

**Lake County Safety Council**  
**Thursday, January 19 Meeting**



***OSHA Record Keeping:  
Preparing for 2023 Reporting***

*Scott Cole, CSP, SMS, CHST, Business Unit EHS Director,  
Turner Construction*

# Mentor Area Chamber of Commerce 2022 Platinum Partnerships



# Lake County Safety Council

## Monthly Meeting Schedule

**Thursday, January 19**

**Thursday, February 16**

**Thursday, March 16**

**Thursday, April 20**

**WEDNESDAY, May 17 Safety Expo**

**Thursday, June 15**



**LAKECOUNTY**

**SAFETY COUNCIL**

Working Towards A Safer Workplace

# Event Sponsor



***HZW Environmental  
Consultants***

## Event Sponsor



*Cintas Corporation*

# Event Sponsor



*UH Employer Solutions*



- HAPPY 2023 TO ALL!
- UH BRUNNER SANDEN DEITRICK WELLNESS CENTER – URGENT CARE & OCCUPATIONAL SERVICES MONDAY – FRIDAY 8 AM – 8 PM AND SATURDAY AND SUNDAY 9 AM – 5 PM FOR INJURY CARE AND POST-ACCIDENT DRUG AND ALCOHOL TESTING.
- THREE BOARD CERTIFIED OCCUPATIONAL MEDICINE PHYSICIANS AND A BOARD CERTIFIED OCCUPATIONAL MEDICINE NURSE PRACTITIONER LOCATED AT CHARDON, MENTOR AND WILLOWICK.
- ALL PHYSICALS REQUIRE AN APPOINTMENT – CALL (855) 525-3622 TO SCHEDULE YOUR PHYSICAL
- RAPID DRUG TESTING IS AVAILABLE – NEGATIVE RESULTS SAME DAY
- DRUG AND BREATH ALCOHOL TESTING ARE WALK-IN SERVICES
- WEBCHECK – DIGITAL FINGER PRINTING AND TB TESTING IS A WALK-IN SERVICE
- RETURN TO WORK PHYSICALS & FIT FOR DUTY PHYSICALS
- OSHA MEDICAL SURVEILLANCE PHYSICALS FOR: ASBESTOS AND SILICA
- RESPIRATOR MEDICAL CLEARANCE AND RESPIRATOR FIT TESTING

# UH OCCUPATIONAL SERVICES

**Is your account current for designated contacts?**

- Do you have the correct staff listed on your client profile?
- **In order to obtain access, each person authorized to view employee results needs to sign the Agreement - [iSystoc User Agreement](#).**

If you need to set up your web portal access or update your account, please contact Chris Brill-Packard at (440) 479-8644 or via email: [Christine.Brill-Packard@UHhospitals.org](mailto:Christine.Brill-Packard@UHhospitals.org) or Seth Baumberger via email: [Seth.Baumberger@UHhospitals.org](mailto:Seth.Baumberger@UHhospitals.org)

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*We've Got You Covered*

Ohio Bureau of Workers' Compensation

# OSC23<sup>®</sup>

**OHIO SAFETY CONGRESS & EXPO**

**March 8-10, 2023**



Sponsored by  
**Ohio** | Bureau of Workers' Compensation

Ohio Bureau of Workers' Compensation

**OSC23<sup>®</sup>**

**OHIO SAFETY CONGRESS & EXPO**

## **2023 Ohio Safety Congress & Expo<sup>®</sup>**

Hybrid Event Offering Both:

In-person experience at the Greater Columbus Convention Center  
A select number of sessions being streamed live to an online audience

Note: While the in-person event will offer BWC program credits and CEU's unfortunately, the live streamed sessions will not be eligible for credits of any kind.



## OSC23<sup>®</sup> has the leading education you need!

### Education Tracks

Business Strategy

Manufacturing Safety

Construction Safety

Safety Management Systems

Governance and Regulatory

Technology and Innovations

Government Employee Safety

Total Worker Health

Leadership and Professional Development

Workers' Compensation

\*Note: live streamed sessions will be announced February 1

View the session schedule [Educational Sessions \(ohiosafetycongress.com\)](https://www.ohiosafetycongress.com)

### Expo Marketplace

The Expo Marketplace is the place to be as we celebrate coming back together for the first time. Our exhibiting partners are excited and can't wait to see you onsite!

