



**Commonwealth of Massachusetts
Executive Office of Labor and Workforce Development
Department of Labor Standards**

Guide to Recording and Reporting Occupational Injuries and Illnesses

*Key Points from OSHA's Record-Keeping Rule Designed to Assist Respondents with
the Annual BLS Survey of Occupational Injuries and Illnesses*



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29 CFR 1904 Rule



- ▶ Under this rule, employers are required to record and report work-related fatalities, injuries and illnesses

- ▶ This rule applies to all employers who are covered by the Occupational Safety and Health Act (OSH Act)
 - Many employers do not have to keep OSHA injury and illness records unless OSHA or the BLS informs them in writing that they must keep records. Other exemptions may apply. To learn more about compliance in this regard, visit:
<http://www.dol.gov/compliance/guide/osa.htm>

- ▶ Keep in mind that OSHA recordkeeping is distinct from workers' compensation records



Recordkeeping Criteria: What to Record

- ▶ Each fatality, injury or illness that:
 1. Is work-related, and
 2. Is a new case, and
 3. Meets one or more of the following criteria (see following slides for additional details)
 - A. Falls under the general recording criteria
 - B. Involves needle sticks or sharps injuries
 - C. Requires medical removal
 - D. Results in hearing loss
 - E. Involves a case of Tuberculosis



1. A Case is 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
 - To be recordable, the aggravation of a pre-existing condition must result in death, loss of consciousness, days away from work, restricted duty, or medical treatment
 - An aggravation of a pre-existing injury or disorder is only recordable when that case has fully healed or a doctor has cleared the employee to return to work
- ▶ The **work environment** is defined as the establishment and other locations where one or more employees are working or present as a condition of employment



Medical Treatment is Recordable

- ▶ Medical treatment is the management and care of a patient to combat disease or disorder
- ▶ However, for the purposes of SOII, this does not include:
 - General counseling or observations visits to a Physician or Other Licensed Health Care Professional (PLHCP)
 - Diagnostic procedures
 - First aid
- ▶ Prescription medicines are considered recordable medical treatment



First Aid Treatment is Not Recordable

- ▶ The incident would not be recordable if it required only first aid, which includes:
 - 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
 - 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





Exceptions to Work-relatedness

- ▶ If the employee:
 - Was present as a member of the general public
 - His/her symptoms arose in work environment that were solely due to non-work-related event or exposure
 - The injury was due to a voluntary participation in wellness program, medical, fitness or recreational activity
 - Eating, drinking or preparing food or drink for personal consumption
 - Performing personal tasks outside assigned working hours
 - Occupied by personal grooming, self medication for non-work-related condition, or intentionally self-inflicted
 - Injured in a motor vehicle accident in parking lot/access road during commute to/from work
 - Ill with the common cold or flu
 - Suffering from mental illness (Physician or Other Licensed Health Care Professional (PLHCP) may determine illness is work related)

Then the case does not need to be recorded



Travel and Work From Home

- ▶ Incidents that occur while an employee is traveling
 - Are recorded if it occurred while the employee was engaged in work activities in the interest of the employer
 - Are *not* recorded when the employee is traveling for personal, non work-related purposes

- ▶ Incidents that occur while the employee is working from home
 - Are recorded when the employee is performing work for pay or compensation in the home, and the injury/illness is directly related to the performance of work rather than the general home environment



2. New Cases

- ▶ An injury or illness is considered a new case only if
 - The employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body
 - 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
- ▶ If there is a medical opinion regarding if a case is a new case you must follow that opinion
- ▶ If an exposure triggers the recurrence, it is a new case (e.g., asthma, rashes)
- ▶ For example: a reoccurrence of signs or symptoms of a chronic injury or illness does not need to be recorded; only the first episode need be recorded once



3A. 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 Physician or Other Licensed Health Care Professional (PLHCP)





Days Away from Work and Restricted Duty

- Do not include the day of injury or onset of illness
- Count the number of calendar days the employee was unable to work, had restricted duty, or was on job transfer; this includes weekend days, holidays, vacation days, etc.
- Cap your count at 180 days
- May stop count if transfer or restriction is permanent
- May stop count if employee leaves company for reasons unrelated to the occupational injury or illness

Days away
from work



- Days when the employee cannot perform his/her routine job functions (activities they perform at least once a week)

Days on
restricted duty

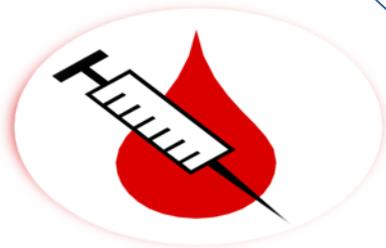




3B. Needle Sticks and Sharps Injuries

Record all work-related needle sticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material

Record splashes and other exposures to blood or other potentially infectious material if it results in diagnosis of a blood borne disease or meets the general recording criteria





3C. Medical Removal

Record:

If an employee is medically removed under the medical surveillance requirements of an OSHA standard

Do not record:

If the case involves voluntary removal below the removal levels required by the standard



3D. Hearing Loss

You must record a hearing loss if the incident involved Standard Threshold Shifts (STS)

- An Audiologist can ascertain whether a STS has occurred
- Check off "*hearing loss*" on the form



3E. Tuberculosis

RECORDABLE

If an employee is exposed to someone with a known case of active tuberculosis, and subsequently develops a TB infection

Check off "*respiratory condition*" on the form

NOT RECORDABLE

The worker is living in a household with a person who is diagnosed with active TB. A public health official can identify this

A medical investigation shows the employee's infection was caused by exposure away from work

Whose Incidents Need to be Recorded?





