

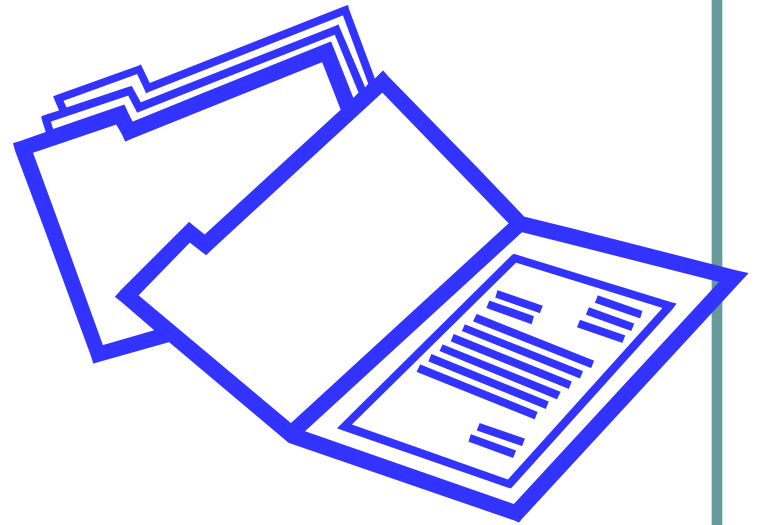
Recordkeeping NEP

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MA EOLWD, September 2010



OSHA Recordkeeping

- Revised Recordkeeping rule became effective January 1, 2002
- OSHA 300 Forms revised in 2004
- Affected 1.4 million establishments



Goals of Revision

- Improve the data
- Simplify forms and requirements
- Maximize the use of computers
- Improve employee involvement
- Protect the privacy of injured or ill worker



Recording 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 – 1904.11

Forms



- Updates three recordkeeping forms
 - OSHA Form 300 – Log of Work-Related Injuries and Illnesses
 - OSHA Form 301 – Injury and Illness Incident Report
 - OSHA Form 300A – Summary of Work-Related Injuries and Illnesses

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

For a 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) Employer's name	(C) Job title (e.g., Walker)	(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., Severe deep burn on right forearm from scythe level)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:						
						Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M) Injury	Days away from work (1)	Job transfer or restriction (2)	Medical treatment beyond first aid (3)	Lost workdays (4)	Transfer to another job (5)	All other illnesses (6)
(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable case	(K)	(L)	(1)	(2)	(3)	(4)									
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Page totals **▶** _____

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 concerns 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 20010. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300) before you post it.

Page ___ of ___

Injury	Days away from work	Job transfer or restriction	Medical treatment beyond first aid	Lost workdays	Transfer to another job	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)	(6)

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

Injury and Illness Types

Total number of ...
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) 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. Pen and ink 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 the estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3044, 200 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., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

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 _____

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

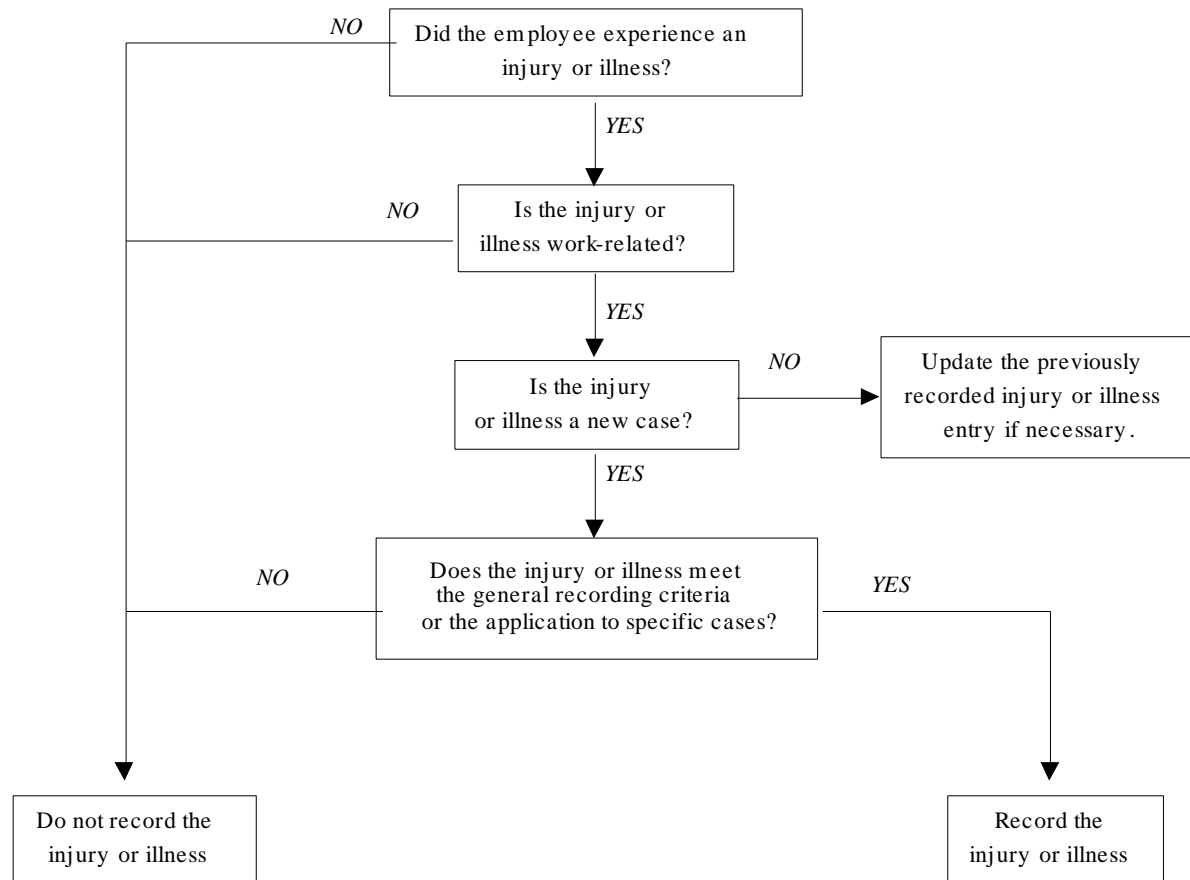
- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____

