

OSHA RECORDKEEPING Part 1904

Recording & Reporting
Occupational Injuries and
Illnesses



[OSHA Resources]

- OSHA Home page – <http://www.osha.gov/>
- OSHA Recordkeeping Handbook - <http://www.osha.gov/recordkeeping/handbook/index.html>
- Numerous guidance documents, LOIs, etc.

OSHA Record keeping – National Emphasis Program

- **10/1/09 OSHA announced a National Emphasis Program (NEP) is designed to determine whether employers are accurately reporting workplace illnesses and injuries, as recent academic studies have indicated that certain industries may be under-recording.**
- **6 industry groups. OSHA will be targeting low DART rate establishments that operate in these historically high DART rate industries.**
- The Recordkeeping NEP will encompass the following industries (by NAICS codes):
 - Animal (except poultry) slaughtering 311611
 - Scheduled passenger air transportation 481111
 - Steel foundries (except investment) 331513
 - Other nonferrous foundries (except die-casting) 331528
 - Concrete pipe manufacturing 327332
 - Soft drink manufacturing 312111
 - Couriers 492110
 - Mobile home manufacturing 321991
 - Rolling mill machinery and equipment manufacturing 333516
 - Iron foundries 331511
 - Nursing care facilities 623110
 - Fluid milk manufacturing 311511
 - Seafood canning 311711
 - Marine cargo handling 488320
 - Copper foundries (except die casting) 331525
 - Bottled water manufacturing 312112
 - Refrigerated warehousing and storage 493120
 - Motor vehicle seating and interior trim manufacturing 336360
 - Pet and pet supplies stores 453910
- In addition, Poultry Processing (NAICS 311615) and Support Activities for Animal Production (NAICS 115210) are on the list, even though they are not high-rate industries.

[Purpose/Scope]

- **1904.0 Purpose.**

- The purpose of this rule (Part 1904) is to require employers to record and report work-related fatalities, injuries and illnesses

- **Scope**

- Less than 10 employees – partially exempt
- Business classification (SIC) in low hazard categories – partially exempt
 - No need to complete OSHA log/forms but must still report fatalities/multiple hospitalizations (3).

[Introduction of forms]

- OSHA 300 log - Log of work-related injuries and illnesses
- 301 form – Injury and Illness Incident Report
 - Workers comp forms or acceptable substitutes
- OSHA 300A – summary form to meet annual posting requirements – Feb 1st – Apr 30th
- Forms completed within 7 calendar days of receiving info that a recordable case occurred
- Computer records are acceptable if they can produce equivalent forms OSHA 301




OSHA 300 – Log of work-related injuries & illnesses

OSHA's Form 300

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 OSHA 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 20 02 

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

Form approved OMB no. 1218-0176

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 <small>(e.g., Welder)</small>	(D) Date of injury or onset of illness	(E) Where the event occurred <small>(e.g., Loading dock north end)</small>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <small>(e.g., Second degree burns on right forearm from acetylene torch)</small>	Death	Days away from work	Remained at work		On job transfer or restriction	Away from work	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Hoarseness	All other illnesses	
						(I)	(J)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)
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OSHA 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 ____/____/____

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 ____/____/____

OSHA 300A – Summary of work-related injuries & illnesses

OSHA's Form 300A

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)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) All other illnesses _____
(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 30 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 Statistics, Room N-3644, 200 Constitution Avenue, N.W., 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.

