OSHA Recordkeeping
Agenda

• Overview of recordkeeping requirements
• What is recordable
• How to make sample OSHA 300 entries
• OSHA 301 – Injury and Illness Incident Report
• Annual summary – OSHA 300A
• OSHA logs – multiple locations, retention, updating and access
Recordkeeping Requirements

• OSHA mandates that select employers maintain OSHA 300 log - 29 CFR 1904
  – Employers should use data as one means to evaluate safety performance and trends
  – OSHA can use information to focus their inspection
BLS Survey

• Annually for some businesses the BLS requests that employers complete a Survey of Occupational Injuries and Illnesses
  – Even if you are exempt from OSHA recordkeeping, if you get a letter notifying you that you’ll need to complete a BLS survey, you will need to keep a log

• It’s a crime to falsify your report to OSHA

• This data is available on-line for businesses that must report
### BLS Survey Data

<table>
<thead>
<tr>
<th>Establishment Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Year</th>
<th>SIC</th>
<th>NAICS</th>
<th>TCR</th>
<th>DART</th>
<th>DAFWII</th>
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<tr>
<td>Atlanta Gear And Axle Inc</td>
<td>4830 Mendel Ct Sw</td>
<td>Atlanta</td>
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<td>2541</td>
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</table>
Recordkeeping Exceptions

- You are partially exempt from keeping an OSHA 300 log if:
  - You have less than 10 employees in your entire company at any time in the last calendar year
  - You are in select industries

- There is also a partial exemption based upon individual business establishments – but it is not applicable to the following services: agriculture; mining; construction; manufacturing; transportation; communication, electric, gas and sanitary services; or wholesale trade
<table>
<thead>
<tr>
<th>NAICS</th>
<th>Description</th>
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<td>4412</td>
<td>Other Motor Vehicle Dealers</td>
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<td>Clothing Stores</td>
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<td>Pipeline Transportation of Crude Oil</td>
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<td>Software Publishers</td>
<td>5121</td>
<td>Motion Picture and Video Industries</td>
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<td>Telecommunications Resellers</td>
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<td>5181</td>
<td>Internet Service Providers and Web Search Portals</td>
<td>5182</td>
<td>Data Processing, Hosting and Related Services</td>
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<td>Other Information Services</td>
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<td>Securities and Commodity Contracts Intermediation and Brokerage</td>
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<td>Insurance Carriers</td>
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<td>Insurance and Employee Benefit Funds</td>
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## Industries Partially Exempt

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<td>Computer Systems Design and Related Services</td>
<td>5416</td>
<td>Management, Scientific and Technical Consulting Services</td>
<td>5417</td>
<td>Scientific Research and Development Services</td>
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<tr>
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<td>Advertising and Related Services</td>
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<td>Management of Companies and Enterprises</td>
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<td>Office Administrative Services</td>
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<td>Business Support Services</td>
<td>5615</td>
<td>Travel Arrangement and Reservation Services</td>
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<td>Colleges, Universities and Professional Schools</td>
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<td>Technical and Trade Schools</td>
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<td>Other Schools and Instruction</td>
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<td>Agents and Managers for Artists, Athletes, Entertainers and Other Public Figures</td>
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<td>Independent Artists, Writers and Performers</td>
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<td>Full-Service Restaurants</td>
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<td>Limited-Service Eating Places</td>
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<td>Electronic and Precision Equipment Repair and Maintenance</td>
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<td>Personal and Household Goods Repair and Maintenance</td>
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<td>Grantmaking and Giving Services</td>
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<td>Social Advocacy Organizations</td>
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<td>Civic and Social Organizations</td>
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<tr>
<td>8139</td>
<td>Business, Professional, Labor, Political and Similar Organizations</td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>
As of Jan. 1, 2015, OSHA is making several changes to its recordkeeping rule that will impact you. The most notable change is the expansion to the list of severe injuries and illnesses that employers must report to OSHA. Employers will be required to report:

- All work-related fatalities within eight hours.
- All work-related inpatient hospitalizations within 24 hours.
- All amputations and all losses of an eye within 24 hours.

