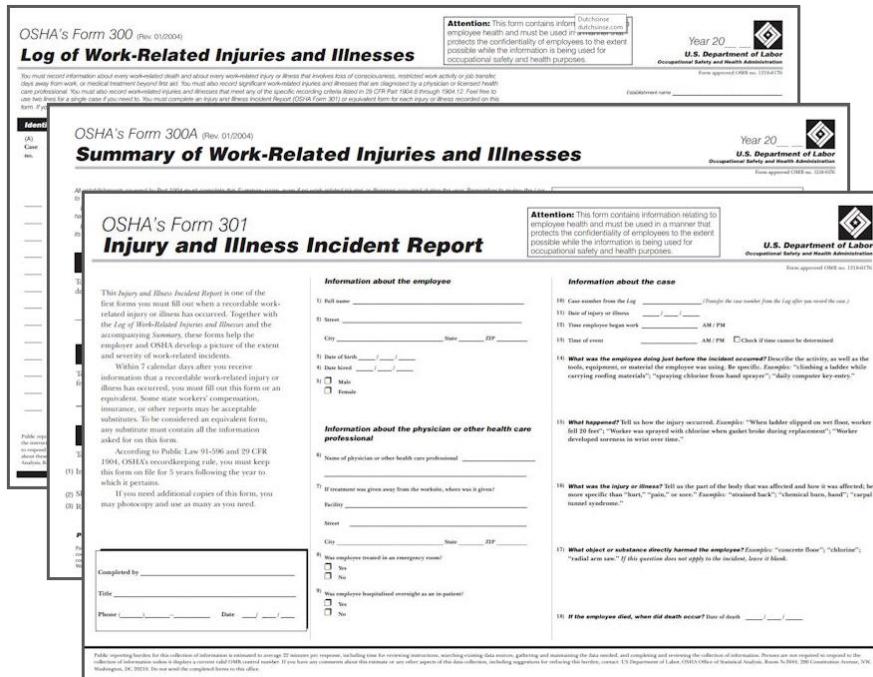


Misc. Issues



- Record all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or OPIM
- Record a case where an employee is exposed to someone with a known case of active tuberculosis, and subsequently develops a TB infection.
- Record all work-related cases involving loss of consciousness

1904.29 - Forms



OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

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. This form is used to record these cases. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.3 through 1904.12. Fail to record these cases can result in a large fine if you need to. This information is OSHA's Log of Work-Related Injuries and Illness Incident Report (OSHA Form 300) as required form for each injury or illness recorded on this form. If you need a large copy of this form, go to www.osha.gov.

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. 1115-0475

Establishment name _____

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

Year 20 _____
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1115-0475

Identify _____
(a) Case no. _____

OSHA's Form 301 (Rev. 01/2004)
Injury and Illness Incident Report

Information about the employee
1. First name _____
2. Surname _____
3. City _____ State _____ ZIP _____

Information about the case
10. Case number from the Log _____ (Supply the case number from the Log after you record the case.)
11. Date of injury or illness _____ / _____ / _____ AM / PM
12. Time of employee began work _____ / _____ / _____ AM / PM
13. Time of event _____ / _____ / _____ AM / PM
14. What was the employee doing just before the incident occurred? Tell us the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "Climbing a ladder while carrying roofing material"; "Operating a chainsaw from hand sprays"; "Shovel compressor key rotary".
15. What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 10 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 "burn", "pain", or "sore". Examples: "Swollen back"; "chemical burn, hand"; "carpal tunnel syndrome".
17. What object or substance directly harmed the employee? Examples: "concrete base"; "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 _____ / _____ / _____

Information about the physician or other health care professional
1. Name of physician or other health care professional _____
2. If treatment was given away from the worksite, where was it given?
Facility _____
Address _____
City _____ State _____ ZIP _____
3. Was employee treated in an emergency room?
 Yes
 No
4. Was employee hospitalized overnight as an in-patient?
 Yes
 No

Completed by _____
Title _____ Date _____
Please _____ / _____ / _____

Public reporting burden for this collection of information is estimated to average 10 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 are not required to respond to the collection of information if it does not display a valid OMB control number. If you have any comments about this census or any other aspect of the data collection, including suggestions for reducing the burden, contact: U.S. Department of Labor, OSHA's Office of Statistical Analysis, Room N-204, 200 Constitution Avenue, NW, Washington, DC 20510. Do not send the completed forms to this office.