### Knowledge Hubs 1 & 2

Located in the hall of the Expo Marketplace – your safety education experience will come alive as you observe, participate and learn through hands on demonstrations, presentations and workshops.

Ohio Bureau of Workers' Compensation

**OSC23**<sup>®</sup>

**OHIO SAFETY CONGRESS & EXPO**

**2023 Ohio Safety Congress & Expo<sup>®</sup>**  
**March 8-10 in Columbus**

**Registration is Now Open!**

**More Information:**  
**[www.ohiosafetycongress.com](http://www.ohiosafetycongress.com)**

# PRIVATE EMPLOYERS IMPORTANT DATES

## **JAN. 31**

- DEDUCTIBLE PROGRAM, GROUP RETROSPECTIVE RATING, INDIVIDUAL RETROSPECTIVE RATING & ONE CLAIM PROGRAM (OCP) APPLICATION DEADLINES FOR 7/1/2023 START DATE

# PUBLIC EMPLOYERS IMPORTANT DATES

## JAN. 1

- PAYROLL TRUE-UP PERIOD FOR PY 2022 BEGINS  
POLICY YEAR BEGINS

## JAN. 3

- EARLY PAYMENT DISCOUNT DUE DATE, EMPLOYER MUST PAY THE FULL PY 2023 ESTIMATED ANNUAL PREMIUM

## JAN. 31

- DRUG-FREE SAFETY PROGRAM (DFSP) ACCIDENT ANALYSIS TRAINING DEADLINE FOR 1/1 PROGRAM START DATE. NEW SUPERVISORS HAVE 60 DAYS FROM HIRE DATE TO COMPLETE
- DFSP ONLINE SAFETY MANAGEMENT SELF-ASSESSMENT (SH-26) DEADLINE FOR 1/1 START DATE
- INDUSTRY-SPECIFIC SAFETY PROGRAM (ISSP) ONLINE SAFETY MANAGEMENT SELF-ASSESSMENT (SH-26) DEADLINE FOR 1/1 START DATE

# GRANTS PROGRAM

**FUNDING OPPORTUNITIES ARE ONCE AGAIN AVAILABLE FOR FOUR OF OUR SPECIAL SAFETY GRANT PROGRAMS.**

- [TRENCH SAFETY GRANT](#). AVAILABLE ONLY TO OHIO EMPLOYERS THAT PERFORM TRENCHING AND EXCAVATING.
- [FIREFIGHTER EXPOSURE TO ENVIRONMENTAL ELEMENTS GRANT](#) COMBATS FIREFIGHTER CANCER RISK.
- [EMPLOYERS WORKING WITH PERSONS WITH DEVELOPMENTAL DISABILITIES GRANT](#) ASSISTS OHIO EMPLOYERS WITH ENSURING THE SAFETY OF THEIR STAFF WHEN CARRYING OUT THE SERVICES THEY PROVIDE TO DEVELOPMENTALLY DISABLED CHILDREN AND ADULTS.
- [SCHOOL SAFETY AND SECURITY GRANT](#) PROVIDES ASSISTANCE TO OHIO EMPLOYERS WITH ENSURING THE SAFETY OF THEIR STAFF WHO INSTRUCT CHILDREN THROUGHOUT THE STATE.

# GRANTS PROGRAMS CONT'D.

## SAFETY INTERVENTION GRANTS PROGRAM

- PURCHASE EQUIPMENT TO ELIMINATE OR SIGNIFICANTLY REDUCE HAZARDS IN THE WORKPLACE.
  - ~ 3:1 MATCH UP TO \$40,000
  - ~ RENEWABLE EVERY 3 YEARS
  - ~ ONE YEAR CASE STUDY/ANNUAL REPORT
  - ~ IN BUSINESS FOR ONE YEAR