Temporary Workers

- ▶ When a temporary (“temp”) worker sustains a work-related injury or illness while performing duties while supervised by a worksite employer, his/her case is recorded by the worksite employer and not the temporary agency
- ▶ Temporary help agencies should not record the cases experienced by temporary workers who are supervised by the using client/worksite employer



Three Important Forms

1. **OSHA Form 300: Log of Work-Related Injuries and Illnesses**
2. **OSHA Form 300A: Summary of Work-Related Injuries and Illnesses**
3. **OSHA Form 301: Injury and Illness Incident Report**
 - ▶ Employers must enter each recordable case on the forms within 7 calendar days of receiving information that a recordable case occurred
 - ▶ Forms may be kept on a computer
 - ▶ A 301 incident report with the same information is sufficient

OSHA's Form 300



OSHA's Form 300

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 1904.6 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)	Remained at work (I, J)				Injury (1)	Skin disorder (2)	Respiratory condition (3)	Fracture (4)	All other illnesses (5)
								Job transfer or restriction (I)	Other recordable cases (J)							
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<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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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<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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			month/day													

OSHA's Form 301



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. Penalties do not apply to respondents who do not provide 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 of information, including suggestions for reducing this burden, contact: U.S. 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.

This form is posted and kept as a log throughout the year. It does not need to be submitted as part of the SOII but it is helpful in completing the required SOII forms



OSHA's Form 300A

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 _____	

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 _____

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.

Use this form to summarize the number of injuries and illness into different categories. Column K is the total number of days missed from all cases listed in column H. Column L is the total number of days on restricted duty from all cases in column I. The total number of cases (G+H+I+J) should equal the total in the injury and illness types category (M1 +M2 +M3 +M4 +M5).



Privacy Protection

Certain cases of a sensitive nature are recorded differently on OSHA forms. These include:

- 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
- Needle stick 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

To record these injuries:

- Do NOT enter the name of an employee on the OSHA Form 300 for "privacy concern cases"
- Enter "privacy case" in the name column
- Keep a separate confidential list of the case numbers and employee names



Engage Your Employees

Set up a way for employees to report work-related injuries and illnesses promptly

Tell each employee how to report work-related injuries and illnesses to you

BLS Survey of Occupational Injuries and Illnesses (SOII)



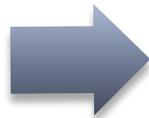
- ▶ Conducted since 1992
 - In Massachusetts, ~6,000 public and private sector sites are randomly selected. Nationwide, over 200,000 surveys are collected.
 - The data are used to identify and correct hazards in the workplace:
 - National and State policy makers use the survey data as an indicator of the occupational safety and health conditions across industries and workers.
 - OSHA uses it to help determine where additional measures are needed to improve safety programs and to measure the effectiveness of the 1970 act in reducing work-related injuries and illnesses.
 - Insurance carriers involved in workers' compensation, industrial hygienists, manufacturers of safety equipment, researchers, and others concerned with job safety and health all use the data.



BLS SOII Timeline

December

You will receive a pre-notification letter asking you to keep records of work related injuries and illnesses for the upcoming calendar year



