

OSHA Recordkeeping

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AGENDA

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

RECORDKEEPING REQUIREMENTS

- OSHA REQUIRES FACILITIES TO MAINTAIN RECORDS OF ALL SERIOUS WORK-RELATED INJURIES AND ILLNESSES (RECORDABLES)
- APPLIES TO EMPLOYERS WITH 10 OR MORE EMPLOYEES
 - [HTTPS://WWW.OSHA.GOV/RECORDKEEPING/PRESENTATIONS/EXEMPTTABLE](https://www.osha.gov/recordkeeping/presentations/exempttable)
- THE EMPLOYER HAS THE ULTIMATE RESPONSIBILITY FOR MAKING A GOOD FAITH DETERMINATION ABOUT RECORDABILITY

RECORDKEEPING REQUIREMENTS

- ESTABLISHMENTS THAT MEET CERTAIN SIZE (250+) AND INDUSTRY CRITERIA ARE REQUIRED TO SUBMIT INJURY AND ILLNESS DATA
 - [INJURY TRACKING APPLICATION \(ITA\)](#).
 - MANUALLY ENTER DATA ANNUALLY
- SEVERE INJURY REPORTING
 - EMPLOYERS MUST REPORT ANY WORKER FATALITY WITHIN 8 HOURS AND ANY AMPUTATION, LOSS OF AN EYE, OR HOSPITALIZATION OF A WORKER WITH 24 HOURS
 - REPORT ONLINE OR BY PHONE

NEW

RECORDKEEPING REQUIREMENTS

- EFFECTIVE JANUARY 1, 2024
 - ESTABLISHMENTS WITH 100 OR MORE EMPLOYEES IN CERTAIN HIGH-HAZARD INDUSTRIES MUST ELECTRONICALLY SUBMIT RECORDKEEPING INFORMATION
 - [HTTPS://WWW.OSHA.GOV/SITES/DEFAULT/FILES/APPENDIX_B_TO_SUBPART_E_OF_PART_1904.PDF](https://www.osha.gov/sites/default/files/appendix_b_to_subpart_e_of_part_1904.pdf)
 - OSHA WILL PUBLISH SOME OF THE DATA COLLECTED ON ITS WEBSITE TO ALLOW EMPLOYERS, EMPLOYEES, POTENTIAL EMPLOYEES, ETC. TO USE INFORMATION ABOUT A COMPANY'S SAFETY PERFORMANCE TO MAKE INFORMED DECISIONS

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
 - POST FEBRUARY 1 – APRIL 30
 - SUBMIT TO ITA (INJURY TRACKING APPLICATION) BY MARCH 2
- PERRP FORMS
 - 300P, 301P, 300AP
- [HTTPS://WWW.OSHA.GOV/RECORDKEEPING/FORMS](https://www.osha.gov/recordkeeping/forms)

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 1904.8 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) 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)	Remained at Work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(1)	(2)	(1)	(2)	(3)	(4)	(5)	(6)
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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 OSHA no. 1216-0176

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 workplace, 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. Example: "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. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke 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 "hurt," "pain," or "sore." Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
 17) What object or substance directly harmed the employee? Example: "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. 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 this estimate or any other aspects of this data collection, including suggestions for reducing the burden, contact: U.S. Department of Labor, OSHA's Office of Statistical Analysis, Room N-3645, 201 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA FORM 301

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" 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 OSHA no. 3218-01-16

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
0	0	0	0
<small>(G)</small>	<small>(H)</small>	<small>(I)</small>	<small>(J)</small>

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
<small>(K)</small>	<small>(L)</small>

Injury and Illness Types

Total number of ...			
<small>(M)</small>			
(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 forms.

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering 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 aspect of this data collection, contact the U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 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*) _____

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

Employment information (If you don't have these figures, see the Worksheet on the next 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 _____

Reset

OSHA FORM 300A

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

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

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

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

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?

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