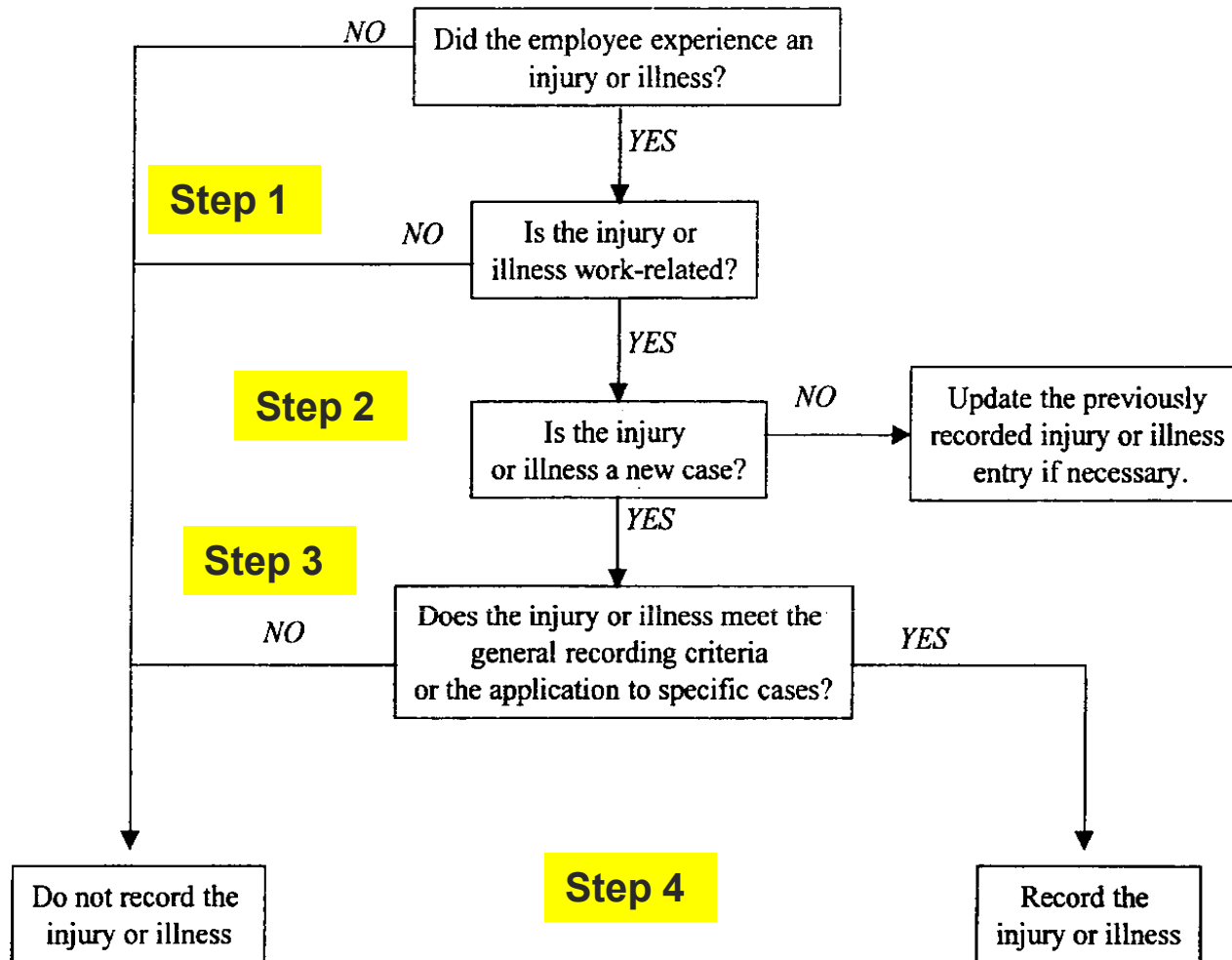
Company executive _____ Title _____

() / / Date

[1904.4 – Recording criteria]

- Record all fatalities, injuries, illnesses that:
 - Are work-related
 - Are a new case
 - Meets general criteria or specific case criteria
- Work-relatedness – 1904.5
- Determination of a new case – 1904.6
- General recording criteria – 1904.7
- Specific case criteria – 1904.8-12

[1904.4 – Decision-tree]



Step 1

1904.5 – Determination of Work-relatedness

- Basic requirement – event or exposure in the work environment:
 - caused or contributed to the condition
 - significantly aggravated a pre-existing condition
- Work environment – “the establishment and other locations where one or more employees are working or are present as a condition of their employment.” Includes physical locations & equipment or materials used by employee.
- Geographic presumption