- 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

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 ____/____/____

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 aspect of this 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.

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

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 ____/____/____

Log of Work-Related Injuries and Illnesses

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 DSHA office for help.

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 2



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

Form approved OMB no. 1218-0176

Establishment name: _____

City _____ State _____

Public reporting burden for this collection of information is estimated to average 14 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 currently 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 Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals ➤

Be sure to transfer these totals to the Summary page (Form 3008) before you post it.

Injury	1	2	3	4	5	6
	(1)	(2)	(3)	(4)	(5)	(6)

Page 1 of 2

(1) (2) (3) (4) (5) (6)



Summary of Work-Related Injuries and Illnesses

Year 20

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

Form approved OMB no. 1218-0176

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)	(4) Poisonings	(5) All other illnesses
(1) Injuries	—	—	—
(2) Skin disorders	—	—	—
(3) Respiratory conditions	—	—	—

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 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 _____
(_____) _____ / / Date _____
Phone _____

1904.29 - Forms

- Must enter each recordable case on the forms **within 7 calendar days** of receiving information that a recordable case occurred
- An equivalent form has the same information, is as readable and understandable, and uses the same instructions as the OSHA form it replaces
- Forms can be kept on a computer as long as copies can be provided within 4 business hours

INJURY RATES

- TRIR – Total Recordable Injury Rate
- DART – Days Away, Restricted, or Transferred

$$\frac{\text{Number of Incidents} \times 200,000}{\text{Employee Hours}}$$

- TRIR (OSHA 300: Number of Incidents = Columns G, H, I, J)
- DART (OSHA 300: Number of incidents = Columns H & I)

1904.29 – Privacy Protection

- Enter “privacy case” (not the employee name) on the OSHA Form 300 for cases involving:
 - An injury or illness to an intimate body part or reproductive system
 - An injury or illness resulting from sexual assault
 - Mental illness
 - HIV infection, hepatitis, tuberculosis
 - Needlestick and sharps injuries that are contaminated with another person’s blood or other potentially infectious material
 - Employee voluntarily requests to keep name off for other illness cases



1904.30 – Multiple Business Establishments

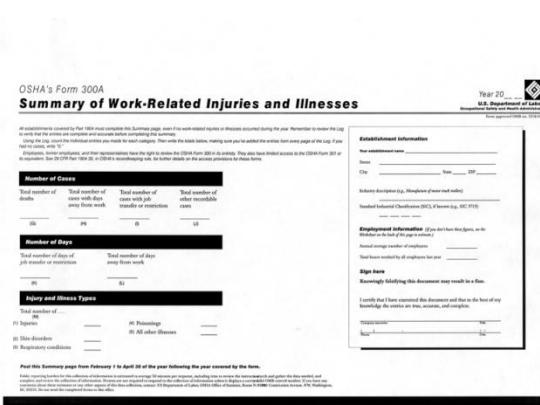
- Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year
- May keep one OSHA Form 300 for all short-term establishments
- Each employee must be linked with one establishment



1904.31 – Covered Employees

- Employees on payroll
- Employees not on payroll who are supervised on a day-to-day basis
- Exclude self-employed and partners
- Temporary help agencies should not record the cases experienced by temp workers who are supervised by the host employer

1904.32 – Annual Summary



OSHA's Form 300A
Summary of Work-Related Injuries and Illnesses
Year 20
U.S. Department of Labor
Occupational Safety and Health Administration

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 page for any additional information you may need to complete this form. Use the Log page to record the individual entries you made to each category. Then enter the total totals, making sure you've added the entries from every page of the Log. If you have any questions about this form, or if you need help with the Log page, contact your OSHA area office or the OSHA toll-free helpline at 1-800-321-OSHA (1-800-321-6742). For further details on the access process for these forms, see 29 CFR Part 1904.36, or OSHA's e-accessing site, for further details on the access process for these forms.