Your customers can report to OSHA by calling 1-800-321-OSHA, contacting their closest OSHA Area Office during normal business hours or using the new online form.
Recording Timeliness

- Entries on the 300 Log must be made within 7 days of the employer knowing that a recordable incident has occurred.
Who is an “employee” for 300 Log recording

- Any person on your payroll
- Persons you supervise, that are not on your payroll, on a day-to-day basis
  - temporary help service, employee leasing service, etc
- You do not record contractor employee injuries, unless you supervise their day to day activities
What is Recordable

1. Is it work related?
   - No: Do not record
   - Yes:
     1. Is it a new case?
        - Yes: Does injury meet recording criteria?
           - Yes: Record Case
           - No: Update old OSHA log entry
        - No: Update old OSHA log entry
Work Related

- Assumed work related if an event or exposure in the work environment –
  - Caused or contributed to the resulting condition
  - Or aggravated a pre-existing condition
Work Place Exemptions

• Employee in work environment as a member of general public, not as an employee
• Symptoms surfaced at work, but condition is from a non-work related event or exposure
• Injury results solely from voluntary participation in wellness program, medical, fitness or recreational activity – such as donating blood, physical examination, flu shot, sports, etc.
• Injury results from employee eating, drinking or preparing food or drink for their personal consumption
Work Place Exemptions

• Result of employee doing personal task unrelated to their employment
• Result of personal grooming, self medication for non-work condition or self-inflicted
• Result of motor vehicle accident occurring on company parking lot or company access road while the employee is commuting to/from work
• Common cold or flu
• Mental illness – unless licensed health care professional states employee’s mental illness is work related
Work Related – Travel Status

• Incident is work related if employee is engaged in work activities “in the interest of the employer” – such as going to/from customers; entertaining or being entertained to transact, discuss or promote business; running work errands

• Detours for personal reasons, if they deviate from a reasonably direct route, are not recordable

• Treat hotels like homes
Working From Home

- Considered work related only if the injuries/illnesses is directly related to the performance of the work and not the general home environment

- Drops box of documents on foot – work related
- Trips over family dog – not work related

- DO NOT confuse OSHA work related with workers’ compensation work related
Significant Aggravation of Preexisting Condition

- Death
- Loss of consciousness
- Lost or restricted workdays
- Medical treatment beyond first aid, or change in medical treatment

- Work related - as long as the above are not due to the condition; but because of occupational event or exposure
What is Recordable

Is it work related?  
- No: Do not record
- Yes:
  - It is a new case?  
    - Yes: Does injury meet recording criteria?  
      - Yes: Record Case
      - No: Update old OSHA log entry
New Case

A case is new if:

- The employee has previously not experienced a recorded injury of the same type that affects the same part of the body

or

- Employee had previous recorded injury of same type and same body part; but had recovered completely (no signs or symptoms)
What is Recordable

Is it work related?
- No → Do not record
- Yes → It is a new case?
  - Yes → Does injury meet recording criteria?
    - Yes → Record Case
    - No → Update old OSHA log entry
  - No → Do not record
Recording Criteria

- Death
- Lost time
- Transfer and/or restriction
- Medical treatment beyond first aid
- Loss of consciousness
- Needle stick or sharp injury – where contaminated with potentially infectious material
- Standard threshold shift

- Significant injury/illness
- OSHA medical removal
- Work related TB
Simple Criteria

- Death
- Needle stick or sharps injury – when object is contaminated with potentially infectious material
- Work related TB
- Standard threshold shift
Lost Time

- Physician does not allow employee to return to work for more than the day of injury
- Employer/supervisor keeps employee off work more than day of injury
- Physician recommends employee remain at home, but employee returns to work anyway
- Physician recommends employee returns to work, but employee stays home – not counted as lost time
Transfer/Restriction

• Transfer occurs when you transfer an employee to a different job because of the injury/illness

• Restriction occurs when physician or employer keeps the employee from performing one or more routine functions of job or from working a full workday
  – Routine functions are those work activities the employee regularly performs at least once per week
Transfer/Restriction

- If an employee gets restrictions from a physician, it does not mean that the case is automatically considered a job restriction case.

- If employee produces fewer goods, but continues to do routine functions – it is not a job restriction case.
Medical Treatment Beyond First Aid

• Medical treatment is the management and care of a patient to combat disease or disorder – service does not have to be from licensed professional.