[9 exceptions to work environment]

- General public
- Signs/symptoms only surface at work
- Voluntary participation in wellness, medical, fitness activity
- Eating, drinking or preparing food for personal consumption
 - Exception – employer supplied contaminated by workplace

[9 exceptions to work environment]

- Personal activities (unrelated to employment) outside assigned hours
- Personal grooming, self-medication for non-work condition, or self-inflicted
- Motor vehicle accident in parking lot or access road during commute
- Common cold or flu
- Mental illness (voluntary opinion from LHCP)

How do I handle a case if it is not obvious whether an event or exposure occurred in the work environment or away from work?

- Must evaluate the employee's work duties and environment and determine whether one or more exposures/events in the work environment either
 - Caused or contributed to the resulting condition
 - or Significantly aggravated a pre-existing condition.

How do I know if an event in the work environment
“*significantly aggravated*” a preexisting injury/illness?

- 4 criteria, “would likely not have occurred without the occupational exposure”
 - Death
 - Loss of consciousness
 - 1 or more days away from work or restricted work or days of job transfer
 - Medical treatment or a change in medical treatment



Definition of a preexisting condition

An injury/illness that resulted solely from a non-work-related event or exposure that occurred outside the work environment.

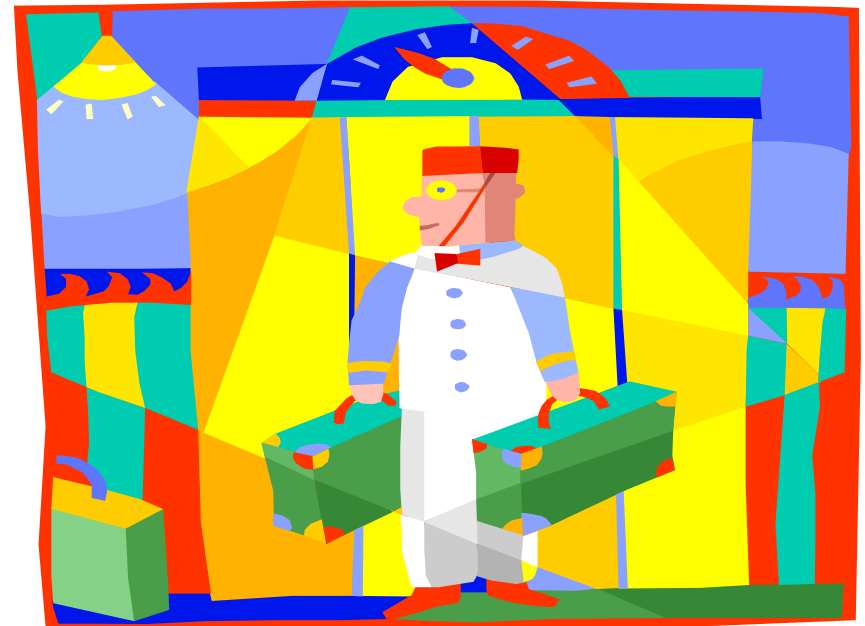
How do I decide whether an injury/illnesses is work-related if the employee is on travel status at the time it occurs?

- This rule continues concepts of previous rule - “considered work-related if employee was engaged in work activities in the interest of the employer”
 - Examples; travel to and from customer, conducting job tasks, entertaining/entertained to transact, discuss, or promote business

How do I decide whether an injury/illnesses is work-related if the employee is on travel status at the time it occurs?

- 2 exceptions

- Check into hotel/temporary residence – “left work environment”
- Detour for personal reasons



Work at home - work-related?

- Considered work related if injury/illness occurs while...
- Performing work for pay or compensation in the home, and...
- Injury/illness directly related to performance of work not general home environment

Step 2 Determination of new cases – Basic requirement

New case if...