# BWC DSH VIRTUAL TRAINING

- Electrical Hazard Recognition and Abatement Jan. 10
- Developing a Driver Safety Program Jan. 11
- Accident Analysis Half-day Workshop Jan. 18
- Crisis De-Escalation Tactics and Safe Practices Jan. 19
- Hazardous Waste Ops and Emer Response Awareness Jan. 26
- Hazardous Waste Ops and Emer Response Series  
Module 4: Air Monitoring, Work Zones Jan. 30

Additional training classes @ [www.bwc.ohio.gov](http://www.bwc.ohio.gov)

## IN-PERSON SAFETY TRAINING

- OSHA 10 CONSTRUCTION SAFETY PRINCIPLES (CLEV)  
MAR 21 – 22
- OSHA 30 CONSTRUCTION SAFETY PRINCIPLES (CLEV)  
FEB 27 -MAR 3

# DIVISION OF SAFETY & HYGIENE CONSULTING SERVICES

- REVIEW OF SAFETY PROGRAMS/POLICIES
- ASSISTANCE WITH TRAINING CONTENT OR PROGRAMS
- ASSESSMENT OF SPECIFIC OPERATIONS OR TASKS

Safety Consultants

Ergonomists

Industrial Hygienists

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# OSHA Recordkeeping

Scott Cole, CSP, SMS, CHST

[colesafetyservices@yahoo.com](mailto:colesafetyservices@yahoo.com)

216.318.3878

# AGENDA

- REVIEW OF RECORDKEEPING FORMS
- DEFINING AN OSHA RECORDABLE
- INCIDENT MANAGEMENT
- QUESTIONS

# 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
- PERRP FORMS
  - 300P, 301P, 300AP
- [HTTPS://WWW.OSHA.GOV/RECORDKEEPING/FORMS](https://www.osha.gov/recordkeeping/forms)



# 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 11/98 by 1216-107-01

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 3 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) Sex \_\_\_\_\_

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 workplace, where was it given?

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8) Was employee treated in an emergency room?

No  
 Yes

9) Was employee hospitalized overnight as an inpatient?

No  
 Yes

### Information about the case

10) Case number from the Log \_\_\_\_\_ (Change 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 case \_\_\_\_\_ 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: "Lifting a ladder while carrying roofing materials"; "spraying ultrasonic from hand sprayer"; "shy compressor fan starts."

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 garden hose during replacement"; "Worker developed necrosis in wrist over time."

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "burn," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "cervical neural syndrome."

17) What object or substance directly harmed the employee? Examples: "concrete block"; "skidbar"; "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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Note: Reporting facilities for the collection of information are intended to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send any comments regarding this collection of information to Washington Headquarters Office, Directorate for Information Operations and Reports, Paperwork Reduction Project (1216-107-01), Washington, DC 20503. Do not send the completed form to this office.

# OSHA FORM 301

**Summary of Work-Related Injuries and Illnesses**

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

Year 20



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

Form approved 10/03/04, L128-0174

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 1904.25 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
0	0	0	0
(a)	(b)	(c)	(d)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(e)	(f)

Injury and Illness Types			
Total number of			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

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

Data reporting burden for this collection of information is estimated to average 10 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503, or to the Office of Management and Budget, Paperwork Reduction Project (1218-0188), Washington, DC 20503.

**Establishment information**

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Industry description (e.g., Manufacture of motor truck engines) \_\_\_\_\_

North American Industrial Classification (NAICS) (known as SIC) \_\_\_\_\_

Employment information (if you don't have these figures, see the Worksheet on the next page for estimates)

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.

Complete name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Reset**

# OSHA FORM 300A

# RECORDKEEPING REQUIREMENTS

- OSHA REQUIRES FACILITIES TO MAINTAIN RECORDS OF ALL WORK-RELATED RECORDABLE INJURIES AND ILLNESSES
- APPLIES TO 10 OR MORE EMPLOYEES
  - EXCEPTION: BLS
- THE EMPLOYER HAS THE ULTIMATE RESPONSIBILITY FOR MAKING A GOOD FAITH DETERMINATION ABOUT RECORDABILITY

# RECORDABILITY VS COMPENSABILITY

- THE REQUIREMENTS FOR RECORDABILITY SHOULD NOT BE CONFUSED WITH COMPENSABILITY
- DECISIONS REGARDING RECORDABILITY MUST BE MADE WITHOUT REGARD TO COMPENSABILITY