Number of Cases
Total number of cases with days away from work _____ Total number of cases with job transfer or restriction _____ Total number of other recordable cases _____
0 2 0 0

Number of Days
Total number of days of job transfer or restriction _____ Total number of days away from work _____
0 0 0 0

Injury and Illness Types
Total number of: _____
 (1) Injuries _____ (2) Illnesses _____ (3) All recordable cases _____
 (4) All other illnesses _____
 (5) Recordable conditions _____

Establishment Information
Name of establishment _____
City _____ State _____ ZIP _____
Industry description (e.g., Manufacturing of non-metallic mineral products)
Standard Industrial Classification (SIC) of firm (e.g., 357-3700)
Employment Information (If you do not have this information, see the Log page for the number of employees)
Total average number of employees _____
Total have received all training for year _____
Sign here _____
Knowledge: (Indicating this document may result in a fine.)
I certify that I have examined this document and to the best of my knowledge, the contents are true, accurate, and complete.
Signature _____ Date _____

Print this Summary page from February 1 to April 30 of the year following the year covered by the Log.
Each page of this document is a recordable event, including data to be submitted to OSHA and gather the data needed, and create a record of the collection process. However, no single page of this document is a recordable event. If this form is used to collect data for more than one recordable event, it is not a recordable event. If this form is used to collect data for one recordable event, it is a recordable event.

- Review OSHA Form 300 for completeness and accuracy, correct deficiencies
- Complete OSHA Form 300A
- Company Officer Signature
- Post summary
 - From Feb. 1 to April 30 of the year following the year covered by the summary
- Electronic Submission*
 - For certain establishments
 - No later than March 2nd

1904.33 – Retention and Updating

- Retain forms for 5 years following the year that they cover
- Update the OSHA Form 300 during that period
- Do not need to update the OSHA Form 300A or OSHA Form 301

Electronic Submission of Injury and Illness Records

- Injury Tracking Application –

300A *Due March 2nd*

- Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records.
- Establishments with 20-249 employees that are listed in Appendix A (hazardous industries).
 - Utilities, construction, manufacturing, warehousing, transportation

Electronic Submission of Injury and Illness Records

- Injury Tracking Application –
300, 300A, 301 ***Due March 2nd***
- Establishments with 100 or more employees in designated high hazard industries (Appendix B).
 - Agriculture, certain manufacturing, warehousing/storage, certain wholesalers, certain retailers, hospitals/care facilities, transportation



OSHA Reporting Requirements

All covered employers **must report** the following to OSHA:

- All work-related fatalities within 8 hours
- All work-related in-patient hospitalizations of one or more employees within 24 hours
- All work-related amputations within 24 hours
- All work-related losses of an eye within 24 hours

EXCEPTION: Do not report motor vehicle accidents that occur on public streets or highways, unless the incident occurs in a construction zone.

How to Report a Fatality or Severe Injury

www.osha.gov/report

- By telephone to the nearest OSHA office during normal business hours.
- By telephone to the 24-hour OSHA hotline (1-800-321-OSHA or 1-800-321-6742).
- Online: www.osha.gov/pls/ser/serform.html



Common Misconceptions

(Everything on this slide is false!)

- Flood & Peterson maintains OSHA logs for their clients
- It is okay to wait until year-end to complete your OSHA logs
- Workers' compensation claim = OSHA recordable incident
- Doctor's visit = OSHA recordable incident

Questions?





Contact Us

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