• It does not include:
  – Visits to licensed health care professionals solely for observation or counseling.
  – Diagnostic procedures such as x-rays, blood tests.
  – First aid.
If treatment is other than listed, then it is medical treatment. OSHA defines first aid as:

- Non-prescription meds at non-prescription strength
- Tetanus shots
- Cleaning, flushing or soaking of wounds on the surface of skin
- Using wound coverings: Band-Aids™, gauze pads, butterfly bandages or Steri-Strips™
OSHA First Aid

- Hot or cold therapy
- Non-rigid means of support – elastic bandages for example (devices with rigid stays or designed to immobilize body parts are medical treatment)
- Temporary immobilization devices used while transporting victim
- Drilling fingernail or toenail to relieve pressure or draining blister
- Using eye patches
OSHA First Aid

- Use of only irrigation or cotton swab to remove foreign bodies from the eye
- Removing splinters or other foreign material from areas other than eye by irrigation, tweezers, cotton swabs or other simply means
- Using finger guards
- Massage (PT or chiropractic treatment are medical treatment)
- Drinking fluids to relieve heat stress
Medical Treatment

• If a licensed health care professional recommends medical treatment, but the employee does not follow the recommendation, the case is still recordable
Loss of Consciousness

- You must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.
Significant Injury/Illness

• A significant injury/illness that may not otherwise be recordable

• Work related and diagnosed by licensed physician
  – Cancer
  – Irreversible disease
  – Fractured or cracked bone
  – Punctured ear drum
OSHA Medical Removal

• A few OSHA standards covering specific chemicals have medical removal provisions
  – Lead, cadmium, methylene chloride, formaldehyde, and benzene

• If an employee is removed from their job task because of OSHA’s medical removal procedures
  – Need to mark and count “Days away from work” or “Job transfer or restriction” as appropriate
OSHA Forms

• You may use:
  – OSHA’s paper copy
  – OSHA’s Excel version of 300 and 300-A
  – Your own version if equivalent
    • Same information and is readable, understandable and completed using the same process as OSHA’s forms
OSHA 300

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, 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 other licensed health care professional. You must also record work-related deaths and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.1 through 1904.12. Feel free to use this form 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 are not sure whether a case is recordable, call your local OSHA office for help.

Identify the person

<table>
<thead>
<tr>
<th>(A) Case no.</th>
<th>(B) Employee’s name</th>
<th>(C) Job title (e.g., Welder)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Describe the case

<table>
<thead>
<tr>
<th>(D) Date of injury or onset of illness</th>
<th>(E) Where the event occurred (e.g., loading dock south end)</th>
<th>(F) Describe injury or illness, parts of body affected, and objects or substances that caused injury or illness (e.g., second degree burn on right forearm (face above elbow))</th>
</tr>
</thead>
<tbody>
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</table>

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

<table>
<thead>
<tr>
<th>(G) Days away from work</th>
<th>(H) Job transfer or reassignment</th>
<th>(I) Other recordable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Enter the number of days the injured or ill worker was:

<table>
<thead>
<tr>
<th>(K) Away from work</th>
<th>(L) On job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Check the “Injury” column for each type of illness:

<table>
<thead>
<tr>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Page totals

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

Page of ___ (1) (2) (3) (4) (5) (6)
OSHA 300

• In upper right corner complete:
  – Year
  – Establishment name
  – City and State
Completing an Entry

- Case number – tied to OSHA 301
- Employee’s name – required unless privacy case
- Job title

Identify the person

(A) Case no.  
(B) Employee’s name  
(C) Job title  
(e.g., Welder)
Privacy Concern Case

• An employees name goes on the log, unless it is a privacy concern case:

• These are limited to:
  – Injury or illness to an intimate body part or the reproductive system;
  – Injury or illness resulting from a sexual assault;
  – Mental illnesses;
  – HIV infection, hepatitis, or tuberculosis;
  – Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material
  – Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.
Privacy Concern Case

- If you have a privacy concern case
- Do not enter employee’s name on log, enter “Privacy case”
- Maintain a separate list with the case number and the employee’s name
  - So you can update the entries
  - Provide information to the government if requested
Describe the Case

- Date of injury/illness
- Where event occurred
- Describe:
  - Injury/illness
  - Part of body affected
  - Object/substance that directly injured person
Classify the Case

- Select only one box
  - Most to least serious
  - Check the most serious box applicable to the case
Counting the Days

- Enter the appropriate number of days

Enter the number of days the injured or ill worker was:

Away from work (K) On job transfer or restriction (L)

___ days ___ days
Counting Lost and Restricted Days

• You count calendar days as ordered by physician – not scheduled days

• Never count the day of injury
  – Other partial days count as restricted days

• You can stop counting after 180 days or
  – Unless the facility closes or
  – The employee retires or leaves company for reasons other than the injury
Counting Lost and Restricted Days

• If lost or restricted days continue across more than one year there is only one log entry, and all lost/restricted days are counted on that entry.