# RECORDKEEPING CRITERIA

- EMPLOYERS MUST RECORD EACH FATALITY, INJURY, OR ILLNESS THAT IS:
  - WORK-RELATED; AND
  - A NEW CASE; AND
  - MEETS ONE OR MORE OF THE GENERAL RECORDING CRITERIA CONTAINED IN SECTIONS 1904.7-1904.12

# ESTABLISHING WORK RELATIONSHIP

- IF AN EVENT RESULTS IN AN INJURY/ILLNESS IN THE WORK ENVIRONMENT, IT IS PRESUMED WORK-RELATED
  - A CASE IS CONSIDERED WORK-RELATED IF AN EVENT OR EXPOSURE IN THE WORK ENVIRONMENT EITHER CAUSED OR CONTRIBUTED TO THE RESULTING CONDITION
  - A PRE-EXISTING INJURY OR ILLNESS IS CONSIDERED WORK-RELATED IF AN EVENT OR EXPOSURE IN THE WORK ENVIRONMENT **SIGNIFICANTLY** AGGRAVATED THE CONDITION

# ESTABLISHING WORK RELATIONSHIP CONT.

- PRE-EXISTING INJURY OR ILLNESS IS **SIGNIFICANTLY** AGGRAVATED WHEN AN EVENT OR EXPOSURE IN THE WORK ENVIRONMENT RESULTS IN ANY OF THE FOLLOWING:
  - DEATH
  - LOSS OF CONSCIOUSNESS
  - ONE OR MORE DAYS AWAY FROM WORK, OR RESTRICTED DAYS, OR A JOB TRANSFER
  - MEDICAL TREATMENT

# WORK RELATIONSHIP EXCEPTIONS

- EMPLOYEE PRESENT AS A MEMBER OF THE GENERAL PUBLIC (RATHER THAN EMPLOYEE)
- SYMPTOMS SURFACE AT WORK SOLELY DUE TO NON-WORK RELATED EVENT
- VOLUNTARY PARTICIPATION IN WELLNESS PROGRAMS, MEDICAL, FITNESS, OR RECREATIONAL ACTIVITY
- EATING, DRINKING, OR PREPARING FOOD OR DRINK FOR PERSONAL CONSUMPTION

# WORK RELATIONSHIP EXCEPTIONS CONT.

- PERSONAL TASKS OUTSIDE ASSIGNED WORKING HOURS
- PERSONAL GROOMING, SELF-MEDICATION FOR A NON-WORK RELATED CONDITION, OR INTENTIONALLY SELF-INFLICTED
- MOTOR VEHICLE ACCIDENT IN COMPANY PARKING LOT / ACCESS ROAD DURING COMMUTES

# WORK RELATIONSHIP EXCEPTIONS CONT.

- THE ILLNESS IS THE COMMON COLD OR FLU
- NOTE: CONTAGIOUS DISEASES SUCH AS COVID-19, TUBERCULOSIS, BRUCellosIS, HEPATITIS A, OR PLAGUE ARE CONSIDERED WORK-RELATED IF THE EMPLOYEE IS INFECTED AT WORK

# COVID-19

- COVID-19 CAN BE A RECORDABLE ILLNESS IF A WORKER IS INFECTED AS A RESULT OF PERFORMING THEIR WORK-RELATED DUTIES. HOWEVER, EMPLOYERS ARE ONLY RESPONSIBLE FOR RECORDING CASES OF COVID-19 IF ALL OF THE FOLLOWING ARE TRUE:
  - THE CASE IS A CONFIRMED CASE OF COVID-19;
  - THE CASE IS WORK-RELATED; AND
  - THE CASE INVOLVES ONE OR MORE OF THE GENERAL RECORDING CRITERIA SET FORTH IN [29 CFR 1904.7](#)
    - (E.G., MEDICAL TREATMENT BEYOND FIRST AID, DAYS AWAY FROM WORK)