- No previous experience of recordable injury/illness of the same type, affects same part of body or...
- Previous recorded injury/illness same type/body part but
 - Recovered completely (no signs/symptoms)
 - Event/exposure in work environment caused signs/symptoms to reappear

Determination of new cases – Chronic work-related illness

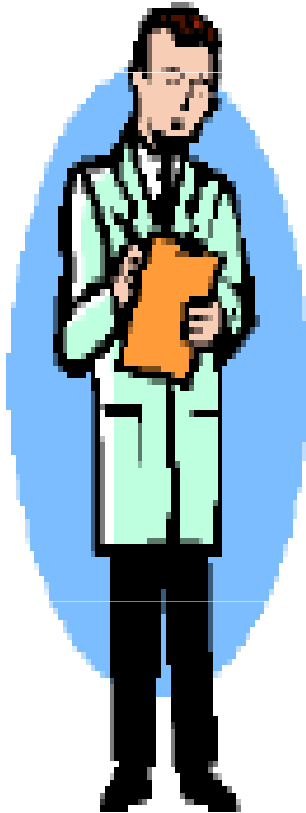
- Occupational illnesses which have recurring symptoms must only be recorded once.
- Examples include cancer, asbestosis, byssinosis and silicosis



Determination of new cases – Chronic work-related illness

- Occupational illness where a new exposure causes signs/symptoms to reappear must be recorded as a new case
- Examples include; occupational asthma, dermatitis

Determination of new cases – Doctor's opinion



- Not required but may seek a physician's aid in determining new case status.
Must follow the recommendation of a physician if one is sought

Step 3

General recording criteria – Basic requirement

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first-aid
- Loss of consciousness
- Significant injury/illness diagnosed by a physician (even in absence of above criteria)

Death

- Enter a check on 300 log in death column (G)
- Notify OSHA within 8 hours
- Federal – 1-800-321-OSHA (6742)
- Employers with state run OSHA programs should contact their state OSHA representatives first. 1-800-NCLABOR

[Days away from work]

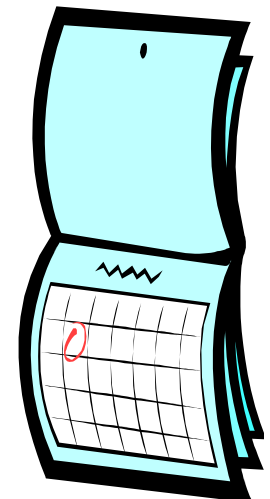
- Enter a check on 300 log in Days away from work column (H)
- Enter number of days away or estimate in column (K) – Away from work
- Count calendar days

[Counting days away from work]

- Do not count day injury/illness occurred
- Count calendar days regardless if the employee was scheduled to work or not
- Includes weekends, vacations, holidays, shutdowns, etc
- Days are capped at 180 calendar days*

[Recording special situations]

- Case occurs in 1 year but days away occur in the next year. Record in both years?
- Cases must only be recorded once
- Enter days away/restricted in the year the injury occurred
- End of year – estimate days away in new year and add to total for annual summary
- Update count when days reaches 180 or actual number is known



Recording restricted work or job transfer cases

- Enter a check on 300 log in Job transfer or restriction column (I)
- Enter number of days of job transfer or restriction or estimate in column (L) –
On job transfer or restriction

Recording restricted work or job transfer cases

Restricted work occurs when;

- You keep employee from performing one or more of the routine functions of their job or from working a full shift (normally scheduled)
- A physician recommends the same
- “Routine functions” – work activities employee regularly performs at least once a week

1904.7(b)(4) – Job transfer cases

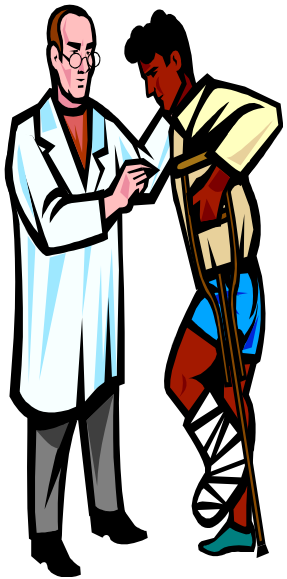
- Assigning employee to a job other than their regular job for any part of a day (except day of occurrence)
- Job transfer recorded the same as restricted cases, columns (I) and (L)
- Days counted the same except if job is permanently modified to eliminate any routine job functions. Stop counting when change is permanent. Must count at least 1 day.

