

OSHA Injury/Illness RECORDING/REPORTING

The Basics of 1904

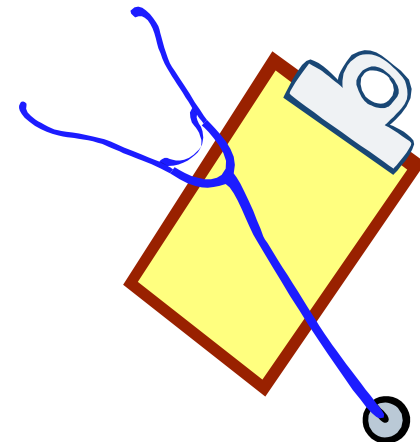
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OSHA Standard-1904

Are all employers required to keep/maintain these injury and illness forms? (Per 1904)

www.osha.gov

OSHA 1904

- ***The industry that the employer is in (SIC)***
- ***And how many corporate employees. The magic number is 11.***
- ***Some employers are partially exempt.***

Recordable/Reportable Definitions

- **Recordable Event-** An event that must be recorded on the OSHA 300 log based on the 1904.7 recording criteria.
- **Reportable Event-** An event that must be reported to OSHA within 8 hours based on 1904.39 reporting criteria.

OSHA Forms

- ***300 Log (updated 1/1/2004)***
- ***301 Incident Report (or alternative)***
- ***300A Summary form –***
Only form which
is posted Feb 1-April 30

Public Employers

- ***Follow same regulation 1904, use slightly different summary form.***

- ***Ohio Public Employment Risk Reduction Program (PERRP)***
13430 Yarmouth Drive
Pickerington, OH 43147
Phone: (800) 671-6858
Fax: (614) 644-3133

OSHA/BWC

OSHA injury and illness recordkeeping and workers' compensation are independent of each other!

They are separate systems

Occupational Injury

- **Any wound or damage to the body resulting from an event in the work environment**
- **Cuts, puncture, lacerations, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution or a thermal, chemical, electrical or radiation burn**

Occupational Illness's

- *Skin diseases or disorders (dermatitis, rash)*
- *Respiratory conditions (silicosis, asbestosis)*
- *Poisoning (lead, mercury, cadmium, arsenic)*
- *Hearing Loss*
- *All other illnesses (heatstroke, sunstroke, heat exhaustion)*

General Recording Criteria

1904.7

- ***Work related Death***
- ***Loss of Consciousness***
- ***Days away from work***
- ***Job restrictions/job transfer***
- ***Medical treatment beyond first aid***

General Reporting Criteria

1904.39

- ✓ Report a fatality within 8 Hours orally to the OSHA office or the toll free number***
- ✓ Report the in-patient hospitalization of three or more employees as a result of a work-related incident***
- ✓ 1-800-OSHA (1-800-321-6742)***

Medical Treatment

- *Defined as - means the management and care of a patient to combat disease or disorder.*
- *Does not include;*
 - *Visit to physician or other medical professional solely for observation or counseling.*
 - *When diagnostic procedures, such as x-rays and blood tests, including prescription medication used solely for diagnostics.*

First-Aid Treatment

The following is the list of first-aid treatment;

- Non-prescription drugs in non-prescription strength***
- Administering a tetanus, (others like Hep B and rabies are recordable)***
- Cleaning, flushing or soaking wounds on the surface of the skin***

First-Aid Treatment

- ***Using wound coverings such as adhesive bandages, gauze pads, etc., or using butterfly bandages or steri-strips (Sutures, staples, etc. used to close wounds are recordable.)***
- ***Using hot or cold therapy***
- ***Using non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (Rigid devices used to immobilize are considered medical treatment.)***