• If you permanently assign an employee to a new job that eliminates the routine functions that the employee was restricted from performing, you stop counting days on the day of the transfer, but you must count at least one day of restriction.
  – This is how some companies never have lost workday injuries.
Classify the Case

Identify the type of case

• Injury
  – cut, puncture, scrape, facture, contusion, amputation, chemical burn, etc
  – Sprains/strains from slips, trips, falls or similar
  – Generally acute in nature

• Skin disorder – contact dermatitis/rash, friction blisters
Classify the Case

- Respiratory condition – caused by breathing hazardous agents – chemicals, dust, gases, vapors or fumes
- Poisoning – ingestion or absorption of toxic substances into the body - evidenced by abnormal levels
- Hearing loss – standard threshold shift
- All other illnesses – heat stroke, frost bite, radiation, welding flash, TB, HIV, etc.
Example and Sample Entries

- Rachel Doe is a clerk in the warehouse. While walking through the warehouse she tripped over a pallet lying on the floor. She went to the physician where he diagnosed her with a strained lower back. The physician gave Rachel three days of no lifting greater than 50 pounds. Her routine duties do not require her to lift more than 10 lbs.
Example

• Jane Doe, sales person. On 1/11/13, on Highway 23, mile marker 134, internal injuries due to automobile accident - hit by driver who crossed center line. In hospital from 1/11/13 to 1/21/13, off work until 2/2/13.
Joe Abe, a machine operator in the packaging department, trips over a door threshold between the packaging and shipping departments on Aug 1 and severely hurts his right arm. He requests to be seen by a physician which you permit him to do. The physician takes x-rays but finds that there is no fracture in his arm. Joe remains off work of the remainder of the day.

On Aug 2 Joe returns to work still complaining of pain in his arm and asks to be seen by a second physician, which you permit him to do. The second physician takes x-rays and finds a fracture of his right arm below the elbow. He places Joe in a cast and keeps him off work until Aug. 12. On Aug 12 the physician places him on “no lifting” restrictions through Sept 1. The restrictions impact his routine functions, but you let him remain in his normal position.
Example

- Rita Smith, an accountant, went to the post office to pick up postage stamps on July 20 for her employer. As she was pulling parking lot she was involved in a motor vehicle accident and she suffered a left leg fracture. She returned to work on August 3, able to perform her routine functions.
Example

- Tim Johnson is a janitor. On November 3, as he was exiting his car he slipped and fell on a patch of ice in a public parking lot. He immediately went to the physician where he was diagnosed with a broken wrist. The physician kept him off work at the remainder of the day but returned him to work with no use of left wrist restrictions on Nov. 4 until Dec. 24.
Example

- Nancy Jones, picker in the warehouse, has been working with a 25 lbs lifting restriction for three weeks due to a previous work related back surgery. While at work yesterday she was lifting a bag of flour in which she claims that her back is again hurting her. You sent her to the physician where he returned her with a 15 lb lifting restriction.
Example

• Betty Ferguson works in the enrobing department, as an enrober, where she pours flavorings and coatings on to the candies your company makes. On August 7 she slips and falls straining her wrist. The physician indicates that she should be on a 5 lb lifting restriction through August 14, at which time she can return to regular job duties. This restriction affects her routine job duties. Because of a downturn in demand for candy her supervisor is unable to accommodate this restriction and sends her home from Aug. 7 until Aug. 17.
OSHA 301

• An OSHA 301 or equivalent must be completed for each OSHA 300 log entry

• In some states the state 1\textsuperscript{st} Report of Injury is an acceptable equivalent.
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 1904.1, 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.