January

You will receive the SOII forms to complete for the previous collection year



Within 30 days

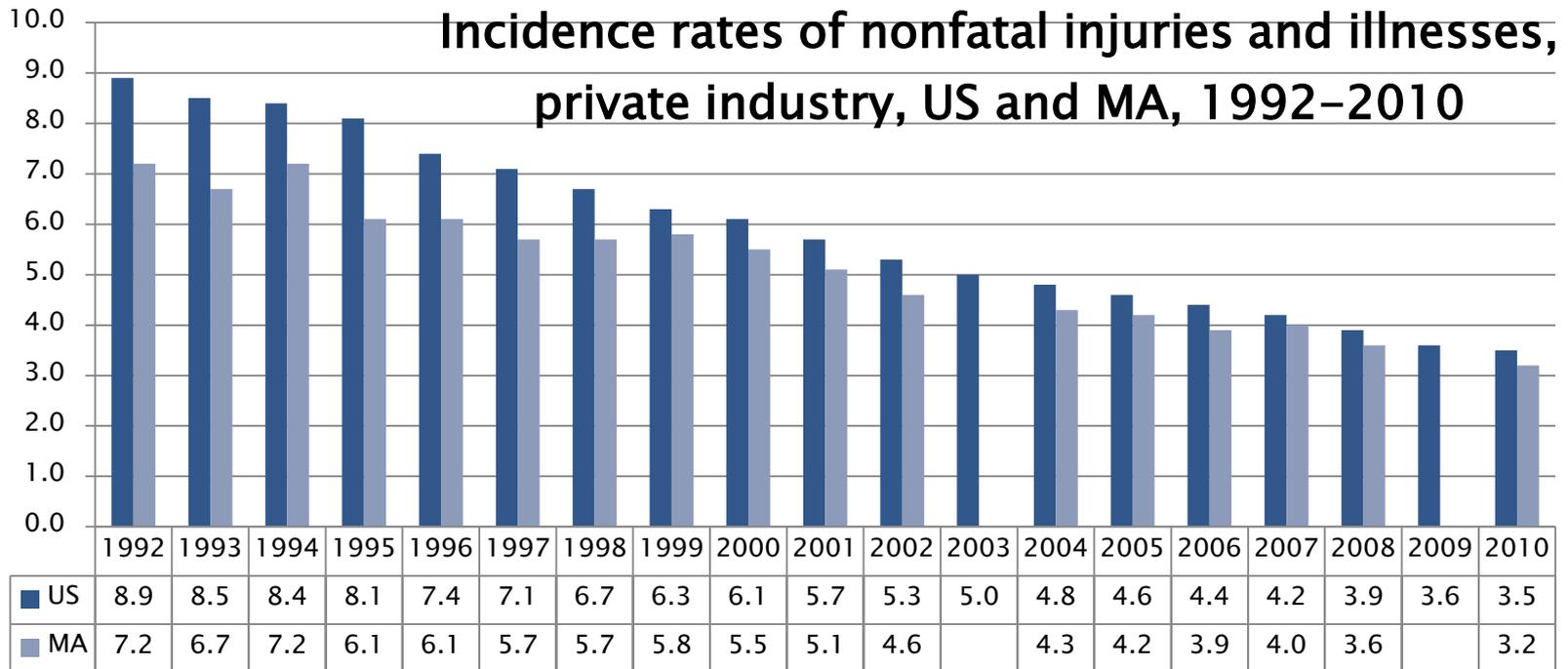
of receiving survey submit data online, via email, fax, or phone to the Occupational Health and Safety Statistics Program

What Happens to the Reported Data?



- You can view our annual publication, with information like the chart below, and the national data by visiting:

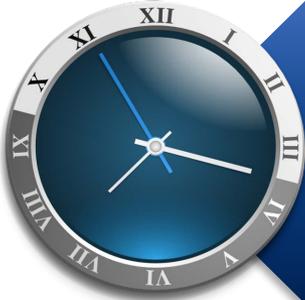
<http://www.mass.gov/lwd/labor-standards/occ-safety-and-health/statistics-program/illness-and-injuries-reports/>



* Massachusetts Data was not publishable in 2003 or 2009



Don't Worry...



The survey takes, on average, just 24 minutes to complete



The Information is confidential and is not used for any punitive or enforcement purpose



If you are selected this year, you will not necessarily be asked to participate next year



Need Help? Have Questions?

For Questions about OSHA Recordkeeping
or SOII, please contact

The Occupational Safety and Health Statistics Program

617-626-6945 or

imani.bishop@state.ma.us



Additional OSHA Contacts

Andover
978-837-4460
138 River Rd
Ste. 102
Andover, MA
01810

Springfield
413-785-0123
1441 Main St.
Room 550
Springfield, MA
01103

US DOL OSHA
617-565-9860
JFK Federal Building
Room E340
Boston, MA 02203

Braintree
617-565-6924
639 Granite St.
4th Floor
Braintree, MA
02184

OSHA On-site
Consultation
MA Department of Labor
Standards
Wall Experiment Station
37 Shattuck St.
Lawrence, MA 01843
617-626-6504



Additional BLS Contact

Bureau of Labor Statistics (BLS)
National Office

Office of Safety, Health and Working Conditions
Postal Square Building – Suite 3180
2 Massachusetts Ave., NE
Washington, D.C. 20212
202-691-6170



For More Information:

- ▶ Occupational Health and Safety Statistics Program:

<http://www.mass.gov/lwd/labor-standards/occupational-safety-and-health-statistics-program/>

- ▶ 29 CFR 1904: OSHA Recordkeeping

http://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1904

- ▶ Survey of Occupational Injuries and Illnesses:

<http://www.bls.gov/respondents/iif/home.htm>

- ▶ Bureau of Labor Statistics' SOII respondents page:

<http://www.bls.gov/respondents/iif/home.htm>

- ▶ To view the official OSHA recordkeeping handbook:

http://www.osha.gov/publications/recordkeeping/osha_3245_revised.pdf