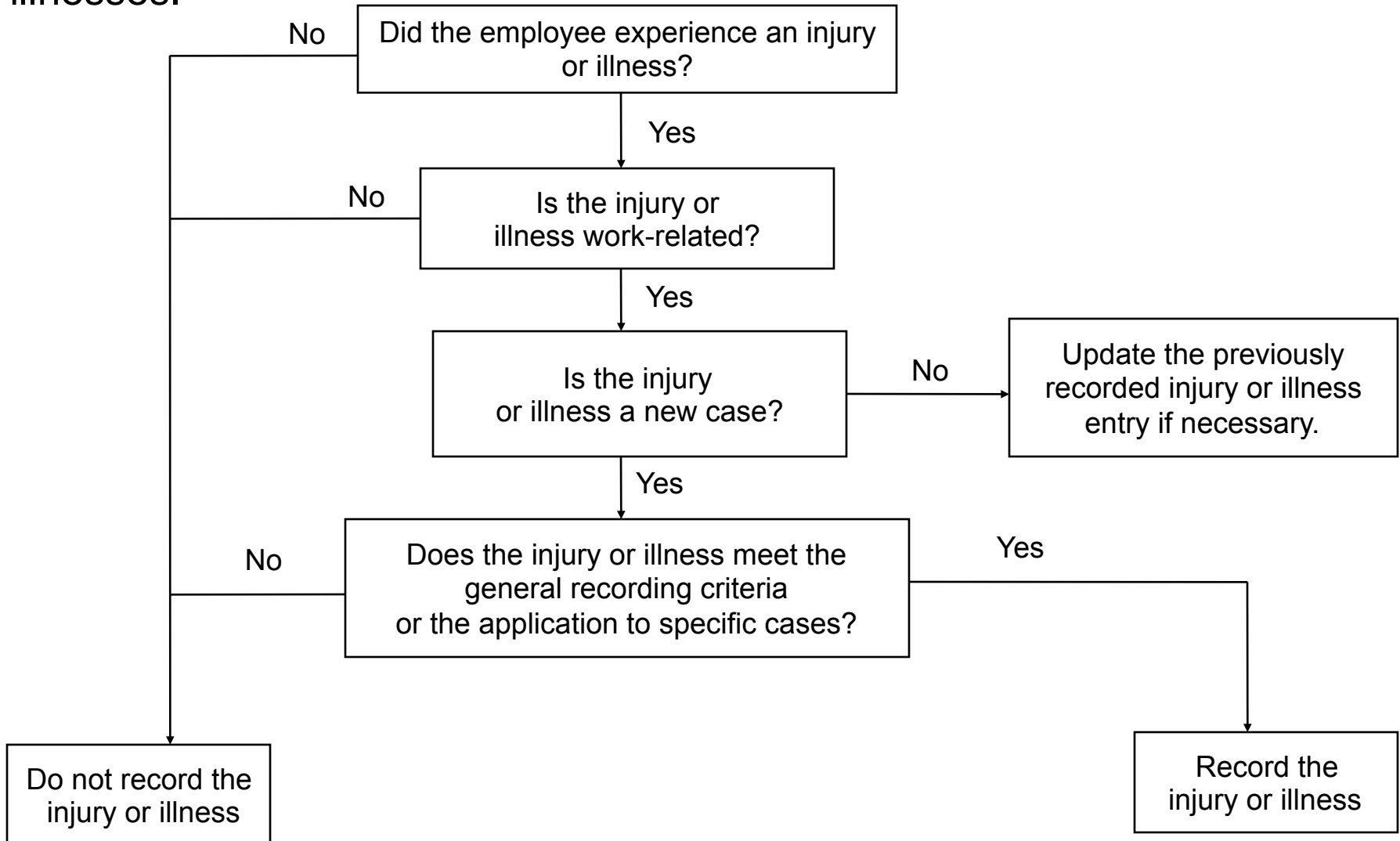
First-Aid Treatment

- ***Drilling of a fingernail or toenail or draining a blister***
- ***Using an eye patch***
- ***Removing foreign body from the eye using only irrigation or a cotton swab***
- ***Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means***

First-Aid Treatment

- ***Use of finger guards.***
- ***Using massages (physical therapy and chiropractic treatment are considered medical treatment.***
- ***Drinking fluids for relief of heat stress.***
- ***ART – Active Release Techniques***

Chart 1. The decision tree for recording work-related injuries and illnesses.



Important Elements of 1904

- ***Don't include the day of injury when tracking days away from work/restricted days***
- ***Maximum number of days for tracking is 180***
- ***Injuries are on a calendar year basis!***

Important Elements

- *Complete the forms within 7 calendar days*
- *Make sure that alternative accident report contains the same information as the 301*
- *Keep these logs for 5 years + current year!*

Zero Recordable Events

- *You must still keep an OSHA log for that calendar year and post an OSHA 300A summary form.*
- *What helped you achieve these accident prevention results?*

Case 1

Pete Barnett, a grinder operator, in Department 6, lacerated his left forefinger at 9:00am on Tuesday, January 6. He was sent to the Walk-In Department at the local clinic. It took eight (8) stitches to close the wound. When he returned to work the next day the doctor's slip asked him to return in ten (10) days for removal of the stitches. It also said to keep the hand clean.

Case 2

Mike Hartman, a powered industrial truck operator, in the Packing Department, reported on Tuesday, March 9, that his left hand was sore. He did not relate to a specific incident. He said it had become increasingly worse over the past week. He was sent to the doctor and returned with a note requesting that he receive therapy twice a week; wear a brace on his hand; and return to work in two (2) weeks.

Case 3

Bob Miller, a Maintenance worker, parked his car and was walking into work on Friday, April 2nd. He slipped and fell breaking his left arm in the parking lot. He was taken to the hospital; a cast was applied and he returned to work on April 5th. He was placed on restricted duty until May 7th, when the cast was to be removed.



Year 20__

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

Form approved OMB no. 1218-0176

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.

Establishment name _____
City _____ State _____

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 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.

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 <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	Classify the case <i>CHECK ONLY ONE box for each case based on the most serious outcome for that case:</i>				Away from work (K)	On job transfer or restriction (L)	(M) Injury	Skin disorder (1)	Respiratory condition (2)	Poisoning (3)	Hearting/loss (4)	All other illnesses (5)
			month/day			Death (G)	Remained at Work										
			month/day				Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)								
_____	_____	_____	/	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Page totals _____
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.
Page _____ of _____

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

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

Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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

Public reporting burden for this collection of information is estimated to average 30 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 these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

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

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive _____ Title _____
 () - / /
 Phone _____ Date _____



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.

OSHA's Form 301

Injury and Illness Incident Report

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.

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 ____/____/____

Completed by _____

Title _____

Phone (____) _____ - _____ Date ____/____/____

Optional

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

(a) To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column

(H) on the OSHA Form 300A.

(c) The number of hours all employees actually worked during the year. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses \times 200,000 \div *Number of hours worked by all employees* = *Total recordable case rate*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) \times 200,000 \div Number of hours worked by all employees = *DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		\times 200,000	\div	Number of hours worked by all employees	$=$	Total recordable case rate
<input type="text"/>				<input type="text"/>		<input type="text"/>

Number of entries in Column H + Column I		\times 200,000	\div	Number of hours worked by all employees	$=$	DART incidence rate
<input type="text"/>				<input type="text"/>		<input type="text"/>