- 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 ____/____/____

Recording Criteria Decision Tree



Work-Relatedness



- Cases are work-related if:
 - An event or exposure in the work environment either caused or contributed to the resulting condition
 - An event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness

Work-Related Exceptions

- Adds additional exceptions to the definition of work relationship to limit recording of cases involving:
 - eating, drinking, or preparing food or drink for personal consumption
 - common colds and flu
 - voluntary participation in wellness or fitness programs
 - personal grooming or self-medication



General Recording Criteria

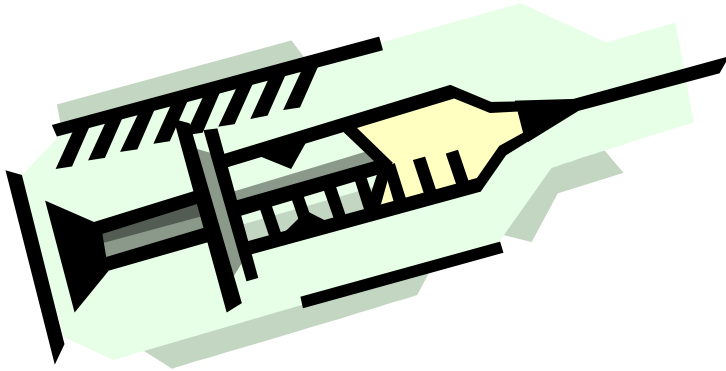
- Requires records to include any work-related injury or illness resulting in one of the following:
 - Death
 - Days away from work
 - Restricted work or transfer to another job
 - Medical treatment beyond first aid
 - Loss of consciousness
 - Diagnosis of a significant injury/illness by a physician or other licensed health care professional

General Recording Criteria

(continued)

- Includes new definitions of medical treatment and first aid to simplify recording decisions
- Clarifies the recording of “light duty” or restricted work cases

Recording Needlesticks



- Requires employers to record all needlestick and sharps injuries involving contamination by another person's blood or other potentially infectious material

Musculoskeletal Disorders

- Applies the same recording criteria to musculoskeletal disorders (MSDs) as to all other injuries and illnesses
- Employer retains flexibility to determine whether an event or exposure in the work environment caused or contributed to the MSD

Recording criteria for Medical Removal cases

- If EE medically removed under medical surveillance requirement of an OSHA standard it must be recorded on the OSHA 300 Log.
- How would you enter it onto the log?
- Do you have to record a case where EE is voluntarily removed before the medical removal criteria is met?

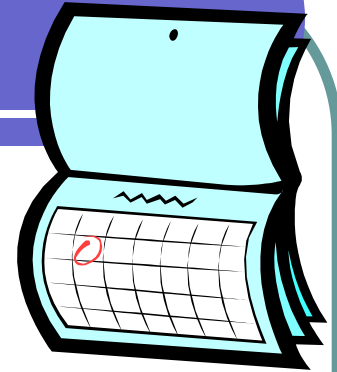
Hearing Loss



- Starting January 1, 2003, record all work-related hearing loss cases where:
 - Employee has experienced a Standard Threshold Shift (STS)¹, and
 - Employee's total hearing level is 25 decibels (dB) or more above audiometric zero [averaged at 2000, 3000, and 4000 hertz (Hz)] in the same ears as the STS

¹ A STS is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.