# WORK FROM HOME

- WORK-RELATED IF THE INJURY OR ILLNESS OCCURS WHILE THE EMPLOYEE IS PERFORMING WORK FOR PAY OR COMPENSATION IN THE HOME, AND THE INJURY OR ILLNESS IS DIRECTLY RELATED TO THE PERFORMANCE OF WORK RATHER THAN TO THE GENERAL HOME ENVIRONMENT OR SETTING

# RECORDABLE INCIDENT

A CASE IS RECORDABLE IF THE INJURY OR ILLNESS RESULTS IN:

- DEATH
- DAYS AWAY FROM WORK
- RESTRICTED WORK OR TRANSFER TO ANOTHER JOB
- MEDICAL TREATMENT **BEYOND FIRST AID**
- LOSS OF CONSCIOUSNESS

# RECORDABLE INCIDENT CONT.

RECORD A CASE IF IT INVOLVES A **SIGNIFICANT** INJURY OR ILLNESS, DIAGNOSED BY A LICENSED HEALTH CARE PROFESSIONAL, EVEN IF IT DOES NOT RESULT IN DEATH, DAYS AWAY FROM WORK, RESTRICTED WORK OR JOB TRANSFER, MEDICAL TREATMENT BEYOND FIRST AID, OR LOSS OF CONSCIOUSNESS

## EXAMPLES INCLUDE:

- PUNCTURED EARDRUM
- FRACTURE
- CHRONIC IRREVERSIBLE DISEASE

# FIRST AID INCIDENT

DEFINED AS ANYTHING CONTAINED IN A COMPREHENSIVE, SPECIFIC LIST WITHIN THE RECORDKEEPING STANDARD

THIS IS A COMPLETE LIST OF ALL TREATMENTS CONSIDERED FIRST AID

FIRST AID CAN BE ADMINISTERED BY A PHYSICIAN, NURSE, OR OTHER LICENSED HEALTH CARE PROFESSIONAL

FIRST AID CASES ARE NOT RECORDABLE

# FIRST AID INCIDENTS

- NON PRESCRIPTION MEDICATION AT NON- PRESCRIPTION STRENGTH
- TETANUS IMMUNIZATIONS
- CLEANING, FLUSHING, SOAKING SURFACE WOUNDS
- WOUND COVERINGS, BUTTERFLY BANDAGES, STERI-STRIPS
- HOT OR COLD THERAPY (REGARDLESS OF NUMBER OF APPLICATIONS)

# FIRST AID INCIDENTS

- NON-RIGID MEANS OF SUPPORT, E.G., ACE BANDAGE
- TEMPORARY IMMOBILIZATION DEVICES USED TO TRANSPORT ACCIDENT VICTIMS
- DRILLING, TOE OR FINGER NAILS, DRAINING FLUID FROM BLISTER
- EYE PATCHES
- MASSAGES (NOT PHYSICAL THERAPY)

# FIRST AID INCIDENTS

- REMOVING FOREIGN BODIES FROM EYE WITH ONLY IRRIGATION OR COTTON SWAB
- REMOVING SPLINTERS/FOREIGN MATERIAL FROM AREAS OTHER THAN EYE BY IRRIGATION, TWEEZERS, COTTON SWABS OR OTHER SIMPLE MEANS
- FINGER GUARDS
- DRINKING FLUIDS TO RELIEVE HEAT STRESS

# FIRST AID INCIDENTS

- IF NOT INCLUDED ON THE FIRST AID LIST, THE TREATMENT IS RECORDABLE

# MEDICATION

- ISSUANCE OF ANY PRESCRIPTION MEDICATION (INCLUDING SINGLE DOSE) IS RECORDABLE. EVEN IF:
  - THE EMPLOYEE DOES NOT TAKE THE PRESCRIPTION, OR
  - THE EMPLOYEE DOES NOT FILL IT
- OVER THE COUNTER MEDICATION, E.G., IBUPROFEN, GIVEN IN PRESCRIPTION STRENGTH IS RECORDABLE
- SAMPLES OF PRESCRIPTION MEDICINE ARE RECORDABLE

# HEARING LOSS

- HEARING LOSS CASES ARE RECORDABLE IF THERE IS A WORK-RELATED SHIFT IN HEARING OF AN AVERAGE OF 10 DB OR MORE AT 2,000, 3,000, AND 4,000 HZ IN ONE OR BOTH EARS