**Information about the employee**

1. Full name: ___________________________
2. Street: ___________________________
3. City ___________________________ State _______ ZIP _______
4. Date of birth _____/_____/_____
5. Date hired _____/_____/_____
6. Male □ Female □

**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 □ Greek 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 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"; "chlordane"; "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**

9. Name of physician or other health care professional: __________________________
   __________________________
7. Treatment was given away from the worksite, where was it given? ______
8. Was employee treated in an emergency room? □ Yes □ No
9. Was employee hospitalized overnight as an inpatient? □ Yes □ No

Public reporting burdens for this collection of information is estimated to average 55 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 unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N 3641, 200 Constitution Avenue NW, Washington, DC 20210. Do not send this form to the office.
OSHA 301 Fields

- Person completing
  - Title, Phone, Date completed

- Injured Employee information
  - Name, address, date of birth, date hired, gender

- Health care provider information
  - Name, address, treatment given, treatment in emergency room (yes/no), hospitalization (yes/no)
OSHA 301 Fields

• Injury information
  – OSHA log number, date, time work began, time of event, date of death (if died)
  – What was employee doing right before incident
  – What happened
  – What was injury/illness
  – What object or substance harmed the individual
Annual Summary

For each establishment

• At the beginning of each year review the prior year’s OSHA 300 to ensure they are complete and accurate
• Summarize 300 entries on the 301
  – Include number of employees and hours worked
• Have the summary certified
Annual Summary Certification

- The summary needs to be certified by a company executive.
  - Owner of the company
  - Officer of the corporation
  - Highest ranking official at the establishment or their supervisor

This generally is not the keeper of the log
Post the Annual Summary

• Post OSHA 300A from February 1 to April 30
  – Must be posted where other notices to employees are posted
  – It cannot be defaced or covered during that time
  – If you have multiple locations covered under one establishment, you should post copies in each establishment

• Retain a copy of the summary for 5 years
OSHA's Form 300A (Rev. 01/2004)

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.

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>(G)</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>(H)</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>(I)</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>(J)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>(K)</td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>(L)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
<td></td>
</tr>
<tr>
<td>(1) Injuries</td>
<td>(M)</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>(N)</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>(O)</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>(P)</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td>(Q)</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>(R)</td>
</tr>
</tbody>
</table>

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

Public reporting burden for the collection of information is estimated to average 0.50 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 currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact OSHA Office of Statistical Analysis, Room N1311 HOB, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

- Year establishment name: ____________________________
- Street: ____________________________ State: ______ ZIP: ______
- City: ____________________________

<table>
<thead>
<tr>
<th>Industry description (e.g., Manufacturing of motor vehicles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Industrial Classification (SIC), if known (e.g., 3711)</td>
</tr>
<tr>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>North American Industrial Classification (NAICS), if known (e.g., 333112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ ___ ___ ___ ___ ___</td>
</tr>
</tbody>
</table>

Employment information (if you don't have these figures, use 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

Knocking 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 signature: ____________________________
Print: ____________________________
Date: ____________

UnitedHeartland

LC-1033p
Rev. 06/13
64
OSHA Log Retention and Updating

- You must keep and update as necessary the current and past FIVE calendar years of logs (300, 300A, 301)

- If something on one of the 300 logs changes during the five years you need to update the log

- You do not need to update the annual summary or OSHA 301 reports
Multiple Locations

• You may keep the logs for multiple establishments at a central location as long as:
  – You make entries on the applicable logs within 7 days
  – You can produce logs at the individual location as requested (4 hours or next business day)

• You must be able to produce a separate log for each establishment
Multiple Locations

- OSHA permits you to combine separate locations into one establishment if:
  - The locations are operated as a single business under common management
  - The locations are close to one another, and
  - One set of business records are kept for the locations (IE personal files, timesheets, payroll/salary records, sales receipts, etc)
Multiple Locations

• Employees who work at more than one location, must be linked with a location’s log

• Telecommuting employees must also be linked to one location’s log – you don’t need a separate log for each of their homes

• If you have short-term locations (last less than one year) you can keep a combined short-term location log
Access

• You must inform employees how to report injuries
• If employees, former employees, their personal representatives or their authorized representatives ask to see or request a copy of the OSHA 300 log you must allow them to do so by the end of the next business day.
  – Personal representatives – a person designated in writing by current or former employee or legal representative of a deceased or legally incapacitated employee
  – Authorized representative – collective bargaining agent
Access

• If an employee asks for a copy of their own OSHA 301, you must give them one by the end of the next business day.

• For OSHA or other government representatives you must provide copies of the 300, 300A and 301 requested within four business hours.

• You may not charge for copies
Questions