1904.7(b)(5) – Recording medical treatment cases

- Enter a check on 300 log in column (J) “Other recordable cases”

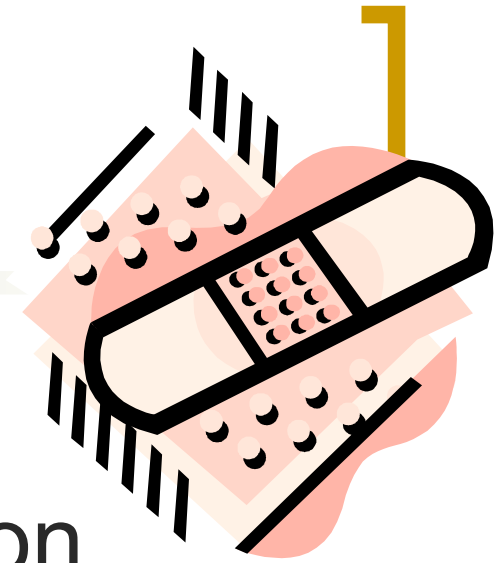
Recording medical treatment cases

- Medical treatment – management and care of a patient to combat disease or disorder. Does not include:



- Visits to a physician solely for observation or counseling
- Diagnostic procedures, such as x-rays and blood tests, including admin of Rx-drugs for diagnostics (eye drops to dilate pupils)
- First aid as defined in 1904.7(b)(5)(ii)

[First aid



- See 1904.7(b)(5)(ii)
- Represents complete list – not on list, it is MEDICAL TREATMENT
- No treatment (First aid/medical) is dependent on who provides it. Treatment based solely on what is done.
- Treatment not dependent on if it was actually performed/followed, if it was recommended it is recordable

[Loss of Consciousness]

- All injury/illnesses involving loss of consciousness are recordable
 - Length of time of the loss does not matter

1904.7(b)(5) – “Significant diagnosed” cases

- Some injuries/illnesses are significant but may not meet the other criteria. They must be recorded to document occurrence and frequency.
- Examples: Cancers, chronic irreversible diseases, fractured or cracked bones, punctured eardrum, etc



1904.8 – Recording criteria for needle stick and sharps injuries

- Must record all work-related needle stick injuries and cuts from sharp objects that are contaminated with another persons blood or potentially infectious material (defined in OSHA's Bloodborne pathogens standard 1910.1030(b))
- Record case as an injury
- Record as a “privacy case”

1904.9 – Recording criteria for cases involving medical removal under OSHA standards

- If employee is medically removed under medical surveillance requirements of an OSHA standard – must record on 300 log
- Enter case as a days away from work or restricted work cases – depending on how you comply with removal requirement
- If medical removal is from chemical exposure – check the “poisoning” column

[1904.10 – Recording criteria for cases involving occupational hearing loss]

- Required to record all “standard threshold shift” (STS) that also reflect a total hearing level of at least 25 dB from audiometric zero
- STS – is defined in 1910.95(c)(10)(i) as a change in hearing threshold, as an average of 10 decibels or more at 2000, 3000, 4000 hertz in one or both ears



1904.10 – Recording criteria for cases involving occupational hearing loss

- Audiometric zero is defined as the hearing acuity represented by all zeros (0) on an audiogram at the frequencies of 2000, 3000 and 4000 hertz.