# BURNS

- ONLY BURNS THAT RECEIVE MEDICAL TREATMENT ARE RECORDABLE THEREFORE:
  - THE VAST MAJORITY OF 1ST DEGREE BURNS AND MINOR SECOND DEGREE BURNS WILL NOT BE RECORDABLE
  - MORE SERIOUS 1ST AND 2ND DEGREE BURNS THAT RECEIVE MEDICAL TREATMENT WILL BE RECORDABLE
  - 3RD DEGREE BURNS ARE RECORDABLE

# TRAVEL STATUS

WHEN A TRAVELING EMPLOYEE CHECKS INTO A HOTEL OR MOTEL, THEY ESTABLISH A "HOME AWAY FROM HOME"

AN INJURY/ILLNESS WOULD NOT BE RECORDABLE IF IT OCCURRED DURING NORMAL LIVING ACTIVITIES, E.G., EATING, SLEEPING, RECREATION, ETC., OR IF THE EMPLOYEE DEVIATES FROM A REASONABLY DIRECT ROUTE OF TRAVEL

# TRAVEL STATUS

- EMPLOYEES WHO TRAVEL ON COMPANY BUSINESS SHALL BE CONSIDERED TO BE ENGAGED IN WORK-RELATED ACTIVITIES ALL THE TIME THEY SPEND IN THE INTEREST OF THE COMPANY, INCLUDING, BUT NOT LIMITED TO, TRAVEL TO AND FROM CUSTOMER CONTACTS AND, ENTERTAINING FOR THE PURPOSE OF TRANSACTING, DISCUSSING, OR PROMOTING BUSINESS

# LOST WORKDAYS

- LOST WORKDAY CASES ARE THOSE CASES RESULTING IN DAYS LOST FROM WORK OF INJURY OR ILLNESS
- THE NUMBER OF DAYS AWAY FROM WORK DOES NOT INCLUDE THE DAY OF INJURY, OR THE ONSET OF ILLNESS
- COUNT THE NUMBER OF CALENDAR DAYS THE EMPLOYEE WAS UNABLE TO WORK, REGARDLESS OF WHETHER THE EMPLOYEE WAS SCHEDULED TO WORK
- WEEKEND DAYS, HOLIDAYS, AND VACATION DAYS, OR OTHER DAYS OFF, E.G., TEMPORARY PLANT CLOSING, ARE INCLUDED IN THE TOTAL NUMBER OF LOST WORKDAYS RECORDED IF THE EMPLOYEE WAS NOT ABLE TO WORK

# LOST WORKDAYS

THE TOTAL DAYS AWAY FROM WORK ARE “CAPPED” AT 180 CALENDAR DAYS

STOP COUNTING DAYS AWAY FROM WORK IF THE EMPLOYEE LEAVES THE COMPANY FOR SOME REASON UNRELATED TO THE INJURY OR ILLNESS, SUCH AS RETIREMENT, PERMANENT PLANT CLOSING, OR TO TAKE ANOTHER JOB

# RESTRICTED WORKDAYS

THE EMPHASIS ON DETERMINING RESTRICTED ACTIVITY IS THE EMPLOYEE'S ABILITY TO PERFORM ALL OF HIS OR HER ROUTINE FUNCTIONS DURING ALL OF HIS OR HER NORMAL WORKDAY OR SHIFT

AN EMPLOYEE'S **ROUTINE FUNCTIONS** ARE THOSE WORK ACTIVITIES THE EMPLOYEE REGULARLY PERFORMS AT LEAST ONCE PER WEEK.

THE TOTAL DAYS ARE "CAPPED" AT 180 CALENDAR DAYS

# RETENTION & MAINTENANCE

- KEEP FORMS FOR THE CURRENT YEAR PLUS 5 PREVIOUS YEARS
- MUST UPDATE THE OSHA FORM 300 DURING THE RETENTION PERIOD
- DO NOT NEED TO UPDATE THE OSHA FORM 300A OR 301



# THANK YOU

QUESTIONS?

SCOTT COLE

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