Day Counts



- Eliminates the term “lost workdays” and focuses on days away or days restricted or transferred (DART)
- Includes new rules for counting that rely on calendar days instead of workdays

Employee Involvement



- Requires employers to establish a procedure for employees to report injuries and illnesses and tell their employees how to report
- Employers are **prohibited** from discriminating against employees who do report
- Employee representatives will now have access to those parts of the OSHA 301 form relevant to workplace safety and health

Employee Privacy

- Prohibits employers from entering an individual's name on Form 300 for certain types of injuries/illnesses
- Provides employers the right not to describe the nature of sensitive injuries where the employee's identity would be known
- Gives employee representatives access only to the portion of Form 301 which contains no personal information
- Requires employers to remove employees' names before providing the data to persons not provided access rights under the rule

Annual Summary

- Requires the annual summary to be posted for three months instead of one
- Requires certification of the summary by a company executive

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses
Year 20

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

Number of Cases
Total number of deaths _____ Total cases away from work _____
(A) _____

Number of Days
Total number of days away from work _____
(B) _____

Injury and Illness
Total number of...
(1) Injuries _____
(2) Skin disorders _____
(3) Respiratory conditions _____

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 _____
(C) _____ (D) _____ (E) _____ (F) _____

Number of Days
Total number of days away from work _____
(G) _____

Injury and Illness Types
Total number of...
(1) Injuries _____ (4) Poisoning _____
(2) Skin disorders _____ (5) Hearing loss _____
(3) Respiratory conditions _____ (6) All other illnesses _____

Establishment Information
Name of establishment _____
Street _____
City _____ State _____ ZIP _____
Industry description (e.g., Manufacturer of metal tools)
Standard Industrial Classification (SIC), if known (e.g., 3723)
CR _____

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

Title _____

Reporting to OSHA

- Changes the reporting of fatalities and catastrophes to exclude some public transportation and motor vehicle accidents



For More Information

- Go to OSHA's website:

www.osha.gov



for additional information about the new recordkeeping rule (29 CFR 1904, CPL02-00-135-Recordkeeping P/P Manual, FAQs, Letter of Interp etc)

Injury and Illness: **Recordkeeping**

In Focus

The OSHA Recordkeeping Handbook [\[HTML 766KB\]](#)

The OSHA Recordkeeping Handbook is a compendium of existing agency approved policy, including the 2001 Recordkeeping rule (Regulatory text and relevant decision discussion from the Preamble to the rule), Frequently Asked Questions and the Letters of Interpretation.



Do I need to fill out the OSHA Log of Work-Related Injuries and Illnesses? Brochure - OSHA Publication 3169 [HTML](#) - [Partially Exempt Industries](#)



What do I need to comply with the recordkeeping requirements?
[Regulatory Text](#) | [Recordkeeping Forms](#) | [Compliance Directive \(CPL 2-00-135\)](#)
[NAM settlement agreement](#) | [Recordkeeping NEP](#) | [H1N1](#)



What should I do if there is a fatality or catastrophe at my work site?
[Contact Information](#) | [29 CFR 1904.39](#)



How will the new requirements differ from the previous requirements?
[Major Changes](#) | [Side-by-Side](#)



What kind of assistance will OSHA be providing to help me comply with the new requirement?
[Training Presentations](#)



What is the OSHA Data Initiative (ODI)?
[Background](#) | [The Data Collectors](#) | [The Data Collection Form](#) | [Contact Information](#)



What if I still have questions?
[FAQs](#) | [Hearing Loss Chart](#) | [Fact sheet](#) | [Letters of Interpretation](#) | [SIC Manual](#)
[BLS injury and illness statistics](#) | [OSHA contacts](#)

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- > [Teen Workers](#)

More Resources

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- > [The White House](#)
- > [USA.gov](#)
- > [GovBenefits.gov](#)
- > [Disability.gov](#)
- > [HireVetsFirst.gov](#)
- > [Career Voyages](#)
- > [Business.gov](#)
- > [Regulations.gov](#)
- > [PandemicFlu.gov](#)
- > [USA Freedom Corps](#)
- > [No Fear Act](#)

1904.4 Recording Criteria

- *Question 4-1: Does an employee reporting an injury or illness make it recordable?*
- No, the employer must first decide if an injury or illness has occurred and meets the definitions given in the rule

- *Question 5-10: How does OSHA define a “company parking lot” for purposes of recordkeeping?*
- Company parking lots, which are under the control of the employer are part of the employer’s premises and therefore part of the establishment.

- *Question 5-2: Are cases of workplace violence considered work-related?*
- Some cases involving violent acts might be included in exceptions under 1904.5(b)(2) but generally, there is no exception for workplace violence under the rules.

1904.7 General recording criteria

- Question – If the Dr. places a temp worker on light duty, the employer cannot accommodate light duty and so places employee out, how is this recorded?
- As the employer is deciding to place employee out, has to be recorded as days away until cleared or 180 days.

1904.7 General recording criteria

- *Question 7-17: Are work-related cases involving chipped or broken teeth recordable?*
- Yes, under section 1904.7(b)(7), these cases are considered a significant injury or illness when diagnosed by a physician or other health care professional.

Most Frequently Cited

Region 1 from 10/1/08 – 9/14/10

- Total of 663 Recordkeeping citations
- 1904.29(b)(1) [386 citations]
- 1904.29(a) [86 citations]
- 1904.32(b)(3) [103 citations]
- 1904.32(a)(2) [45 citations]
- 1904.32(b)(2) [43 citations]

Questions?