- Example:

○	<u>2K</u>	<u>3K</u>	<u>4K</u>	<u>Average</u>
	0	0	0	0

Hearing loss recordability examples

■ Baseline

<u>2K</u>	<u>3K</u>	<u>4K</u>	<u>Average</u>
10	10	10	10

■ Year 1 results

<u>2K</u>	<u>3K</u>	<u>4K</u>	<u>Average</u>
20	20	20	20

STS of 10 – 25 dB not met –
NOT RECORDABLE

■ Year 2 results

<u>2K</u>	<u>3K</u>	<u>4K</u>	<u>Average</u>
30	30	30	30

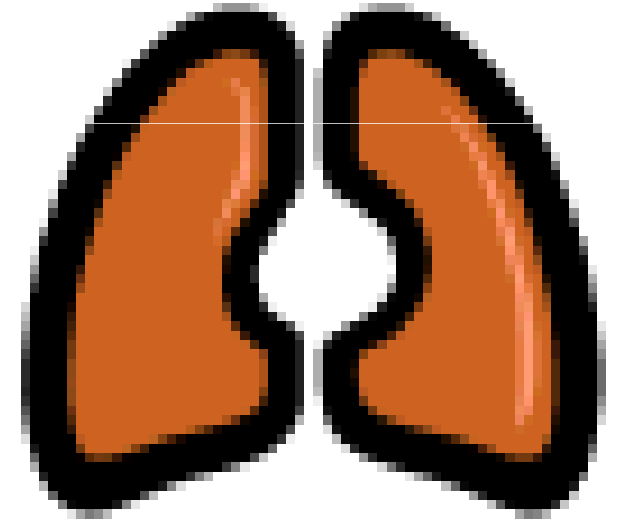
STS of > 10 – 25 dB met –
RECORDABLE

1904.10 – Recording criteria for cases involving occupational hearing loss

- Do not have to record if you retest within 30 days and retest does not confirm STS
- There are no special rules for determining work-relatedness of hearing loss. Refer to section 1904.5 for guidance
- Not required but may enlist a Physician to help in the work-relatedness determination

1904.11 – Recording criteria for work-related tuberculosis cases

- If employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB) and develops a TB infection, as evidenced by + skin test or diagnosed by physician – must record on 300 log as “respiratory condition”



1904.11 – Recording criteria for work-related tuberculosis cases

- May line-out or erase case if:
- Employee is living in a household with a person diagnosed with active TB
- Public Health Department identified worker as a contact of an individual with active TB unrelated to workplace
- Medical investigation shows infection was caused by exposure to TB away from work or case was not related to the work place exposure

1904.12 – Recording criteria for work-related musculoskeletal disorders (MSD) cases

- MSDs- disorders of the nerves, tendons, muscles, ligaments, joints, spinal discs, etc
- No special recording criteria, evaluate same as any other injury or illness. 1) work-related
2) new case, 3) meets one or more of the general recording criteria



1904.29 – Privacy concern cases

- *Must enter “ privacy case” in space for employee’s name if case meets qualifying criteria
 - Injury/illness to an intimate body part or reproductive system
 - Injury/illness results from sexual assault
 - Mental illness
 - HIV infection, hepatitis, or tuberculosis
 - Needlestick injuries/cuts from potentially infectious material
 - Other illnesses, if employee independently and voluntarily requests their name withheld

1904.29 – Privacy concern cases

- Must keep a separate, confidential list of case numbers and employee names for your privacy cases
- May use discretion in describing case on log if info other than name would indicate identity
 - Example: injury to reproductive organs could be “lower abdominal injury”

[1904.29 – Employee privacy]

- If forms are provided to anyone other than government reps, employees, former employees, authorized reps – must remove or hide names and identifying info
- Exceptions:
 - Auditor or consultant hired to evaluate safety and health program
 - Processing a workers comp claim
 - Public health or law enforcement not under specific protection, 45 CFR 164.512

Questions?

Thank you for your time.

Marc Scripps
EHS Manager
Eaton – Electrical